



**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  
performance du système de santé  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 27, 2015	2015_276537_0011	L-001996-15	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

S & R NURSING HOMES LTD.  
265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

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

TWIN LAKES TERRACE LONG TERM CARE COMMUNITY  
1310 MURPHY ROAD SARNIA ON N7S 6K5

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

NANCY SINCLAIR (537), CAROLEE MILLINER (144), TERRI DALY (115)

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## **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): March 16, 17, 18, 19 and 20, 2015**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Manager of Resident Care, Registered Dietitian, Physiotherapist, 1 Registered Nurse, 5 Registered Practical Nurses, 6 Personal Support Workers, 2 Life Enrichment Staff, 2 Dietary Aides, Resident Council representative, Family Council representative, Residents and Families.**

**The inspector(s) also conducted a tour of all resident areas and common areas, observed residents and care provided to them, recreational activities, meal service, medication passes, medication storage areas, reviewed health care records and plans of care for identified residents, policies and procedures, minutes from meetings and general maintenance, cleanliness and condition of the home.**

**The following Inspection Protocols were used during this inspection:**

**Contenance Care and Bowel Management**

**Dining Observation**

**Family Council**

**Hospitalization and Change in Condition**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Personal Support Services**

**Residents' Council**

**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. 87. Housekeeping Specifically failed to comply with the following:**

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for, (d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that incidents of lingering offensive odours are successfully addressed.

An Inspector entered the room of an identified resident and detected a prevalent lingering odour at the entrance door to the room. An Inspector spoke with the Manager of Resident Care about the odour and was advised of interventions that were completed and were scheduled to address the lingering odour. The pervasive odour was detected on entrance into the resident's room following the completion of the interventions as specified.

One registered staff and the Manager of Resident Care confirmed with an Inspector, the steps that had been taken to resolve the lingering odour.

The Manager of Resident Care further advised the resident's floor may need to be replaced and the carpet removed to ensure the odour is resolved. [s. 87. (2) (d)]

***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 ensures, as part of the organized program of housekeeping, incidents of lingering offensive odours is addressed, to be implemented voluntarily.***

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**WN #2: 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:**

**s. 51. (2) Every licensee of a long-term care home shall ensure that,  
(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; O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**



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1. The licensee has failed to ensure that each resident has an individualized plan of care to promote and manage bowel and bladder continence.

During a staff interview, staff revealed the specific toileting routine of an identified resident.

A review of the plan of care reveals individualized interventions, as identified by staff, specific to the resident, are not included in the plan of care.

The Director of Care confirms the need to ensure the plan of care reflects individualized toileting needs of the resident. She verified the home's expectation that all residents have individualized plans of care that reflect individual resident assessments. [s. 51. (2) (b)]

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**Issued on this 30th day of March, 2015**

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

**Original report signed by the inspector.**