



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

Toronto Service Area Office  
5700 Yonge Street, 5th Floor  
TORONTO, ON, M2M-4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700, rue Yonge, 5e étage  
TORONTO, ON, M2M-4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

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

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 9, 2014	2014_312503_0005	T-119-14	Resident Quality Inspection

#### Licensee/Titulaire de permis

WOODS PARK CARE CENTRE INC.  
110 LILLIAN CRESCENT, BARRIE, ON, L4N-5H7

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

WOODS PARK CARE CENTRE  
110 LILLIAN CRESCENT, BARRIE, ON, L4N-5H7

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

LAURA BROWN-HUESKEN (503), ANN HENDERSON (559), BARBARA  
PARISOTTO (558), VALERIE JOHNSTON (202)

#### Inspection Summary/Résumé de l'inspection



**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**

**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): February 11, 12, 13, 14, 18, 19, 20, 21, 24 and 25, 2014.**

**During the course of the inspection, the following complaint and critical incident inspections were completed:**

**T-725-13, T-750-13, T-242-14, T-243-14**

**During the course of the inspection, the inspector(s) spoke with administrator, director of resident care (DRC), associate director of care (ADOC), care coordinator (CC), director of resident & family service (DRFS), dietary manager (DM), registered dietitian, maintenance supervisor, laundry supervisor/nursing clerk, housekeeping supervisor, staffing manager, volunteer coordinator, registered practical nurse special projects, registered nurses (RN), registered practical nurses, personal support workers, recreation therapy assistants, music therapist, dietary aides, laundry, maintenance assistant, housekeepers, residents and families.**

**During the course of the inspection, the inspector(s) observed the provision of care to residents, reviewed clinical records, conducted dining observations, conducted a tour of the home, observed medication storage areas, reviewed the home's menu, reviewed home's policies related to abuse, falls prevention, continence care, infection prevention and control, dietary services, maintenance, laundry, housekeeping, reviewed Residents' Council meeting minutes and staff educational records, staffing schedule, job responsibilities, resident activity calendar.**

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

**Accommodation Services - Housekeeping  
Accommodation Services - Laundry  
Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Food Quality  
Hospitalization and Death  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Recreation and Social Activities  
Reporting and Complaints  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that the care set out in the written plan of care is provided to the resident as specified in the plan.

Resident #9931's written plan of care directs staff to provide a pull up product to maintain current level of independence for toileting. Staff interviews revealed that the resident is provided a day light pad and not a pull up product. An interview with the CC confirmed that the resident has been provided with a day light pad per shift and not a pull up product as directed in the resident's written plan of care. [s. 6. (7)]

2. The written plan of care for resident #9822 directs staff to cleanse the resident's dentures after meals and to remove and soak dentures nightly. Staff interviews revealed that the resident's dentures are removed and soaked nightly, but are not cleansed after meals as directed in the resident's written plan of care. [s. 6. (7)]

3. An interview with resident #9848 indicated that he/she had oral discomfort for some time and indicated that he/she was expecting a dental appointment. An interdisciplinary assessment completed on an identified date directed staff to refer the resident for a dental appointment. An interview with DRFS confirmed that a dental referral had not occurred and an appointment had not been made. [s. 6. (7)]

***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 care set out in the written plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

---

**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,  
(h) residents are provided with a range of continence care products that,  
(i) are based on their individual assessed needs,  
(ii) properly fit the residents,  
(iii) promote resident comfort, ease of use, dignity and good skin integrity,  
(iv) promote continued independence wherever possible, and  
(v) are appropriate for the time of day, and for the individual resident's type of  
incontinence. O. Reg. 79/10, s. 51 (2).

---

**Findings/Faits saillants :**

1. The licensee failed to ensure that residents are provided with a range of continence care products that promote continued independence wherever possible.

Resident #9938's plan of care identified the resident as requiring a pull up product for occasional incontinence and to maintain his/her independence for toileting. Staff interviews revealed that the home does not provide pull up products to residents and this product is not included in the continence care program. An interview with the CC confirmed that resident #9938 requires a pull up product to assist in maintaining his/her independence while toileting and that the family is required to supply the product. [s. 51. (2) (h) (iv)]

2. The plan of care for resident #9952 identified the resident as requiring a pull up product to assist in self toileting and to maintain his/her independence. The Registered Practical Nurse Special Projects and the DRC confirmed that a pull up product would assist the resident in maintaining independence and that the family is required to supply the product. The DRC further confirmed that the home does not supply pull up products as part of the continence care program. [s. 51. (2) (h) (iv)]

***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 residents are provided with a range of continence care products that promote continued independence wherever possible, to be implemented voluntarily.***



---

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence**

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

**s.101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).**

---

**Findings/Faits saillants :**

1. The licensee failed to comply with the Long-term care home service accountability agreement (L-SAA) held between the North Simcoe Muskoka Local Integration Network (LHIN) and Woods Park Centre Incorporated.

