



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

Toronto Service Area Office
5700 Yonge Street, 5th Floor
TORONTO, ON, M2M-4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700, rue Yonge, 5e étage
TORONTO, ON, M2M-4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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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
May 6, 2013	2013_109153_0007	T-2118-12	Complaint

Licensee/Titulaire de permis

SPENCER HOUSE INC.
835 West Ridge Blvd, ORILLIA, ON, L3V-8B3

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

SPENCER HOUSE INC.
835 West Ridge Blvd., ORILLIA, ON, L3V-8B3

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

LYNN PARSONS (153)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): April 17, 18, 22, 2013

During the course of the inspection, the inspector(s) spoke with Director of Administration(DOA), Director of Care(DOC), RAI MDS Coordinator, Personal Support Worker(PSW), Residents and Family.

During the course of the inspection, the inspector(s) Reviewed clinical health records and policy and procedures related to the Home's Complaint Process. Completed observations of the provision of resident care activities related to hygiene/grooming, oral care, nail care and the delivery of modified food/fluid textures.

The following Inspection Protocols were used during this inspection:
Personal Support Services
Reporting and Complaints
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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



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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. 6. Plan of care

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).**

Findings/Faits saillants :



1. The licensee did not ensure there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident. The written plan of care for Resident #2 provides conflicting information related to level of staff assistance and the process for completing the resident's oral care.

The written plan of care indicates the following information:

- Requires staff assistance to maintain oral hygiene every morning and every evening.
- Provide set up assistance and encourage resident to perform as much of his own oral hygiene as possible, provide assistance if weak or tired.

When interviewed direct care staff indicated the resident requires staff assistance the majority of the time and the mouth care is completed using swabs not toothbrushes. It is not clear on the written plan of care whether resident requires swabs or a toothbrush to provide oral care.

When interviewed the RAI MDS Co-ordinator confirmed the written plan of care does not provide clear direction to staff. [s. 6. (1) (c)]

2. The written plan of care for Resident #3 provides conflicting information related to the frequency of oral care. The written plan of care indicates, provide assistance to resident to maintain oral hygiene daily, before and after meals, every morning and every evening.

When interviewed the RAI MDS Co-ordinator confirmed the written plan of care does not provide clear direction to staff. [s. 6. (1) (c)]

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 there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care related to oral care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



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Specifically failed to comply with the following:

s. 101. (1) 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. O. Reg. 79/10, s. 101 (1).

s. 101. (1) 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:

3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :



1. The licensee did not ensure every written complaint made to the licensee or a staff member concerning the care of a resident is responded to within 10 business days of the receipt of the complaint.

An email dated October 14, 2012 identifying complaints pertaining to Resident #1's care was stamped as received on October 26, 2012.

A written response to the complainant was dated November 12, 2012.

The response to the identified complaints was not provided to the complainant within 10 business days.

When interviewed the Director of Administration confirmed the response to the complainant was not provided within 10 business days. [s. 101. (1) 1.]

2. The licensee did not provide a response to the person who made the complaint indicating what the licensee has done to resolve the complaint.

The email dated October 14, 2012 identified concerns related to a bruise and the signs of skin breakdown for Resident #1.

The written response from the licensee dated November 12, 2012 did not include any mention of these identified concerns.

When interviewed the Director of Administration confirmed these items were not included in the response to the person who made the complaint. [s. 101. (1) 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 to ensure;

- every written complaint made to the licensee concerning the care of a resident is responded to within 10 business days of the receipt of the complaint.

- the response to the person who made the complaint includes the action the licensee has done to resolve the complaint, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 233. Retention of resident records



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Specifically failed to comply with the following:

s. 233. (2) A record kept under subsection (1) must be kept at the home for at least the first year after the resident is discharged from the home. O. Reg. 79/10, s. 233 (2).

Findings/Faits saillants :

1. The licensee did not ensure that the record of every former resident of the home is kept at the home for at least the first year after the resident is discharged from the home.

Resident #1 died in the hospital on October 17, 2012.

A request was made on April 22, 2013 to the licensee to review Resident #1's RAI MDS assessment scheduled for completion in September 2012.

The licensee was unable to provide the requested information because it was not available on site from the previous software provider.

During a telephone interview with the Director of Administrator on April 24, 2013 at 12:25h. it was confirmed the assessment had been completed and submitted to CIHI but the licensee was unable to produce a legible assessment for review. [s. 233. (2)]

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 record of every former resident of the home is kept at the home for at least the first year after the resident is discharged from the home, to be implemented voluntarily.



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Issued on this 7th day of May, 2013

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

Lynn Parsons