



Ministry of Health and  
Long-Term Care

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

Ministère de la Santé et des  
Soins de longue durée

Rapport d'inspection  
prévues le Loi de 2007 les  
foyers de soins de longue

Health System Accountability and Performance  
Division  
Performance Improvement and Compliance Branch  
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Nov 15, 16, 24, 2011; Jan 6, 2012	2011_050151_0017	Critical Incident

**Licensee/Titulaire de permis**

ANSON GENERAL HOSPITAL  
58 Anson Dr., IROQUOIS FALLS, ON, P0K-1E0

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

SOUTH CENTENNIAL MANOR  
240 FYFE STREET, IROQUOIS FALLS, ON, P0K-1E0

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

MONIQUE BERGER (151)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with

- Administrator
- Director of Care
- Nurse Manager
- Registered Staff
- Personal Support Workers (PSW)
- Residents

During the course of the inspection, the inspector(s)

- observed the delivery of care and services to residents.
- conducted daily walk-through of the home,
- observed staff to resident interactions
- reviewed relevant policies and procedures,
- Reviewed resident health care records,
- Reviewed protocols related to the maintenance of equipment

The following Inspection Protocols were used during this inspection:

Falls Prevention

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours**

**Specifically failed to comply with the following subsections:**

**s. 53. (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:**

- 1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.**
- 2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.**
- 3. Resident monitoring and internal reporting protocols.**
- 4. Protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 53 (1).**

**Findings/Faits saillants :**

1. \*\*\*\*A resident had two(2) separate incidents of responsive behaviours. Review of the resident's health record shows that the resident's cognition is deteriorating. Inspector found no referral to specialized services for recurrent responsive behaviours.

The resident with responsive behaviours has not been referred to specialized resources where required. [O.Reg.79/10, s.. 53. (1) 4.]

2. \*\*\*\*There are no written approaches to care developed to meet the needs of the residents with responsive behaviours that include:

- \* screening protocols
- \* assessment
- \* reassessment, and
- \* identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other..[O.Reg.79/10, s 53. (1) 1.]

Inspector 151 was unable to locate the home's Responsive Behaviour Program. Staff interviewed confirms that even though the program is under development, it is not available to staff for reference and no staff has received education regarding the program.

***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 a program relating to the management of responsive behaviours is developed and implemented and that this program meets the requirements stipulated in the regulations: O.Reg.79/10, s.53, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

**Specifically failed to comply with the following subsections:**

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

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**Findings/Faits saillants :**

1. A resident sustained a fall that resulted in transfer to hospital. Inspector reviewed the resident's health care record and noted that the resident had multiple falls in the last year. Record review and interview with staff confirms that in 60% of this resident's falls, no post-fall assessments were done.

On November 16, 2011, staff interviewed confirmed post fall assessments are being inconsistently done.

In addition, Inspector reviewed the resident's most current plan of care and found the plan of care was not revised with re-assessment post-fall information nor were any interventions changed in light of post-incident re-assessments.

The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's response to interventions are documented.[O.Reg.79/10, s.30.(2)]

***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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's response to interventions are documented, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff**

**Specifically failed to comply with the following subsections:**

**s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:**

1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.
6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).

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**Findings/Faits saillants :**

1. \*\*\*\*\*Direct care staff are not provided training in falls prevention and management. [O.Reg.79/10, s. 221. (1) 1]  
Staff interviewed stated that: "post fall assessments are being inconsistently done - we need more staff education on this. Staff are not clear on the process and where to file and who to give copies to".

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

**Specifically failed to comply with the following subsections:**

- s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,**
- (a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;**
  - (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;**
  - (c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;**
  - (d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;**
  - (e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;**
  - (f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;**
  - (g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;**
  - (h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;**
  - (i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;**
  - (j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and**
  - (k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).**

**Findings/Faits saillants :**

1. Inspector observed a resident wearing a watch-mate device.

In regards to the watch-mate system at the home, staff interviewed provided the following information:

- The watchmate monitor located at the nursing station is not giving staff accurate information when it alarms. The home is not "doing well" in ensuring that the data base regarding the devices and the co-relating resident is current.
- There is no quality assurance/risk management/preventative maintenance program in regards to watch-mate. If staff "feel" the battery is low, there is a protocol for testing the devices. Checking batteries on watch-mate devices is not something that is audited on a regular basis.
- there is an inventory of the residents who wear watch-mate devices, however, this list has not been updated in over a year.
- there is no process or cyclical audit procedure that tests watch-mates as to their functionality.

The licensee is not ensuring that procedures are developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home are kept in good repair. [O.Reg.79/10, s.90. (2) (b)]



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prévue le Loi de 2007 les  
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Issued on this 6th day of January, 2012

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

*Monique M. Berger (INSPECTOR 151)*