



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**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
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 6, 2015	2015_254610_0009	002282-15	Critical Incident System

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF ESSEX
360 Fairview Ave West ESSEX ON N8M 1Y6

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

SUN PARLOR HOME FOR SENIOR CITIZENS
175 TALBOT STREET EAST LEAMINGTON ON N8H 1L9

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

NATALIE MORONEY (610)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 2,3,4, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing and Personal Care, Assistant Director of Nursing and Personal Care, Manager of Food and Nutrition, Staff Educator, two Registered Practical Nurses, three Registered Nurses, one life Enrichment staff, five Personal Support Workers.

During the course of this inspection inspector observed resident care, reviewed resident health care records, educational training, minutes related to the inspection, audits, relevant policy and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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>Legendé</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. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



1. Every resident has the right to be properly cared for in a manner consistent with his or her needs.

During this inspection it was revealed in the residents medical record that the Resident was at risk for frequent infections. On two occasions the resident was presenting symptoms of an infection.

(A)The first noted incident was a test result that was completed and evaluated by the nurse and findings were positive for infection. There was no follow up documentation that the nurse reported the infection to the charge nurse or the physician.

(B)The second incident 8 days following the first incident was charted that the resident was complaining of feeling unwell. A test was completed and was positive for infection. There was no documentation of follow up that the charge nurse was informed or the Physician.

(C)Five days later a test results indicating positive infection was documented from the lab. The next day orders were received from the physician to start antibiotics.

(D)18 days later documentation from the nurse showed that the resident was in pain and unwell. There was no documentation that the charge nurse was notified of this incident and there was no indication of a test being completed to rule out infection.

(E)Approximately two weeks later the charge nurse documented that the resident was found to be lethargic, diaphoretic and pale, and had a low grade fever. A test was completed and revealed that the resident had an active infection. Antibiotics were ordered from the physician. Resident subsequently was transferred to hospital.

The Director of Care confirmed that the follow up with the charge nurse should have been completed and documented. The Administrator and Director of Care confirmed the expectation for residents with two or more symptoms of infection the charge nurse and physician would be notified for treatment decisions and documentation would have been completed. This had not been completed for this Resident. [s. 3. (1) 4.]



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

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 the following rights of residents are fully respected and promoted: 4. Every resident has the right to be properly cared for in a manner consistent with his or her needs, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is (b) complied with.

(A) Sun Parlour fall prevention policy and management policy date of Aug 15, 2013 policy number 0104-01 included the purpose... "is to develop, implement, monitor, and evaluate an interdisciplinary team approach and management strategies that foster resident independence and quality of life while ensuring safety for the residents and other residents and staff, and that after a fall an interdisciplinary team is to "Arrange a nursing care conference for residents who fall frequently more than three falls in 3 months". Falls intervention sheet for post should indicate "falls risk level on Resident's logo". In reviewing resident #1 medical record it revealed that resident was assessed as a high risk for falls. The Director of Nursing Care confirmed that Resident #1 should have a risk level logo indicating high risk for falls.

There was no indication of a nursing care conference for Resident #1 who had fallen three times in 3 months on three separate occasions to determine the cause of the falls.

(B) Policy and Procedure 0105-01A: Procedure and Staff responsibilities for falls prevention

"2. Determine the resident's level of risk as low, med, or high". High risk should be treated and a high risk falling star logo should be on the door frame and mobility equipment. There was no falling star logo noted behind the residents bed on the wall or on the door that would indicate a high risk of falls per policy. Director of Care confirmed there was no indicator of a falling star logo for Resident #1 and that it is the homes expectation that high risk residents will have the falling star logo. 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 all policies required under the Act and Regulations are complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs



Specifically failed to comply with the following:

- s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:**
- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).**
 - 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).**
 - 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
 - 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that there is an interdisciplinary falls prevention and management program developed and implemented in the home, with the aim to reduce the incidence of falls and the risk of injury.

A) A yearly annual review was completed in August per annual evaluation form policy with recommended changes to the format that were to be implemented in September 2014. Expectation was not met and confirmed with the Director of Care that the changes were not implemented per the annual review of the Falls Prevention Program.

B) The Assistant Director of Care confirmed that the falls committee had been recently handed over to her within the last month and one other member attended the meeting on January 29, 2015. Assistant Director of Care confirmed the home did at one time have an established committee on falls, but hasn't been maintained recently.

C) One staff member confirmed that they are a member of the Falls Prevention Program that the program was running successfully but has not ran for several months and the home is looking to restart the program.

D) Falls prevention program does not currently have established members on the team.

The Homes Falls Prevention Program was not being maintained to reduce incidents of falls and the risk of injury to the resident as confirmed with the Director of Care, and Assistant Director of Care. [s. 48. (1) 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 there is an interdisciplinary falls prevention and management program developed and implemented in the home, with the aim to reduce the incidence of falls and the risk of injury, to be implemented voluntarily.



**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**

Issued on this 6th day of March, 2015

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

Original report signed by the inspector.