



**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 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**

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**Public Copy/Copie du public**

<b>Date(s) of inspection/Date(s) de l'inspection</b>	<b>Inspection No/ No de l'inspection</b>	<b>Type of inspection/Genre d'inspection</b>
Sep 20, 21, 23, 24, Oct 5, 9, 2012	2012_140158_0016	Complaint

**Licensee/Titulaire de permis**  
ST. JOSEPH'S HEALTH CENTRE OF SUDBURY  
1140 South Bay Road, SUDBURY, ON, P3E-0B6

**Long-Term Care Home/Foyer de soins de longue durée**  
ST.GABRIEL'S VILLA OF SUDBURY  
4690 Municipal Road 15, Chelmsford, ON, P0M-1L0

**Name of inspector(s)/Nom de l'inspecteur ou des inspecteurs**  
KELLY-JEAN SCHIENBEIN (158)

**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 the Administrator, the Vice President of Nursing Services, the home's Service Site Manager, the Director of Nursing (DON), the Assistant Director of Care (ADOC), Registered Nursing Staff (RN/RPN), Personal Support Workers/Personal Care Assistants (PCA), the Scheduler for nursing services, Residents and Families.**

**During the course of the inspection, the inspector(s) conducted a walk through of resident care areas, observed staff to resident interactions, reviewed a resident's health care record, reviewed various policies and procedures, and reviewed staffing schedules. Log # S-1091-12 was reviewed as part of this inspection.**

**The following Inspection Protocols were used during this inspection:  
Responsive Behaviours**

**Findings of Non-Compliance were found during this inspection.**

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

<p><b>Legend</b></p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p><b>Legendé</b></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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

2. Every resident has the right to be protected from abuse.

3. Every resident has the right not to be neglected by the licensee or staff.

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

5. Every resident has the right to live in a safe and clean environment.

6. Every resident has the right to exercise the rights of a citizen.

7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

9. Every resident has the right to have his or her participation in decision-making respected.

10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

i. the Residents' Council,

ii. the Family Council,

iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,

iv. staff members,

v. government officials,

vi. any other person inside or outside the long-term care home.

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

19. Every resident has the right to have his or her lifestyle and choices respected.

20. Every resident has the right to participate in the Residents' Council.

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

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**Findings/Faits saillants :**

1. Resident # 01 health care record was reviewed by the Inspector on September 20/12 and showed that the resident started to have difficulties with breathing in September 2012. The resident oxygen (O2) blood saturation (sats) were low and fluctuated from 81% to 84%. O2 was administered however the resident would not keep the O2 nasal prong/cannula in place. It was confirmed by the Inspector on September 21/12 that specialized staffing for resident # 01, to manage the resident's behaviours was approved on September 7/12.

It was documented in the progress notes for resident # 01 that in September 2012, the family approached staff # S-101 asking why the specialized nursing was not provided on a particular shift. Staff # S-101 documented in the resident's progress notes that the home was short staffed and therefore the specialized nursing was not provided. The Inspector reviewed the home's staffing daily sign in sheets for this date and the documents identified that for 6 hrs on this date, that staff # 102 was assigned for the specialized nursing assignment, but as documented in the resident's progress notes, the staff member was reassigned to the resident care unit.

The family stated to the Inspector on September 20/12 that the staff member providing the resident specialized nursing was not provided on a second date in September 2012. The resident's progress notes for this date were reviewed by the Inspector and showed that the resident continued to have low O2 values and that the resident continued to remove the O2. It was confirmed by staff # 104 that staff S-102 was scheduled to provide specialized nursing. In an interview, staff # 105 stated to the Inspector that the staff member who was providing specialized nursing, was pulled to work in another unit when the home was short staffed.

It was also documented in the resident's progress notes that on a third date in September 2012, the family was informed by staff # 103 that the staff member scheduled for the specialized nursing did not provide the care, as the home was short staffed. It was documented in the resident's progress notes that the resident continued to remove the O2 and that the resident was dyspneic. It was later documented that a PCA informed staff # 103 that the resident's portable O2 tanks were empty.

It was further documented that the staff acknowledged that there was difficulty filling the portable O2 tanks. The resident was transferred to hospital a day later and an increased need for O2 was prescribed. The resident was not cared for in a manner that was consistent with their needs. [ LTCHA 2007, S.O. 2007, c.8, s. 3 (1) 4]

**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 ensuring that any resident assessed as requiring specialized nursing is so provided with this care and specifically, that all residents who require O2 delivery treatment receive this treatment accordingly, 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**

Specifically failed to comply with the following subsections:

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;

(b) the goals the care is intended to achieve; and

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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**Findings/Faits saillants :**

1. The health care record for resident # 01 was reviewed by the Inspector on September 21/12. The progress notes reviewed documented that in September 2012, the resident started to experience difficulty breathing, congestion and shortness of breath (SOB). The use of oxygen (O2) was initiated. The resident started to display behaviours such as refusing care delivery and removing the O2 nasal prongs/cannula. The resident's plan of care did identify the resident's need for monitoring of the SOB however under the documented intervention it is only identified that the resident's status must (needs) be assessed, and did not identify the use of O2, the ordered O2 concentration or document the resident's refusal to keep the nasal prongs/cannula in place. Clear direction to staff providing direct care to the resident is not set out in the plan of care. [ LTCHA 2007, S.O. 2007, c.8, 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 ensuring that clear direction with respect to the use of oxygen and how to manage a resident's refusal of the oxygen is clearly outlined in the resident's plan of care, to be implemented voluntarily.*

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system**

Specifically failed to comply with the following subsections:

s. 114. (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).

