Ontario

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 7, 2013	2013_195166_0041	000305,000527,000741,001015	Complaint

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

SPRINGDALE COUNTRY MANOR
2698 CLIFFORD LINE, R. R. #5, PETERBOROUGH, ON, K9J-6X6

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

CAROLINE TOMPKINS (166)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 29, 30, 31, November 1, 3, 2013

During this inspection four complaints, Log O-000305-13, 000527-13, 000741-13 and 001015-13 were inspected concurrently.

During the course of the inspection, the inspector(s) spoke with Residents, Family, Administrator, Environmental Manager, Food Service Supervisor, Dietary Aide, Registered Nurses, Registered Practical Nurses and Personal Support Workers.

During the course of the inspection, the inspector(s) observed staff to resident interactions during the provision of care, toured the home including residents' rooms and common areas, observed nourishment pass, reviewed residents' clinical health records and PSW (personal support worker)observational flow sheets

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping

Dignity, Choice and Privacy

Personal Support Services

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 34. Oral care
Specifically failed to comply with the following:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
(a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).
(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).
(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Findings/Faits saillants :

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1. The licensee failed to ensure Resident #1 received oral care mouth care in the morning and the evening.
Log O-000305-13
Review of Resident #1's written plan of care related to oral hygiene indicates:
-an expected outcome is to maintain oral hygiene for client daily
-daily cleaning of teeth or dentures or mouth care by client or staff
-encourage client to clean own teeth in the morning and evening
Review of Resident #1's clinical records and interviews with personal support staff related to oral hygiene indicated the resident is resistant to receiving oral hygiene did not receive oral care 30 times within a 2 month period. [s. 34. (1) (a)]

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 each resident of the home receives oral care to maintain the integrity of the oral tissues that includes mouth care in the morning and the evening , including the cleaning of dentures,and /or physical assistance or cuing to help a resident who can not, for any reason, brush his or her own teeth., 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).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. Log O-000527-13
Resident #6's plan of care related to bladder incontinence directs staff on how to provide the resident's continence care.
Resident #6's plan of care fails to address the resident's specific requests for the provision of that continence care.[s. 6. (1) (c)]

2. The licensee failed to ensure that the resident's plan of care was revised when the resident's care needs changed.
Log O-000305-13
Resident #1's plan of care related to transferring and mobility indicates the resident requires limited assistance and no aids for mobility
Interview with RPN #100 indicated, the resident previously sustained an injury and is no longer able to transfer independently and requires the use of a mobility aid.
During this inspection Resident #1 was observed being transferred with the assistance of 2 staff and was also observed utilizing a mobility aid.
There is no evidence that Resident #1's plan of care was reviewed and revised when the resident's mobility needs changed.[s. 6. (10) (b)]

Issued on this 7th day of November, 2013

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