Article 4.2 of the L-SAA states Woods Park Centre Incorporated will only use the funding provided by the LHIN for the purposes or providing services in accordance with the terms of the agreement. The RNs on night duty in the home revealed that they are responsible for the clinical care of residents residing in the home and the adjoining retirement home. This care includes at a minimum spending 20 minutes per shift in the retirement home completing the count of controlled substances. Their duties also include resident assessments and administration of controlled substances as needed. The DRC confirmed that the night RNs job responsibilities include resident care for both the long-term care home and the retirement home. The Administrator confirmed that the retirement home does not subsidize the RNs' salaries. [s. 101. (3)]

***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 with the Long-term care home service accountability agreement held between the North Simcoe Muskoka Local Integration Network and Woods Park Centre Incorporated, to be implemented voluntarily.***

---

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning**



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

- s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,  
(f) is reviewed by the Residents' Council for the home; and O. Reg. 79/10, s. 71 (1).**

---

**Findings/Faits saillants :**

1. The licensee failed to ensure that the menu cycle is reviewed by the Residents' Council.

Interviews with members of the Residents' Council indicated that the home's menu cycle had not been reviewed by the Residents' Council. A review of the Residents' Council minutes for 2013 and interviews with the DM and DRFS confirmed that the home's menu cycle had not been reviewed by the Residents' Council. [s. 71. (1) (f)]

---

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

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

- s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:**
2. **Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council. O. Reg. 79/10, s. 73 (1).**

---

**Findings/Faits saillants :**

1. The licensee failed to ensure that the meal and snack times are reviewed by the Residents' Council.

Interviews with members of the Residents' Council indicated that the home's meal and snack times had not been reviewed by the Residents' Council. A review of the Residents' Council minutes for 2013 and interviews with the DM and DRFS confirmed that the home's meal and snack times had not been reviewed by the Residents' Council. [s. 73. (1) 2.]





---

**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 91. Resident charges**

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

**s. 91. (4) A licensee shall not accept payment from or on behalf of a resident for anything that the licensee is prohibited from charging for under subsection (1) and shall not cause or permit anyone to make such a charge or accept such a payment on the licensee's behalf. 2007, c. 8, s. 91. (4).**

---

**Findings/Faits saillants :**

1. The licensee failed to ensure that the licensee shall not accept payment from or on behalf of a resident for anything that the licensee is prohibited from charging for under subsection (1) and shall not cause or permit anyone to make such a charge or accept such a payment on the licensee's behalf.

Resident #9938's plan of care identifies this resident as requiring a pull up product to assist in occasional incontinence and maintain his/her independence for toileting. An interview with the Power of Attorney (POA) for the resident indicated that he/she has been purchasing and supplying pull up products for the resident since admission. The POA indicated that he/she was informed by the home during the admission process that the home does not supply pull up products and families are required to purchase the products externally or have the option to be supplied and billed by the home's contracted pharmacy. [s. 91. (4)]

2. Resident #9952's plan of care identifies this resident as requiring a pull up product to assist in maintaining his/her independence for toileting. An interview with the POA for the resident indicated that he/she has been purchasing and supplying pull up products for the resident since admission. The DRC confirmed that the home does not supply pull up products as part of their continence care program. The home has not offered or at any time given compensation or subsidization to the residents' families for these products. [s. 91. (4)]

---

**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal**



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

Specifically failed to comply with the following:

- s. 136. (3) The drugs must be destroyed by a team acting together and composed of,
- (a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada),
    - (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
    - (ii) a physician or a pharmacist; and O. Reg. 79/10, s. 136 (3).

**Findings/Faits saillants :**

1. The licensee failed to ensure that, where a drug that is to be destroyed in the case of a controlled substance, drugs are destroyed by a team acting together and composed of one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and a physician or a pharmacist.

A review of the narcotic destruction records for June 2013 revealed that the clinical pharmacist trainee had co-signed the narcotic destruction record with the clinical pharmacist and not a member of the registered nursing staff appointed by the Director of Nursing and Personal Care. The above information was confirmed by the DRC. [s. 136. (3) (a)]

Issued on this 10th day of April, 2014

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

L Broun-Hueston

B Parisotto

A Henderson

V Johnston