

Health System Accountability and Performance

Division de la responsabilisation et de la

performance du système de santé

Performance Improvement and Compliance Branch

Direction de l'amélioration de la performance et de la

Division

conformité

Ministry of Health and Long-Term Care

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

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Ministére de la Santé et des Soins de longue durée

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

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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 |  |
|---|-----------------------------------|---------------------------------------|--|
| Aug 4, 9, 10, 12, 2011  | 2011_036126_0022                  | Complaint                             |  |
| Licensee/Titulaire de permis  |                                   |                                       |  |
| RELIGIOUS HOSPITALERS OF ST. JOSEPH OF CORNWALL, ONTARIO<br>14 York St, CORNWALL, ON, K6J-5T2 |                                   |                                       |  |
| Long-Term Care Home/Foyer de soins de longue durée  |                                   |                                       |  |
| ST JOSEPH'S CONTINUING CARE CENTRE<br>14 YORK STREET, CORNWALL, ON, K6J-5T2                   |                                   |                                       |  |
| Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs                                   |                                   |                                       |  |

LINDA HARKINS (126)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator, the Director of Care, the Registered Nurse, the Registered Practical Nurse, Health Care Aides, 3 residents and 2 family members.

During the course of the inspection, the inspector(s) reviewed the residents health care record, the staffing schedule, the call bell report and observed care and services given to residents during and after lunch.

The following Inspection Protocols were used in part or in whole during this inspection:

**Continence Care and Bowel Management** 

Findings of Non-Compliance were found during this inspection.

| NON-COMPLIANCE / NON-RESPECT DES EXIGENCES                   |   |  |
|--|---|--|
| Definitions  | Définitions   |  |
| VPC – Voluntary Plan of Correction<br>DR – Director Referral | <ul> <li>WN – Avis écrit</li> <li>VPC – Plan de redressement volontaire</li> <li>DR – Aiguillage au directeur</li> <li>CO – Ordre de conformité</li> <li>WAO – Ordres : travaux et activités</li> </ul> |  |



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| 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<br>soins de longue durée (LFSLD) a été constaté. (Une exigence de la<br>loi comprend les exigences qui font partie des éléments énumérés<br>dans la définition de « exigence prévue par la présente loi », au<br>paragraphe 2(1) de la LFSLD. |
|---|--|
|   | 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. 51. Continence care and bowel management Specifically failed to comply with the following subsections:

s. 51. (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

## (v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

## Findings/Faits sayants :

1. Resident was told by staff that if they couldn't answer the call bell fast enough to go in the diaper.O.Reg 79/10, s.51.(2)(c) 2. Resident called for assistance and ended up being incontinent because it took too much time for the call bell to be answered.Resident was unable to maintain continence.O.Reg 79/10, s.51.(2)(c)

Issued on this 31st day of August, 2011



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