

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 3, 2021	2021_873602_0011	005261-21	Complaint

Licensee/Titulaire de permis

Sherwood Park Manor
1814 County Road #2 East Brockville ON K6V 5T1

Long-Term Care Home/Foyer de soins de longue durée

Sherwood Park Manor
1814 County Road #2 East Brockville ON K6V 5T1

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

WENDY BROWN (602)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 19, 21 - 23, 26, 27 and May 17 - 19, 2021

**The following inspections were conducted
Log #005261-21 - regarding sufficient staffing/resident care**

During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the Assistant Director of Care (ADOC)/ Infection Prevention & Control (IPAC) management lead, the Director of Care (DOC), Housekeeping staff, the Physiotherapist, the Physiotherapy Assistant, Dietary staff, IPAC screening staff and the Administrator.

In addition, the inspector reviewed the staffing plan, resident health care records: including plans of care & progress notes, relevant policies and procedures, and made resident care & service and IPAC practice observations.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Personal Support Services
Sufficient Staffing**

During the course of this inspection, Non-Compliances were issued.

**3 WN(s)
3 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

- s. 8. (1) (a) (b) Every licensee of a long-term care home shall ensure that there is,**
- (a) an organized program of nursing services for the home to meet the assessed needs of the residents; and 2007, c. 8, s. 8 (1).**
 - (b) an organized program of personal support services for the home to meet the assessed needs of the residents. 2007, c. 8, s. 8 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure their organized program of personal support services meets the assessed needs of the residents.

In March 2021 the Administrator announced staffing cuts in multiple departments. A review of the daily Nursing/Personal Support Worker (PSW) assignment sheets over a two month period revealed some portion of Nursing and/or PSW absences were not covered as follows:

- Forty-one percent of day shifts
- Twenty-eight percent of evening shifts and
- Thirty-two percent of night shifts

The Administrator and the Director of Care (DOC) advised that they have difficulty covering sick calls and that if Nursing and/or PSW absences are not covered resident care is impacted i.e. delayed response times. Interviews with residents and PSW staff indicated that when a PSW is unable to attend work and replacement efforts are not successful resident baths cannot always be completed as the PSW bath team is pulled to assist on the floor. As outlined in WN #2, a bathing report revealed fifty percent of residents missed at least one bath in the previous two weeks; this was subsequently confirmed by residents in that half of the residents interviewed advised they missed a bath in the last two weeks or that they were assisted with a substitute sponge bath. Two of the seven cognitively well residents interviewed indicated that delayed staff response to requests for assistance with transfers to the toilet resulted in episodes of incontinence in recent weeks. All Nursing and PSW staff interviewed advised that the reduction in staffing hours have negatively affected their ability to provide resident care.

Sources: Daily Assignment Sheets (March - May 2021), Staffing Levels/Plan document, Point Click Care follow up bathing reports and interviews with the Administrator, DOC, residents, PSW, Nursing, Housekeeping and Dietary staff. [s. 8. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure there is an organized program of personal support services for the home that meets the assessed needs of the residents, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee failed to ensure residents received their preferred method of bathing twice a week.

A review of a Point Click Care follow-up reports specific to provision of bathing during a six-week period revealed that fifty percent of residents did not reliably receive two baths per week. PSW staff advised that when staff absences cannot be covered the PSW bath team is pulled to the floor to assist with resident needs. In interviews, a resident indicated they were bathed once in the previous week, another resident advised they received a sponge bath instead of their preferred tub bath and another resident said they regularly receive only one bath a week instead of two; each resident indicated their preferred method of bathing is by tub bath.

Sources: Point Click Care follow up reports & resident care plans, and interviews with residents, PSW staff, and the Assistant DOC [s. 33. (1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that residents are able to bath at a minimum of twice a week by the method of their choice, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure residents were provided with toileting assistance to maintain continence.

The plan of care for two residents indicate they require assistance with toileting. In an interview, one of these residents advised when they have waited more than thirty minutes to their request for assistance to the toilet they have been incontinent; they further indicated that there had been at least one recent episode of incontinence requiring they change their clothes and cleaning of the bedroom floor. Another resident indicated that they have waited in excess of forty-five to sixty minutes on multiple occasions over the last month for toileting assistance; they require a lift to transfer to the toilet. The resident explained that if there is only one PSW staff on the floor they cannot always obtain the assistance of a second PSW in a timely manner resulting in incontinence. The resident advised that there has been at least one episode of incontinence over the last few weeks and likely more. All PSW staff interviewed indicated they often are unable to respond to resident requests for assistance to toilet in a timely manner resulting in resident incontinence.

Sources: Daily Assignment Sheets, Staffing Levels/Plan document and interviews with residents, the Administrator, DOC, Nursing and PSW staff. [s. 51. (2) (c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that residents who are unable to toilet independently receive assistance from staff to maintain continence, to be implemented voluntarily.

Issued on this 9th day of June, 2021

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.