

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Rapport d'inspection prévue  
sous *la Loi de 2007 sur les foyers  
de soins de longue durée*

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 16, 2019	2019_785732_0026	015144-19	Other

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**Licensee/Titulaire de permis**

Kemptville District Hospital  
2675 Concession Road P.O. Bag 2007 KEMPTVILLE ON K0G 1J0

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

Kemptville District Hospital  
2675 Concession Road P.O. Bag 2007 KEMPTVILLE ON K0G 1J0

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

EMILY BROOKS (732), GILLIAN CHAMBERLIN (593)

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

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The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): August 12, 13, and 14, 2019.

Specifically, a Service Area Office Initiated Inspection, log # 015144-19, was completed during this Other inspection.

During the course of the inspection, the inspector(s) spoke with the Vice President of Nursing and Clinical Services (VP of Nursing and Clinical Services), the Registered Dietician/Manager of Dietary Services, a Registered Practical Nurse (RPN), a dietary aide, an activity coordinator, and a physiotherapy assistant.

During the inspection, the inspector(s) observed the provision of care and services to residents, the residents environment, a mealtime, and two medication passes. The inspector(s) also reviewed resident health care records, relevant policies and procedures, and meeting minutes.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Medication

Reporting and Complaints

Residents' Council

Skin and Wound Care

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

4 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

**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>Légende</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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with s. 11. (1), the licensee was required to ensure that there is an organised program of nutrition care and dietary services for the home to meet the daily nutrition needs of the residents.

Specifically, staff did not comply with the licensee's Servery Temperature Policy, #LTCI004, date revised April 2013, which is part of the licensee's Nutrition and Hydration program.

During an interview with Inspector #593, dietary aide #102 indicated that they had not measured the temperature of the food prior to being served to the residents. Dietary aide #102 showed the servery temperature audit form to Inspector #593, explaining that usually the temperatures were taken when the food was received on the unit, however they had yet to do this.

During a lunch observation in the dining room, on a specified date, Inspector #593 reviewed the servery temperature audit form at the end of the meal service, there were no temperatures recorded for the food served to residents, including soup, sandwiches and salads.

A review of the licensee's Servery Temperature Policy, #LTCI004, date revised April, 2013, by Inspector #593, found the following:

- Temperatures are monitored to ensure food being served to residents is safe to consume.
- Compliance standard- 100%.
- Frequency- at the start of each meal.

Procedure:

Dietary Aide

- Record all temperatures on server temperature audit form for all textures once on the unit.

During an interview with Inspector #593, Manager of Dietary Services indicated that it was the expectation of the licensee, that once the food leaves the main kitchen, the temperature is checked once reaching the unit to ensure that the temperature is maintained during this time and before the food is served to residents. [s. 8. (1) (b)]

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management**

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

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.  
O. Reg. 79/10, s. 49 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that when resident #002 had fallen, the resident was assessed and that where the condition or circumstances of the resident require, a post-fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Inspector #593 reviewed a completed incident report for resident #002. The incident report, for a specified date, documented that resident #002 was found on the floor, on their floor mat laying face first with their head against the wall. Resident #002 stated that they hit their head and that they were trying to get up from their bed. Resident #002 was sent to hospital for examination. Resident later returned to the home with no injuries.

A review of the licensee's Falls Prevention and Management Program, Policy number: AN-1, date revised February, 2017, by Inspector #593, found the following:

#### D. Fall and Post Fall Management

##### Registered staff

10. Complete Post Fall Screen for patients/residents/environmental factors Form #1023 and place in the team leaders mail box.

Inspector #593 completed a review of resident #002's health care record, a post falls assessment was unable to be located.

During an interview with Inspector #593, RPN #101 indicated that when a resident falls, a post falls assessment is completed by the nurse on shift at the time of the fall and submitted to the team lead.

During an interview with Inspector #593, the Vice President of Nursing and Clinical Services indicated that a post falls assessment was not completed for resident #002 and that it was the expectation of the licensee that a post falls assessment be completed for all falls. [s. 49. (2)]

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85.  
Satisfaction survey**

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

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

**Findings/Faits saillants :**

1. The licensee has failed to seek the advice of the Residents' Council in developing and carrying out of the resident satisfaction survey (the survey).

During an interview with Inspector #593, Assistant to the Residents' Council staff member #104 indicated that they are not sure if the council had reviewed the survey before it was implemented. Staff member #104 further indicated that they were on a leave of absence recently and this could have been done during this time.

During an interview with Inspector #593, the Acting Assistant to the Residents' Council staff member #105 indicated that residents are provided assistance to complete the survey, however they have not reviewed the survey, nor is their advice sought, before survey implementation. [s. 85. (3)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 100. Every licensee of a long-term care home shall ensure that the written procedures required under section 21 of the Act incorporate the requirements set out in section 101. O. Reg. 79/10, s. 100.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the written procedures required under section 21 of the Long-Term Care Home Act (LTCHA) incorporated the requirements set out in section 101 of Ontario Regulation 79/10 (O.Reg. 79/10).

Under the LTCHA, 2007, section 21 describes that every licensee of a long-term care home shall ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints.

O. Reg. 79/10, section 101, sets out the requirements that should be incorporated into the written procedures required under section 21 of the LTCHA. Specifically, O. Reg. 101(1) specifies that every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

Inspector #732 requested the licensee's complaint procedures from Vice President of Nursing and Clinical services (VP of Nursing and Clinical Services). Inspector #732 was given two policies: Policy No. I-22, reviewed/revised July 2016, entitled 'Complaint Policy – General' and Policy No. VII-13, reviewed/revised August 2016, entitled 'Complaint Policy – Patient Relations'. Inspector #732 reviewed both policies and noted that information regarding a complaint having to be investigated and resolved, where possible, and a response provided within 10 business days of the receipt of the complaint; and how to proceed if a complaint cannot be investigated and resolved within 10 business days was not present within the two policies.

In an interview with Inspector #732, VP of Nursing and Clinical Services acknowledged that Policy No. I-22 entitled 'Complaint Policy – General', and Policy No. VII-13 entitled 'Complaint Policy – Patient Relations' did not contain information that incorporated section 101 of Ontario Regulation 79/19. [s. 100.]



**Issued on this 19th day of August, 2019**

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

**Original report signed by the inspector.**