Ontario

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
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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
Jul 2, 2013	2013_138151_0020	S-001338-13	Complaint

Licensee/Titulaire de permis

CORPORATION OF THE TOWN OF KIRKLAND LAKE
3 KIRKLAND STREET WEST, POSTAL BAG 1757, KIRKLAND LAKE, ON, P2N-3P4

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

TECK PIONEER RESIDENCE
145A GOVERNMENT ROAD EAST, POSTAL BAG SERVICE 3800, KIRKLAND LAKE, ON, P2N-3P4

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

MONIQUE BERGER (151)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): June 3,4,5,6,7, 2013

This complaint investigation involves Log.# S 00138-12 and S-00052-13 both corresponding to IL: 256635-SU

During the course of the inspection, the inspector(s) spoke with Administrator, Assistant Director of Care (ADOC), Staff Educator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), residents, family

During the course of the inspection, the inspector(s)
- toured the unit several times per day,
- reviewed the resident's health care records
- observed the delivery of care and service to residents
- reviewed policies, procedures, protocols and programs in reference to the management of resident falls
- reviewed the home's policies, procedures, protocols and programs in reference to continence care
- reviewed the home's staffing plan, schedules, and contingency plans
- reviewed the home's policies, procedures and protocols relating to resident/family complaints

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management

Falls Prevention

Personal Support Services

Reporting and Complaints

Sufficient Staffing

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

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).

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

Findings/Faits saillants :

1. Inspector reviewed the resident's plan of care and noted that the resident had a physician order requiring that the resident receive a treatment twice a day every day of the week except Sundays. Inspector audited two consecutive months of the flow sheets where staff documented these treatments as done. Inspector did consider a notation of "refused" as indication that the treatment was attempted. Inspector noted 24 of 53 days had one or more treatment not recorded and with no notation of refusal by the resident; 6 of these days had no documented treatment for either treatments required for that day.

The care was not provided as specified in the resident's plan of care. [s. 6. (7)]

2. Inspector reviewed the resident's health care records and noted that the home reviews residents' medication and treatment orders on a quarterly basis and that the physician signs off on these forms that they are current medication and treatment orders. Inspector reviewed the resident's most current quarterly review for medications and treatment as well as every physician order thereafter. Inspector was unable to find the original order to direct staff in regards to the treatment.

Inspector interviewed the ADOC and RN/Staff Educator who confirmed they did not know when the treatment regime had been initiated and by whom and, that the current order for the treatment did not give clear direction to staff.

Inspector reviewed the resident's current file and could find no physician or Extended Class Nurse order to match the treatment regime indicated on the flow sheet. With the assistance of the Administrator, the original order matching this treatment regime was found in a separate and archived file. The process to find the original order took over one hour and involved the Inspector, Administrator, ADOC and Staff Educator.

The current order for the treatment was not clear in the resident's current health care records and plan of care. Staff did not have convenient and immediate access to the original physician order to verify that the treatment regime indicated in the flow sheet was correct. [s. 6. (8)]

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 plan of care is provided to the resident as specified in the plan and that staff and others who provide direct care to the resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. Complainant alleged issuance of letters of complaint to the Administrator of the home. Complainant stated that these letters addressed 2 main concerns; the home was not meeting the care needs of the resident family member and the home did not have enough staff to meet all the residents' care needs.

In an interview, the Administrator confirmed receipt of letters of complaint from the complainant. Administrator confirmed that these written complaints concerning the care of a resident and the operation of the home were not forwarded to the Director. [s. 22. (1)]

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, whenever the Licensee receives a written complaint concerning the care of a resident or the operation of the home, the complaint is immediately forwarded to the Director, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).
(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).
(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).
(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).
(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. Inspector reviewed the form that logs complaints received by the home. Though the form does identify the date of the complaint, who made the complaint, the action taken, the outcome and identifies the name of the staff person who attended to the complaint, the log does not address the following: final resolution, date on which the response was provided to the complainant, the description of the response and any response made in turn by the complainant. In an interview, the Administrator confirmed the form was the way the home logged complaints and it was the information on these forms that was reviewed quarterly at the Quality Assurance Committee.

The licensee did not ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint;
(b) the date the complaint was received;
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
(d) the final resolution, if any;
(e) every date on which any response was provided to the complainant and a description of the response; and
(f) any response made in turn by the complainant. [s. 101. (2)]

Issued on this 2nd day of July, 2013

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

Monique G. Berger INSPECTOR 151.