

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

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## 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
Mar 10, 2014	2014_031194_0006	000114-14	Complaint
Licensee/Titulaire de	permis		
MARYCREST HOME	FOR THE AGED TERBOROUGH, ON, K9	K_2₽8	
	ne/Foyer de soins de lo		
ST JOSEPH'S AT FLE 659 Brealey Drive, PE	MING TERBOROUGH, ON, K9	K-2R8	
	/Nom de l'inspecteur o		ırs
CHANTAL LAFRENIE	RE (194)		
Ins	pection Summary/Résu	ımé de l'inspec	tion

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): February 14, & 18, 2014

During the course of the inspection, the inspector(s) spoke with the Unit Manager, Dietitian, Registered Practical Nurse(RPN), Personal Support Worker(PSW), Activation Staff, and Residents

During the course of the inspection, the inspector(s) reviewed the clinical health records of identified residents, activation documentation, food and fluid intake records, Dietary Assessments, Medication Administration Records, observed resident care practices and observed staff to resident interactions.

The following Inspection Protocols were used during this inspection:



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## **Continence Care and Bowel Management Personal Support Services**

Findings of Non-Compliance were found during this inspection.

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.		

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



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## 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:



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1. The licensee failed to comply with LTCHA s. 6(1)(c) when the care set out for Resident #2 did not provide clear direction.

The plan of care for Resident #2 specifies under "Sleep rest pattern". Wakes around 0930-1000. Allow to wake up naturally. Will nap in the afternoon on the bed. Goes to bed in evening at 2100.

POA has expressed concerns related to the change in bed time routine for resident #2.

PSW staff #105 and #101 were interviewed and confirmed that Resident #2 is assisted with evening care as soon as the Resident #2 leaves the dining room after supper, to minimize resistance to care.

Resident #2 who is independent with ambulation, was observed on February 18, 2014 @ 1815 hrs being provided evening care and was in bed by 1845 hrs.

The plan of care does not provide clear direction to staff related to bed time routine;

- assisting with evening care after supper to reduce resistance to care.
- when care is completed resident's television is turned on and lights are left on, until resident is ready for sleep at approx. 2100 hours. [s. 6. (1) (c)]
- 2. The licensee failed comply with LTCHA s.6(10)(b) when the plan of care for resident #1 was not revised when the care need changed.

Resident #1 returned from hospital on an identified date with a change in condition.

The plan of care for resident #1 was reviewed with RPN #106 and PSW #107, who confirmed that Resident #1 care needs related to bathing, hygiene, mobility and toileting had changed since return from the hospital and the plan of care had not been revised.

The RPN #106 updated the plan of care and provide the inspector with a revised version by the end of the day on February 18, 2014. [s. 6. (10) (b)]



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Issued on this 10th day of March, 2014

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

CHANTAL LAFRENIERE (194)