



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

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

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

**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**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MARIAN MACDONALD (137)

Inspection No. /

No de l'inspection : 2013_217137_0056

Log No. /

Registre no: S-000194-13

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Jan 23, 2014

Licensee /

Titulaire de permis : REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,
ON, L5R-4B2

LTC Home /

Foyer de SLD : LAKEHEAD MANOR
135 SOUTH VICKERS STREET, THUNDER BAY, ON,
P7E-1J2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Jonathon Riabov

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2013_224122_0004, CO #002;
existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident.
2007, c. 8, s. 6 (1).

Order / Ordre :

The 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;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident, specifically related to pain management.
LTCHA, 2007, S.O., 2007, c. 8, s. 6 (1).

Grounds / Motifs :

1. LTCHA, 2007, S.O., 2007, c. 8, s. 6 (1) has been the subject of a previous Compliance Order (Inspection # 2013_224122_0004, CO # 002 issued July 8, 2013 with a compliance date of August 31, 2013.)
2. Resident # 02 - A review of the MDS assessments for November 6, 2013, August 7, 2013 and May 8, 2013 revealed that resident # 02 experiences moderate pain daily.
Resident # 02 receives a narcotic analgesic four times daily and if needed.
Staff # 300 shared that resident # 02 exhibits pain.
There is no documented evidence that a plan of care for pain management has been established and this was confirmed by staff # 200 and # 300.
The Licensee failed to ensure that there is a written plan of care, specifically related to pain management that sets out, (a) the planned care for the resident;



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- (b) the goals the care is intended to achieve; and
- (c) clear directions to staff and others who provide direct care to the resident.

3. Resident # 03 - A review of the MDS assessments for November 6, 2013, August 7, 2013 and May 8, 2013 revealed that resident # 03 exhibits moderate pain daily.

Resident # 03 receives a narcotic analgesic four times daily and if needed. Staff # 200 and # 300 both shared that resident # 03 experiences pain. There is no documented evidence that a plan of care for pain management has been established and this was confirmed by staff # 200 and # 300.

The Licensee failed to ensure that there is a written plan of care, specifically related to pain management that sets out,

- (a) the planned care for the resident;
- (b) the goals the care is intended to achieve; and
- (c) clear directions to staff and others who provide direct care to the resident.

4. Resident # 07 - A review of the MDS assessment for October 9, 2013 revealed that resident # 07 exhibits pain daily.

Resident # 07 receives a narcotic analgesic four times daily. There is no documented evidence that a plan of care for pain management has been established and this was confirmed by staff # 200 and # 300.

The Licensee failed to ensure that there is a written plan of care, specifically related to pain management that sets out,

- (a) the planned care for the resident;
- (b) the goals the care is intended to achieve; and
- (c) clear directions to staff and others who provide direct care to the resident.

5. Resident # 8 - A review of the MDS assessments for December 4, 2013 and October 2, 2013 revealed that resident # 08 exhibits pain daily and at times the pain was horrible or excruciating.

Resident # 08 receives narcotic analgesics three times daily and if needed. Staff # 200 and # 300 both shared that resident # 08 experiences generalized pain.

There is no documented evidence that a plan of care for pain management has been established and this was confirmed by staff # 200 and # 300.

The Licensee failed to ensure that there is a written plan of care, specifically related to pain management that sets out,

- (a) the planned care for the resident;
- (b) the goals the care is intended to achieve; and



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(c) clear directions to staff and others who provide direct care to the resident.

(137)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2014



**Ministry of Health and
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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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de l'article 154 de la *Loi de 2007 sur les foyers
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Order # /
Ordre no : 002 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre 2013_224122_0001, CO #002;
existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance to 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,

- (b) the resident's care needs change or care set out in the plan is no longer necessary, specifically related to recreation and social activity assessments.

LTCHA, 2007, S.O. 2007, c. 8, s. 6 (10) (b).

The plan must include what immediate and long-term actions will be undertaken, as well as identify who will be responsible, for ensuring how plans of care for all residents of the home, related to recreation and social activity assessments, will be reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

- (b) the resident's care needs change or care set out in the plan is no longer necessary.

Please submit the plan, in writing, to Marian C. Mac Donald, Long-term Care Homes Nursing Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 130 Dufferin Avenue, 4th Floor, London, Ontario, N6A 5R2, by email , at Marian.C.Macdonald@ontario.ca by February 14, 2014.



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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Grounds / Motifs :

1. A) LTCHA, 2007, S.O. 2007, c.8, s.6(10)(b) has been the subject of two previous Compliance Orders (Inspection # 2012_053122_0014, CO # 914 issued June 5, 2012 with a compliance date of March 9, 2013 and Inspection # 2013_224122_0001, CO # 002, issued June 5, 2013 with a compliance date of July 31, 2013.

An interview with staff # 100 revealed that recreation and social activity assessments are currently only completed upon admission.

Staff # 100 shared that a process is being considered to ensure residents are reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary but the process is not fully implemented, a policy and procedure has not been developed and there is no schedule in place to ensure reassessments are completed.

To date, 3 of 131 residents (0.022%) have had recreation and social activities reassessments completed.

This was confirmed by staff # 100.

Staff # 200 shared that the expectation is that all residents are to be reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary and confirmed that the reassessments have not been completed.

