



**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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<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 6, 2013	2013_229213_0020	L-000403-13	Critical Incident System

**Licensee/Titulaire de permis**

**THE WOMEN'S CHRISTIAN ASSOCIATION OF LONDON  
2022 Kains Road, LONDON, ON, N6A-0A8**

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

**McCORMICK HOME  
2022 Kains Road, LONDON, ON, N6K-0A8**

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

**RHONDA KUKOLY (213)**

**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): July 30, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the RAI Coordinator, the Educator, a Registered Nurse, 2 Registered Practical Nurses, 3 Personal Support Workers and 1 Resident

During the course of the inspection, the inspector(s) made observations, reviewed health care records, policies and other relevant documentation

The following Inspection Protocols were used during this inspection:

Falls Prevention

Pain

Findings of Non-Compliance were found during this inspection.

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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Legendé

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 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 :**



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1. The licensee did not ensure that the pain management policy was complied with: The Home's Pain Management and Assessment Tools policy states: "Pain is reassessed with each new report of pain and in the Quarterly Summary. 1. At the end of 72 hours pain is to be re-assessed and the following noted (see Appendix A or B for reassessment form): there is a change in pain intensity, quality and/or location. 2. With each new report of pain a full pain assessment should be initiated. 3. In connection with Quarterly MDS assessment."

- a) A resident who had pain identified in their plan of care has not had a pain assessment completed since February 2012.
- b) A resident who has pain identified in their plan of care has not had a pain assessments completed since June 2012.
- c) A resident who has pain identified in their plan of care has not had a pain assessment since October 2012.
- d) A resident who has pain identified in their plan of care has not had a pain assessment since July 2012.
- e) A resident has pain identified in their plan of care has not had a pain assessment completed since August 2012.

The RAI Coordinator confirmed that no pain assessment had been completed for a resident since February 2012 and that there should have been a pain assessment completed on a change in condition. The Director of Care confirmed that all of the above residents should have had pain assessments completed quarterly and upon a change of status affecting pain as per the Pain Management and Assessment Tool Policy. [s. 8. (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 the home's policy regarding pain management is complied with, to be implemented voluntarily.***

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**WN #2: 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. (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).

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**Findings/Faits saillants :**

1. The licensee did not ensure residents are reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary:

a) A resident was observed to have a safety intervention in place and the plan of care was not revised to include instructions for staff regarding this safety intervention.

The RAI Coordinator and Staff Educator confirmed that the home has not included this intervention in the resident plan of care. [s. 6. (10) (b)]

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Issued on this 6th day of August, 2013

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

*Rhonda Kukoly*