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**Findings/Faits saillants :**

1. The home's medication management system policies related to "an order for a procedure, treatment, drug or intervention by means of a direct order or by a medical directive" was reviewed by the Inspector on September 21/12. The policies identified the process of obtaining and transcribing the physician's order as well as the documentation of the administration.

On September 20 and 21/12, the Inspector observed that resident # 01 was receiving O2 at 5 l/min per nasal prongs (N/P).

The resident's health care record was reviewed and it is documented in the progress notes that the resident started to experience shortness of breath (SOB) in September 2012. The resident was given O2 at 2-3 l/min in September 2012 when the resident was experiencing SOB and the resident's O2 sats dropped to 82%. Although there is a medical directive to administer O2 at 2-3 l/min via N/P, an order for this treatment was not found written specifically for the resident until four days later. The resident was transferred to hospital for assessment in September 2012 and direction for O2 administration "O2 to keep sats over 92%" was ordered by the physician. This order was written on a small hospital patient slip. The order was not transcribed as a new physician's order but transcribed on the previous September 2012 physician's order as "O2 increase to 92% - see emerg order". The concentration value of the O2 was not identified nor clarified. The resident's progress notes identified that the resident received varying amounts of O2 concentration in September 2012 until the resident was transferred to the hospital for a second assessment. At this time an order for "O2 at 5 l/min via 40% venti mask was received.

The Inspector reviewed the E-mars on September 21/12 with staff S-108 and staff S-107. On September 20/12, O2 pm which does not clearly identify the O2 concentration was documented as being initiated. There was no prior documentation identifying that O2 was signed as given even-though the resident received varying degrees of O2 concentration in September 2012. The Inspector reviewed the notation accompanied with the E-Mars and it is documented that the previous order of O2 at 5 l/min was discontinued by staff S-105 in September 2012. The resident's physician's orders were reviewed by the Inspector and there is no order for the discontinuation of the O2 at 5 l/min. There was a written order for O2 pm however the concentration is not identified. The home did not ensure that its written policies and protocols for their medication management system were implemented. [ O Reg 79/10, s. 114 (3) (a) ]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 117. Medical directives and orders — drugs**

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

(a) all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care as required under section 6 of the Act; and

(b) no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs. O. Reg. 79/10, s. 117.

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**Findings/Faits saillants :**

1. The health care record for resident # 01 was reviewed and it is documented in the progress notes that the resident started to experience shortness of breath (SOB) in September 2012. It is also documented that the resident was given O2 at 2-3 l/min in September 2012 when the resident was experiencing SOB and the O2 sats dropped to 82%. Although there is a medical directive to administer O2 at 2-3 l/min via N/P, an order for this treatment was not found written specifically for this resident until four days later. The licensee did not ensure that the medical directive used for resident # 01 was individualized. [ O Reg 79/10, s. 117 (b) ]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**

Specifically failed to comply with the following subsections:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;

(b) set out the organization and scheduling of staff shifts;

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

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**Findings/Faits saillants :**

1. The staff's sign in attendance sheets were reviewed by the Inspector on September 20/12 and showed that staff was scheduled to provide specialized nursing to resident # 01 for two days in September 2012. The progress notes for resident # 01 were reviewed by the Inspector on September 20/12 and showed that the specialized staffing was not provided to resident #01 on those two days in September. The Inspector spoke with staff S-105 on September 20/12 who confirmed that they were not aware of any written plan to manage staff shortages. Staff # S-105 also identified to the Inspector that staff are pulled from some areas to assist in heavier care areas when there is a staff shortage. The Inspector was unable to find any written direction regarding management of staff shortages on the units and spoke with the DOC on September 20/12 regarding a written back up plan for staff shortages. Although a "Plan B" binder was not found on September 20/12, a binder for one unit was located on the desk on September 21/12. This Plan B binder, which clearly specified "day shift" identified a distribution of residents to the remaining staff on this unit when the staff are reduced to three. Staff S-106 stated to the Inspector on September 21/12 that the Plan B Binder is specific for only to one shift.

The Inspector spoke with Staff S-107 and staff S-108 on September 21/12 who identified that there was the only unit which had a back up plan for staff shortages. It was confirmed by the DOC on September 21/12 that there was only one unit which had a back plan and that the staff have now been directed to work on this plan for all the units. The home had failed to ensure that there is a written back up plan for nursing and personal care that addresses situations, including the staff who must provide the care when staff cannot come to work. [ O Reg 79/10, s. 31 (3) (d)]

**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 ensuring that a written back up plan for nursing and personal care that addresses situations, including the staff who must provide the care when staff cannot come to work is developed, implemented and communicated to direct staff, to be implemented voluntarily.***

Issued on this 9th day of October, 2012



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Long-Term Care**

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

A handwritten signature in cursive script, appearing to read "Schubert", is written in the right-hand side of the signature box.