



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 23, 2015	2015_229213_0047	027935-15	Resident Quality Inspection

Licensee/Titulaire de permis

SOUTHAMPTON CARE CENTRE INC
689 YONGE STREET MIDLAND ON L4R 2E1

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

SOUTHAMPTON CARE CENTRE
140 Grey Street P.O. Box 790 Southampton ON N0H 2L0

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

RHONDA KUKOLY (213), CHRISTINE MCCARTHY (588), REBECCA DEWITTE (521)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 19, 20, 21, 22, 2015

Two critical incident inspections were completed concurrently during the RQI:

**log #016759-15 CI #2597-000008-15 related to allegations of abuse with no findings of non-compliance and
log #022507-15 CI #2597-000010-15 related to allegations of abuse with no findings of non-compliance.**

During the course of the inspection, the inspector(s) spoke with the Director of Care, the Co-Director of Care, the Activity Director, the Resident and Family Services Coordinator, the Environmental Manager, the Dietary Manager, the Resident Assessment Instrument (RAI) Coordinator, three Registered Nurses, three Registered Practical Nurses, two Personal Support Workers, one Dietary Aide, one Activity Aide, four Family Members and over forty Residents.

The inspectors also toured the home; observed meal service, medication passes, medication storage areas and care provided to residents; reviewed health records and plans of care for identified residents; reviewed policies and procedures of the home; and observed general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours**



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

3 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident has fallen, the resident has been assessed and, if required, a post-fall assessment has been conducted using a clinically appropriate assessment instrument specifically designed for falls.

Record review of progress notes for Resident #014, #024 and #049 revealed these Residents each experienced a number of falls on identified dates in 2015. Record review of the electronic and paper health record for these Residents revealed no post falls assessments were completed after the Residents fell on the identified dates using a clinically appropriate assessment instrument specifically designed for falls.

In an interview with Inspectors #213, #521 and #588 on October 22, 2015, the Director of Care confirmed that the home completed a "Scott Falls Assessment Tool" on admission and when a resident experienced a change in condition. She also confirmed the home did not have a post fall assessment tool that was specifically designed for falls. The current expectation was that staff complete a structured progress note using a guideline developed by the home. She confirmed that the licensee was currently working on the development of a post fall assessment instrument, but the date the launch of this assessment tool was unknown. The Director of Care confirmed that the home has not completed post fall assessments using a clinically appropriate assessment instrument specifically designed for falls for residents who have fallen in the home including Residents #014, #024 and #049. [s. 49. (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 when a resident has fallen, the resident is assessed and, if required, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that there was a written plan of care for each resident that set out clear directions to staff and others who provided direct care to the resident.

Observations on October 22, 2015 revealed Resident #025 received a treatment given in a dining room in front of numerous other residents.

An interview with the Registered Practical Nurse on October 22, 2015, confirmed it was the preference of Resident #025 to receive the treatment in the dining room.

A record review revealed this preference for Resident #025 was not noted in the plan of care. The RPN confirmed on October 22, 2015, that the written plan of care failed to set out clear directions to staff who provided direct care to this Resident. [s. 6. (1) (c)]



**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15.
Accommodation services**

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the home, furnishings, and equipment were kept clean and sanitary.

Observations on October 19 and 20, 2015, revealed the fans in the hallways outside of seven resident rooms and the two main nurses stations contained webs of thick dust in and around the blades of the fans.

An interview with the Environmental Manager on October 21, 2015, confirmed the fans in the hallways and outside of the nurses stations were not clean. A record review of the fan cleaning schedule revealed the fans had not been cleaned on the last planned date of cleaning, September 23, 2015.

Observations on October 20, 2015, by Inspector #588 revealed the fans/vents in three resident rooms and the corresponding bathrooms contained thick dust like webs. Further observations by Inspector #521 on October 21, 2015, revealed resident rooms and bathroom fans/vents continued to be thick with dust like webs.

An interview with the Environmental Manager on October 21, 2015, revealed the resident room fans/vents were last cleaned in January and February 2015. The Environmental Manager confirmed the fans/vents were not clean and that cleaning of the fans/vents in resident rooms and bathrooms should be increased to twice a year to ensure the fans/vents are kept clean. [s. 15. (2) (a)]

Issued on this 23rd day of October, 2015

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

Original report signed by the inspector.