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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 14, 2016	2016_276537_0021	011772-16	Critical Incident System

Licensee/Titulaire de permis

Schlegel Villages Inc
325 Max Becker Drive Suite 201 KITCHENER ON N2E 4H5

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

The Village at St.Clair
1800 Talbot Road WINDSOR ON 000 000

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

NANCY SINCLAIR (537)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 10 and 11, 2016

The following Critical Incident inspections were conducted concurrently during this inspection:
Log #014286-16/CIS 3046-000038-16 related to the allegation of abuse to a resident.

During the course of the inspection, the inspector(s) spoke with the Director of Nursing Care(DONC), two Assistant Directors of Nursing Care(ADONC), the Chaplain, one Registered Practical Nurse, and two Personal Support Workers.

The inspector(s) also observed residents and care provided to them, reviewed health care records and plans of care for identified residents, reviewed assessments, policies and procedures of the home.

The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.

1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

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). 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 O.Reg 79/10, s. 54. Altercations and other interactions between residents

Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and

(b) identifying and implementing interventions. O. Reg. 79/10, s. 54.

Findings/Faits saillants :

1. The licensee has failed to ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including (b) identifying and implementing interventions.

The Assistant Director of Care(ADOC) #100 provided a summary which revealed incidents involving an identified resident related to responsive behaviours directed towards other residents.

Record Review revealed the following:

Record review revealed that on three different occasions, an identified resident was involved in an altercation with another resident. On each occasion, interventions were put in place and additional interventions for monitoring and documentation were put in place with each incident.

Record review then identified another occasion of responsive behaviours by the identified resident, resulting in referrals to the home's internal Personal Expressions Resource Team(BSO). An assessment was completed and recommendations were made. The ADOC #100 indicated that the recommended interventions continued.

Interview with RPN #104 revealed that the home has a Personal Expressions binder where PERT and BSO recommendations were kept; however, the recommendations that had been completed for the identified resident were not available and in the binder to have been reviewed and implemented.

Interview with PSW's #105 and #106 revealed that they were not aware that there was a Personal Expression binder for staff to review recommendations of the BSO team but that the recommendations could be found in the care plan on the computer. Further to this PSW #105 revealed that the care plans were not able to be accessed on the computer as the password of this staff member was not working and the PSW had not attempted to have a new password assigned in order to be able to review the care plan.

Further record review revealed that a documentation tool for the monitoring of responsive behaviours was not completed on 10 of 18 days as per the recommendations. An additional documentation tool for the monitoring of responsive behaviours was not completed on 4 of the 15 days as recommended.

The ADONC #100 stated that a copy of BSO recommendations should have been made available to the neighbourhood, and that the interventions put in place by the PERT team and supported by the BSO should have been followed.

The scope of this issue is isolated. There is no past compliance history of this legislation being issued within the home. The severity is determined to be a level 2, with the potential for actual harm to other residents [s. 54. (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 that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including (b) identifying and implementing interventions., to be implemented voluntarily.

Issued on this 14th day of June, 2016

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

Original report signed by the inspector.