

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

London Service Area Office 130 Dufferin Avenue 4th floor LONDON ON N6A 5R2 Telephone: (519) 873-1200 Facsimile: (519) 873-1300

Bureau régional de services de London 130 avenue Dufferin 4ème étage LONDON ON N6A 5R2 Téléphone: (519) 873-1200 Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du apport

Inspection No / No de l'inspection

Log # / Registre no Type of Inspection / **Genre d'inspection**

Apr 24, 2015

2015 226192 0023

002650-15, 002875-15, Critical Incident 004719-15

System

Licensee/Titulaire de permis

STEEVES & ROZEMA ENTERPRISES LIMITED 265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

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

ST ANDREW'S TERRACE LONG TERM CARE COMMUNITY 255 St. Andrew's Street CAMBRIDGE ON N1S 1P1

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs **DEBORA SAVILLE (192)**

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): April 22 and 23, 2015

This Critical Incident inspection related to the home's reports of allegations of abuse; staff to resident and resident to resident was conducted concurrently with the following inspections:

Complaint Inspection 2015_226192_0022, log number 003810-15 and Follow-up Inspection 2015_226192_0024, log number L-001835-15

During the course of the inspection, the inspector(s) spoke with the Administrator, Manager of Resident Care, Personal Support Workers, registered staff and residents.

The inspector reviewed medical records, incident investigation notes, policy and procedure, observed the provision of care and toured the home areas.

The following Inspection Protocols were used during this inspection: Prevention of Abuse, Neglect and Retaliation Responsive Behaviours

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

- 1 WN(s)
- 0 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES		
Legend	Legendé	
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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.	



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WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: 21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants:

1. The licensee failed to ensure that the plan of care was based on, at a minimum, interdisciplinary assessment of sleep patterns and preferences, with respect to the resident.

Interview with the Manager of Resident Care confirmed that sleep and rest routines are assessed at the time of admission and recorded in the admission notes. The plan of care would be based on the assessed needs of the resident with changes to the plan of care made as necessary.

- i) Resident #004 was admitted to the home in 2014. Review of the progress notes identified that the admission note for the resident did not include sleep and rest routines. Review of the 24 hour care plan initiated at the time of admission for resident #004 identified that sleep patterns had been recorded, but had not been included in the plan of care when initiated. At the time of this inspection, the plan of care for resident #004 did not include sleep patterns and preferences for the resident.
- ii) Resident #003 was admitted to the home in 2014. Review of the progress notes identified that an assessment of sleep and rest routines was included in the admission note, however the plan of care for resident #003 did not include sleep patterns and preferences for the resident. The 24 hour care plan initiated at the time of admission for resident #003 failed to identify the sleep patterns identified in the admission note.

The licensee failed to ensure that the plan of care for the resident was based on assessment of sleep patterns and preferences, with respect to the resident. [s. 26. (3) 21.]



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Issued on this 24th day of April, 2015

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

Original report signed by the inspector.