



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 prévue le Loi de 2007 les foyers de soins de longue

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

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
TORONTO, ON, M4V-2Y7
Telephone: (416) 325-9297
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8ième étage
TORONTO, ON, M4V-2Y7
Téléphone: (416) 325-9297
Télécopieur: (416) 327-4486

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Oct 14, 17, 19, 21, 24, 27, 28, 2011; 2011\_078193\_0026; Complaint

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

THE WILLOWS ESTATE NURSING HOME
13837 YONGE STREET, AURORA, ON, L4G-3G8

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

MONICA NOURI (193)

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 family member, direct care staff, registered staff and Director of Care.

During the course of the inspection, the inspector(s) reviewed health record, home's Pain management and Skin and wound management programs, related policies and procedures.

The following Inspection Protocols were used during this inspection:

Pain

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités
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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following subsections:**

- 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).**

**Findings/Faits saillants :**

1. Contradictory statements were provided in Minimum Data Set assessment and in the Care plan for an identified resident related to skin care.
2. a) The plan of care for the same resident stated that the resident is allergic to an identified drug. The resident received the drug in many instances without any allergic reaction.
- b) The "Care plan" for the same resident does not address resident's pain. Personal Support Workers' "Kardex" directs them to "see Care plan for pain".[s. 6(1)(c)]

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**

**Specifically failed to comply with the following subsections:**

- s. 52. (1) The pain management program must, at a minimum, provide for the following:**
- 1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.**
  - 2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.**
  - 3. Comfort care measures.**
  - 4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies. O. Reg. 79/10, s. 52 (1).**

**Findings/Faits saillants :**

1. The home's Pain management program does not provide for comfort care measures to manage pain.[r. 52(1)3]
2. The home's Pain management program does not provide for non-pharmacologic interventions, equipment, supplies, devices and assistive aids as strategies to manage pain.[r. 52(1)2]



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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs**  
Specifically failed to comply with the following subsections:

**s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

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**Findings/Faits saillants :**

Identified drugs were not administered to an identified resident in accordance with the directions for use specified by the prescriber.[r. 131(2)]

***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 by ensuring that drugs are administered to residents in accordance with the direction for use specified by the prescriber, to be implemented voluntarily.***

Issued on this 28th day of October, 2011

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

A handwritten signature in black ink, appearing to read "M. Nowell".