(137)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2014



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de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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Ordre(s) de l'inspecteur

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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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Ordre(s) de l'inspecteur
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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 23rd day of January, 2014

Signature of Inspector / *Marian C. Mac Donald*
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : MARIAN MACDONALD

Service Area Office /
Bureau régional de services : Sudbury Service Area Office



**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
Direction de l'amélioration de la
performance et de la conformité**

**Sudbury Service Area Office
159 Cedar Street, Suite 403
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133**

**Bureau régional de services de
Sudbury
159, rue Cedar, Bureau 403
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133**

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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
Jan 23, 2014	2013_217137_0056	S-000194-13	Follow up

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

LAKEHEAD MANOR
135 SOUTH VICKERS STREET, THUNDER BAY, ON, P7E-1J2

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

MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection



**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**

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): December 16 - 20, 2013

This inspection was in follow up to seven past due Compliance Orders related to log numbers S-000194-13; S-000227-13; S-000260-13; S-000261-13; S-000262-13; S-000377-13 and S-000378-13.

During the course of the inspection, the inspector(s) spoke with Executive Director, Acting Director of Care, Resident Services Coordinator/Educator, Recreation Manager, RAI-MDS Coordinator, Registered Dietitian, 1 Registered Nurse, 11 Registered Practical Nurses, 6 Personal Support Workers and 15 Residents.

During the course of the inspection, the inspector(s) toured all resident home areas, observed provision of resident care, recreational activities, reviewed residents' clinical records and relevant policies and procedures, related to the inspection.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Recreation and Social Activities

Responsive Behaviours

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.



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. 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. A) LTCHA, 2007, S.O., 2007, c. 8, s. 6 (1) has been the subject of a previous Compliance Order (Inspection # 2013_224122_0004, CO # 002 issued July 8, 2013 with a compliance date of August 31, 2013.)

B) Resident # 02 - A review of the MDS assessments for November 6, 2013, August 7, 2013 and May 8, 2013 revealed that resident # 02 experiences moderate pain daily.

Resident # 02 receives a narcotic analgesic four times daily and if needed.

Staff # 300 shared that resident # 02 exhibits pain.

There is no documented evidence that a plan of care for pain management has been established and this was confirmed by staff # 200 and # 300.

The Licensee failed to ensure that there is a written plan of care, specifically related to pain management that sets out, (a) the planned care for the resident;

(b) the goals the care is intended to achieve; and

(c) clear directions to staff and others who provide direct care to the resident.

C) Resident # 03 - A review of the MDS assessments for November 6, 2013, August 7, 2013 and May 8, 2013 revealed that resident # 03 exhibits moderate pain daily.

Resident # 03 receives a narcotic analgesic four times daily and if needed.

Staff # 200 and # 300 both shared that resident # 03 experiences pain.

There is no documented evidence that a plan of care for pain management has been



established and this was confirmed by staff # 200 and # 300.

The Licensee failed to ensure that there is a written plan of care, specifically related to pain management that sets out,

- (a) the planned care for the resident;
- (b) the goals the care is intended to achieve; and
- (c) clear directions to staff and others who provide direct care to the resident.

D) Resident # 07 - A review of the MDS assessment for October 9, 2013 revealed that resident # 07 exhibits pain daily.

Resident # 07 receives a narcotic analgesic four times daily.

There is no documented evidence that a plan of care for pain management has been established and this was confirmed by staff # 200 and # 300.

The Licensee failed to ensure that there is a written plan of care, specifically related to pain management that sets out,

- (a) the planned care for the resident;
- (b) the goals the care is intended to achieve; and
- (c) clear directions to staff and others who provide direct care to the resident.

E) Resident # 8 - A review of the MDS assessments for December 4, 2013 and October 2, 2013 revealed that resident # 08 exhibits pain daily and at times the pain was horrible or excruciating.

Resident # 08 receives three narcotic analgesics daily and if needed.

Staff # 200 and # 300 both shared that resident # 08 experiences generalized pain.

There is no documented evidence that a plan of care for pain management has been established and this was confirmed by staff # 200 and # 300.

The Licensee failed to ensure that there is a written plan of care, specifically related to pain management that sets out,

- (a) the planned care for the resident;
- (b) the goals the care is intended to achieve; and
- (c) clear directions to staff and others who provide direct care to the resident. [s. 6. (1)]

2. A) LTCHA, 2007, S.O. 2007, c.8, s.6(10)(b) has been the subject of two previous Compliance Orders (Inspection # 2012_053122_0014, CO # 914 issued June 5, 2012 with a compliance date of March 9, 2013 and Inspection # 2013_224122_0001, CO # 002, issued June 5, 2013 with a compliance date of July 31, 2013.

An interview with staff # 100 revealed that recreation and social activity assessments are currently only completed upon admission.



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Staff # 100 shared that a process is being considered to ensure residents are reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary but the process is not fully implemented, a policy and procedure has not been developed and there is no schedule in place to ensure reassessments are completed.

To date, 3 of 131 residents (0.022%) have had recreation and social activities reassessments completed.

This was confirmed by staff # 100.

Staff # 200 shared that the expectation is that all residents are to be reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary and confirmed that the reassessments have not been completed. [s. 6. (10) (b)]

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**



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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #001	2013_224122_0004	137
LTCHA, 2007 S.O. 2007, c.8 s. 3. (1)	CO #003	2013_224122_0001	137
O.Reg 79/10 s. 50. (2)	CO #001	2013_211106_0005	137
O.Reg 79/10 s. 54.	CO #001	2013_104196_0002	137
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2013_224122_0001	137

Issued on this 23rd day of January, 2014

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

Marian C. Mac Donald