



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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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
Dec 1, 2016	2016_536537_0042	022142-16	Complaint

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

NANCY SINCLAIR (537)

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): November 29 and 30, 2016

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing and Personal Care, two Assistant Directors of Care (ADOC), Manager Resident Services and Clinical Practice, Registered Dietitian (RD), one Registered Practical Nurse (RPN), and one Personal Support Worker (PSW).

The inspector(s) also observed residents and care provided to them, reviewed the clinical record and plan of care for an identified resident, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Nutrition and Hydration

Personal Support Services

Sufficient Staffing

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

2 WN(s)

1 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 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, was complied with.

The home's policy titled "Nutritional Care – Hydration 0404-06-29" last reviewed February 23, 2016 stated; "The Look Back Report for Fluid intake is used to review a resident's intake and determine if they are meeting the requirement set out by the Dietitian. The evaluation for fluid intake will be completed daily. The look back will include 7 days. A PCC Nutritional Referral Form must be sent for any resident who has 3 consecutive days below their recommended fluid intake threshold as determined by the Registered Dietitian."

Review of the care plan for an identified resident indicated that the resident had been assessed a specific daily fluid intake requirement, with a specific intervention to complete a nutritional referral related to fluid only after 3 consecutive days of fluid intake under 1000ml.

Record review of daily fluid intake records revealed a fluid intake of less 1000 ml three occasions over three consecutive days.

Review of the Assessments in Point Click Care did not include a Nutrition Referral/Assessment Form for the dates when identified resident had consumed less than 1000 millilitres of fluid for three consecutive days.

During an interview with the Registered Dietitian (RD) #107, RD #107 stated that a referral should be sent to the RD for a resident who consumes less than 1000 millilitres of fluid for three consecutive days so that an assessment can be completed.

The Director of Nursing and Personal Care #101 stated that a referral had not been completed for each time fluid consumption was below the required amount as per the home's policy. [s. 8. (1) (a),s. 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 that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records

Every licensee of a long-term care home shall ensure that,

- (a) a written record is created and maintained for each resident of the home; and**
- (b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.**

Findings/Faits saillants :

1. The licensee has failed to ensure that resident's written records were kept up to date at all times.

During an interview with an identified family, concerns were raised that the resident had not received a bath twice weekly. As a result, the family requested that the bath schedule for the resident be changed, which was accommodated by the home.

An interview with the Manager of Resident Services and Clinical Practice #104 confirmed that the identified resident was scheduled for two baths per week and had since been changed to a different schedule.

During an interview with Personal Support Worker (PSW) #106, PSW #106 stated that each resident was scheduled for a bath twice a week. PSW #106 stated that the bath was to be documented in Point of Care (POC), and the documentation should include what type of care was provided, such as a shower, tub, or bed bath. PSW #106 also stated that if the bath was not completed, this was also to be documented, such as refused or "Circumstances did not permit". PSW #106 stated that when a bath was



missed, regardless of the reason, it was to be reported to the Registered Practical Nurse (RPN) who would arrange for the bath to be rescheduled. PSW #106 stated that if a resident refused a bath, then bathing might not be completed twice a week, but this would be one of the few reasons for a missed bath.

During an interview with the Assistant Director of Care (ADOC) #102, ADOC #102 stated that all residents are to be bathed twice weekly and a missed bath is to be rescheduled. ADOC #102 provided a document titled "Working Short Directive – PSW staff" which stated, "If a scheduled bath is not able to be done then the missed bath is reported to the RPN. The RPN will ensure that the missed bath protocol is followed, including rescheduling the bath to the next shift or following day after communicating with the resident."

A record review for the identified resident's bathing records in Point of Care (POC) was completed.

POC documentation by Personal Support Worker (PSW) staff completing the baths revealed the baths as scheduled had not been completed on two different occasions. There was no documentation to support that the missed baths were rescheduled or completed at a different time as per the directive for a missed bath.

The Director of Nursing and Personal Care #101 and the Administrator #100 both stated that all residents are to be bathed twice weekly, that the outcome is documented in POC, and that without documentation it could not be confirmed that baths had been completed, and that it was the expectation of the home that documentation would reflect all care provided. [s. 231. (b)]



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Issued on this 1st day of December, 2016

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

Original report signed by the inspector.