



**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**

**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**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 28, 2014	2014_183135_0067	001685- 14,002038- 14	Critical Incident System

#### **Licensee/Titulaire de permis**

THE CORPORATION OF THE COUNTY OF MIDDLESEX  
c/o Strathmere Lodge, 599 Albert Street, P.O. Box 5000, STRATHROY, ON, N7G-3J3

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

STRATHMERE LODGE  
599 Albert Street, Box 5000, STRATHROY, ON, N7G-3J3

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

BONNIE MACDONALD (135)

### **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 Critical Incident System inspection.**

**This inspection was conducted on the following date(s): August 20, 2014.**

**During the course of the inspection, the inspector(s) spoke with Director of Resident Care, Registered Nurse, Registered Practical Nurse, Environmental Services Manager, Maintenance Mechanic, Personal Support Worker, Health Care Aide and Housekeeping Aide.**

**During the course of the inspection, the inspector(s) reviewed resident clinical records and policy and procedures for Missing Residents. Observed resident care and services provided in resident home areas.**

**The following Inspection Protocols were used during this inspection:  
Safe and Secure Home**

**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.)  The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.  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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the home was a safe and secure environment for its residents when the following occurred:

In an interview a registered staff member on the resident's home area revealed " we do not test the system to see if it is working."

During an interview with the Maintenance Mechanic, he revealed "We do not do regular checks of the system to see if it is working. We only know there is a problem if staff tells us it is not working".

During an interview the Director of Resident Care confirmed his expectation that residents have a safe and secure environment and the home needs to implement a process for ensuring that resident's safety system is checked regularly to ensure it is working. [s. 5.]

***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 ensuring that the home is a safe and secure environment for its residents , to be implemented voluntarily.***

---

**WN #2: 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:**

- 1. Customary routines. O. Reg. 79/10, s. 26 (3).**
- 2. Cognition ability. O. Reg. 79/10, s. 26 (3).**
- 3. Communication abilities, including hearing and language. O. Reg. 79/10, s. 26 (3).**
- 4. Vision. O. Reg. 79/10, s. 26 (3).**
- 5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day. O. Reg. 79/10, s. 26 (3).**
- 6. Psychological well-being. O. Reg. 79/10, s. 26 (3).**
- 7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming. O. Reg. 79/10, s. 26 (3).**
- 8. Continence, including bladder and bowel elimination. O. Reg. 79/10, s. 26 (3).**
- 9. Disease diagnosis. O. Reg. 79/10, s. 26 (3).**
- 10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).**
- 11. Seasonal risk relating to hot weather. O. Reg. 79/10, s. 26 (3).**
- 12. Dental and oral status, including oral hygiene. O. Reg. 79/10, s. 26 (3).**
- 13. Nutritional status, including height, weight and any risks relating to nutrition care. O. Reg. 79/10, s. 26 (3).**
- 14. Hydration status and any risks relating to hydration. O. Reg. 79/10, s. 26 (3).**
- 15. Skin condition, including altered skin integrity and foot conditions. O. Reg. 79/10, s. 26 (3).**
- 16. Activity patterns and pursuits. O. Reg. 79/10, s. 26 (3).**
- 17. Drugs and treatments. O. Reg. 79/10, s. 26 (3).**
- 18. Special treatments and interventions. O. Reg. 79/10, s. 26 (3).**
- 19. Safety risks. O. Reg. 79/10, s. 26 (3).**
- 20. Nausea and vomiting. O. Reg. 79/10, s. 26 (3).**
- 21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).**
- 22. Cultural, spiritual and religious preferences and age-related needs and preferences. O. Reg. 79/10, s. 26 (3).**
- 23. Potential for discharge. O. Reg. 79/10, s. 26 (3).**

---

**Findings/Faits saillants :**



1. A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident i.e. #19. Safety risks.

Resident #02 was seen by a neighbour walking 2 blocks from the home.

During staff interviews, staff were unable to name or provide a list of residents who were at risk of elopement or what actions they might take in diverting residents from leaving the home unattended.

Record review revealed that resident #02 and 3 other residents or 57.1% of the residents who are risk of elopement did not have individualized interventions in place regarding known safety risks.

During an interview the Director of Resident Care confirmed his expectations that residents at risk of elopement have a plan of care based on an interdisciplinary assessment with respect to the resident's safety risk. [s. 26. (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 ensuring resident's plans of care be based on, at a minimum an interdisciplinary assessment of their safety risks related to elopement, to be implemented voluntarily.***

---

Issued on this 28th day of August, 2014

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