



**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
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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
Jan 31, 2013	2013_188168_0002	H-00660-12	Complaint

Licensee/Titulaire de permis

**ST. JOSEPH'S HEALTH SYSTEM
56 GOVERNOR'S ROAD, DUNDAS, ON, L9H-5G7**

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

**ST JOSEPH'S VILLA, DUNDAS
56 GOVERNOR'S ROAD, DUNDAS, ON, L9H-5G7**

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

LISA VINK (168)

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): January 17, 18, 22, 23 and 2013.

This Inspection Report is for log numbers H-00660-12, H-00743-12, H-00795-12 and H-001064-12.

During the course of the inspection, the inspector(s) spoke with the Director of Nursing (DOC), regulated and unregulated care providers, dietary staff and residents.

During the course of the inspection, the inspector(s) observed to provision of care and services on the day, night and evening shifts, reviewed resident health care records, reviewed work routines, observed breakfast meal service, and reviewed relevant policies and procedures.

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

Dignity, Choice and Privacy

Dining Observation

Skin and Wound Care

Snack Observation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 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).

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).

Findings/Faits saillants :



1. The licensee of the long-term care home did not ensure that there is a written plan of care for each resident that sets out clear direction to staff and others who provide direct care to the residents.

a) The plan of care, reviewed on January 17, 2013, for resident #005 does not give clear direction to staff providing care.

The resident uses a table top restraint at all times when up in the wheelchair. The "Daily Care Information" sheet, in the flow sheet binder identifies that the resident is to have a lapbelt when in the wheelchair and the full "Care Plan" notes to use both a table top restraint and a seatbelt when in the wheelchair.

Registered staff interviewed confirmed that the plan does not give clear direction to staff providing care.

b) The plan of care for resident #15 does not provide clear direction for staff and is conflicting regarding continence care needs.

The plan indicates that the resident is able to toilet self during the day however also notes that the resident requires one staff physical assist on and off of the toilet. Staff interviewed confirmed that the resident does not toilet self.

c) The plan of care for resident #13 does not provide clear direction for staff regarding continence care needs.

The plan indicates to toilet the resident regularly and to change soiled incontinent products immediately, with no times or frequency specified.

The resident was not toileted during the observation period of this inspection and day staff interviewed indicated that the resident is toileted upon rising and then again by the afternoon shift.

d) The plan of care for resident #16 does not provide clear direction for staff as it provides conflicting statements regarding continence care needs.

The plan indicates that the resident is not toileted and uses a brief for containment under the interventions for toileting. The identified interventions under skin care indicate to toilet the resident regularly. [s. 6. (1)]

2. The care set out in the plan of care was not provided to residents as specified in the plan.

a) On January 18, 2013, the following residents were not provided continence care as



specified in their plans:

- i. Resident #12 was toileted at approximately 0930 hours and not again until 1330 hours. The plan indicates that the resident is to be toileted before lunch.
- ii. Resident #13 was toileted at approximately 0900 and was not toileted again on the day shift. The plan indicates that the resident is to be toileted regularly and to change wet incontinent products immediately.
- iii. Resident #14 was toileted upon rising and was taken to the lounge and remained in public areas of the home for the remainder of the day shift. The plan indicates that the resident is to be checked for wetness every 2 hours and to ensure her skin is kept clean and dry.

b) On January 22, 2013, the following resident was not provided continence care as specified in their plan:

- i. Resident #11 was not toileted following the lunch meal on the day shift. The plan of care indicates that the resident is to be toileted before and after meals.

c) On January 23, 2013, the following residents were not provided continence care as specified in their plans:

- i. Resident #09 was not toileted following the breakfast meal. The plan of care indicated that the resident is to be toileted before and after meals.
- ii. Resident #10 was not toileted when observed between the hours of 0945 and 1015 hours. The plan of care for the resident includes a scheduled toileting routine and indicates that the resident is to be toileted between 0945 and 1015 hours.

Interviews conducted with the staff providing care to the specified residents on the specified dates confirmed that continence care was not provided to the residents as set out in their plans of care. [s. 6. (7)]

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 related to the LTCHA, 2007 sections 6(1)c and 6(7) - plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning



Specifically failed to comply with the following:

s. 71. (3) The licensee shall ensure that each resident is offered a minimum of, (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and O. Reg. 79/10, s. 71 (3).

Findings/Faits saillants :

1. Not all residents are offered a minimum of a between meal beverage in the morning and afternoon and a beverage in the evening after dinner.

Observation of day routines, review of Food and Fluid records and staff interviews confirmed that residents do not consistently receive a between meal beverage in the morning, after breakfast and before lunch.

Beverages were not offered or served to residents mid morning on January 18, 2013 on the Primrose Resident Home Area or January 22, 2013 on the Maple Grove Resident Home Area, this was confirmed by staff working the day shifts.

A review of the Food and Fluid Records for January 2013 and interview with staff working on the Trillium Resident Home Area confirmed that residents are not consistently offered or served mid morning beverages. [s. 71. (3) (b)]

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 residents are offered a minimum of a between meal beverage in the morning, afternoon and in the evening after dinner, to be implemented voluntarily.



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Issued on this 31st day of January, 2013

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

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