



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 prévue le Loi de 2007 les foyers de soins de longue

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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Aug 28, 30, 31, Sep 4, 5, 6, 10, 11, 17, 20, 2012; 2012_109153_0021; Complaint

Licensee/Titulaire de permis

MILL CREEK CARE CENTRE
286 Hurst Drive, BARRIE, ON, L4N-0Z3

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

MILL CREEK CARE CENTRE
286 Hurst Drive, BARRIE, ON, L4N-0Z3

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

LYNN PARSONS (153)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Director of Care, Registered Dietitian, Food Services Supervisor, Registered Practical Nurse, Personal Support Workers, Dietary Aide and Resident

During the course of the inspection, the inspector(s) Reviewed clinical health records and home policies and procedures related to Contenance Care, Pain Management and Nutritional Care. Completed observations of resident at various times.

PLEASE NOTE: A non-compliance was found related to the Licensee's failure 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 to the resident under the Long - Term Care Homes Act. This non-compliance [LTCHA s.24(1)] was issued in Inspection # 2010_109153_00019, conducted on August 28, 2012 and is contained in the Report of that Inspection.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Nutrition and Hydration

Pain

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.)	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. 131. Administration of drugs
Specifically failed to comply with the following subsections:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

The licensee did not ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

The following bowel protocol was prescribed for the identified resident with a risk for constipation;

Day 3 without a bowel movement- administer Milk of Magnesia 30ccs

Day 4 without a bowel movement - administer Glycerin Suppository

Day 5 without a bowel movement - administer an enema

The identified resident did not receive Milk of Magnesia as prescribed by the physician on day 3 on June 12 and June 24, 2011.

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 drugs are administered to residents in accordance with directions for use specified by the prescriber, to be implemented voluntarily.

WN #2: 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 subsections:

s. 6. (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

2. The outcomes of the care set out in the plan of care.

3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :

The licensee did not ensure the outcomes of the care set out in the plan of care were documented. Documentation completed by the personal support workers on June 25 and 26, 2011 in the point of care program indicated the identified resident did not have a bowel movement while the information recorded by the registered staff in the progress notes indicated the resident had a bowel movement. This conflicting information does not facilitate the monitoring of the outcomes of the resident's bowel management program.[s.6(9)2]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes

Every licensee of a long-term care home shall ensure that,

- (a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;
- (b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and
- (c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Findings/Faits saillants :

The licensee did not ensure a reassessment of each resident's drug regime is documented at least quarterly. A reassessment of the identified resident's drug regime was not completed for the period of April 1, to June 30, 2011. This was confirmed through interview with the Director of Care[s.134(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 a reassessment of each resident's drug regime is documented at least quarterly, to be implemented voluntarily.

Issued on this 27th day of September, 2012

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

