



**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**

**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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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 16, 2016	2016_263524_0036	029169-16	Resident Quality Inspection

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**Licensee/Titulaire de permis**

THE CORPORATION OF THE COUNTY OF ELGIN MUNICIPAL HOMES  
39262 Fingal Line RR #1 ST. THOMAS ON N5P 3S5

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

ELGIN MANOR  
39262 FINGAL LINE R. R. #1 ST. THOMAS ON N5P 3S5

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

INA REYNOLDS (524), ADAM CANN (634), SHERRI GROULX (519)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): November 7, 8, 9, 10, 2016.**

**The following intakes were completed within the RQI:**

**Log # 017851-16 / CI M518-000005-16 related to Falls Prevention and Management**

**Log # 012894-16 / CI M518-000009-16 related to Falls Prevention and Management**

**Log # 020099-16 / CI M518-000015-16 related to Falls Prevention and Management**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care, the Manager of Program and Therapy, the Manager of Support Services, two Registered Nurses, three Registered Practical Nurses, four Personal Support Workers, a Family Council representative, a Residents' Council representative, 21 residents and three family members.**

**The inspector(s) also conducted a tour of the home, observed care and activities provided to residents, medication administration, a medication storage area, resident/staff interactions, infection prevention and control practices, reviewed clinical records and plans of care for identified residents, postings of required information, minutes of meetings related to the inspection, reviewed relevant policies and procedures of the home, and observed the general maintenance, cleanliness and condition of the home.**

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

**Contenance Care and Bowel Management**

**Falls Prevention**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Residents' Council**

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

**2 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. 51. Continence care and bowel management**



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**Specifically failed to comply with the following:**

**s. 51. (2) Every licensee of a long-term care home shall ensure that,  
(a) each resident who is incontinent receives an assessment that includes  
identification of causal factors, patterns, type of incontinence and potential to  
restore function with specific interventions, and that where the condition or  
circumstances of the resident require, an assessment is conducted using a  
clinically appropriate assessment instrument that is specifically designed for  
assessment of incontinence; O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that, each resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident required, an assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

A) Review of the Minimum Data Set (MDS) Quarterly review assessment and the Admission assessment completed on specific dates for an identified resident indicated the resident was frequently incontinent of bladder.

During a review of the resident's documentation on Point Click Care (PCC) it was noted that there was not a continence assessment done on admission.

Upon interview with a Registered Practical Nurse it was acknowledged that there was no documented evidence of a completed continence assessment for the resident.

B) Review of the most recent Minimum Data Set (MDS) Quarterly review assessment for an identified resident indicated the resident was frequently incontinent of bladder since admission.

Review of the resident's clinical record revealed the absence of a documented continence assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function.

Upon interview with a Registered Practical Nurse on a specific date it was acknowledged that there was no documented evidence of a completed continence assessment in the electronic or hard copy files for the resident.

Review of the home's "Continence Care – Bladder Function Assessment" policy with revision date July 2016, stated the "Continence Care" assessment would be completed within seven days of admission under the Assessment Tab in Point Click Care.

An interview was conducted with the Manager of Resident Care (MRC) on November 9, 2016. The MRC said that there had not been a continence assessment completed on admission for the identified residents and should have been. [s. 51. (2) (a)]



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***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, each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home**



**Specifically failed to comply with the following:**

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**  
**i. kept closed and locked,**  
**ii. equipped with a door access control system that is kept on at all times, and**  
**iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

**A. is connected to the resident-staff communication and response system, or**  
**B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.**

**O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.**

**4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that all doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to were, kept closed and locked.

During the initial tour of the home on October 7, 2016 at 1000 hours, a door leading to the servery on one identified home area was found to be unlocked. This door had a door handle which required a key to lock the door. The open door led to an area and the inspector observed hot steam tables turned on as indicated by a red light on the control knob.

This was immediately reported by the inspector to the Manager of Resident Care (MRC) who then notified the Manager of Support Services to address the issue. The MRC and Manager of Support Services said that residents are not to be in the servery and the door should have been locked.

The licensee failed to ensure that a door on one identified home area, leading to a non-residential area, was kept closed and locked. [s. 9. (1)]

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**Issued on this 16th day of November, 2016**

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

**Original report signed by the inspector.**