



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
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Includes handwritten log numbers.

Licensee/Titulaire de permis
GENESIS GARDENS INC
438 PRESLAND ROAD, OTTAWA, ON, K1K-2B5

Long-Term Care Home/Foyer de soins de longue durée
FOYER ST-VIATEUR NURSING HOME
1003 Limoges Road South, Limoges, ON, K0A-2M0

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs
LYNE DUCHESNE (117), LINDA HARKINS (126)

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, Director of Care, several Registered Nurses (RN), several Registered Practical Nurses (RPN), several Personal Support Workers (PSW), the housekeeper, the Activity Manager, the Registered Dietician, to several residents and family members.

During the course of the inspection, the inspector(s) reviewed the health care records for several residents, observed the evening meal service of April 19, 2012, observed the lunch time meal service of April 20, 2012, examined several resident rooms and common areas, reviewed the home's April 2012 Activity Calendar, reviewed the home's "Medical and Nursing Administration Telephone and Standing Order" policy and reviewed the home's Medical Director and Attending Physician Agreement.

It is noted that three complaint inspections were completed during this inspection: Logs O-002511-11, # O-000020-12 and # O-000690-12.

The following Inspection Protocols were used during this inspection:

- Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Contenance Care and Bowel Management



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Dignity, Choice and Privacy

Nutrition and Hydration

Responsive Behaviours

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</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. 15. Accommodation services
Specifically failed to comply with the following subsections:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to comply with the LTCHA section 15 (2) (c) in that the home's flooring in room 130 is not maintained in a safe condition and in a good state of repair.

On April 19 and 20, 2012, several floor tiles, approximately 6 inches wide by 12 inches long, located under the electric base boards, under the window, were noted to be loose and freely moving in the resident room 130. They are not attached to the floor . The tiles are chipped and cracked.

A resident family member confirmed on April 19, 2012, that the floor tiles had been loose and chipped for several months and that there had been no repairs done to the floor tiles.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program



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Specifically failed to comply with the following subsections:

s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,
(a) the provision of supplies and appropriate equipment for the program;
(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;
(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests;
(d) opportunities for resident and family input into the development and scheduling of recreation and social activities;
(e) the provision of information to residents about community activities that may be of interest to them; and
(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).

Findings/Faits saillants :

1. The licensee has failed to comply with O.Reg 79/10 section 65 (2) (b) in that the recreation and social activities program does not include scheduled activities that are offered during the evening.

On September 27, 2011, Inspector #126 issued a Written Notification related to O.Reg 79/10 section 65 (2) (b) in that the home did not offer evening activities at the time of that inspection. This was verified with the home's Activity Program Manager.

On April 19, 2012, between 17:30 and 18:30, no evening activities were observed. Several residents were wandering in the hallways and in the home's common area. Five residents, an evening RN and two evening PSWs confirmed that there are no evening activities at the home.

The home's April 2012 Activity Calendar was reviewed. The Calendar does not show any evening activities for the month of April 2012.

On April 23, 2012, the home's Activity Program Manager stated that the home does not offer any evening activities. She states that evening activities were not added to the home's Recreation and Activities Program even after the September 27, 2011 Ministry of Health Written Notification Report regarding the lack of evening activities. She states that the home has not had evening activities for the past year and that there are currently no plans to offer evening activities at the home.

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 the home's Recreation and Activity Program offer evening activities to the residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 80. Every licensee of a long-term care home shall ensure that residents have access to medical services in the home 24 hours a day. O. Reg. 79/10, s. 80.

Findings/Faits saillants :



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1. The licensee has failed to comply with O.Reg. 79/10 section 80 in that the licensee has not ensured that the resident #02 has access to medical services in the home 24 hours a day.

As per the progress notes, in resident #02's health care record, an identified RN documented that she/he paged the resident's attending physician on three occasions on October 14, 2011 and received no response from the physician on that day. The following day, the resident #02's family was inquiring if their family member was seen by the physician. The RN informed them that the family physician was called the day before and had not responded to the calls.

The Director of Care stated that she/he was not aware of this incident. The DOC verified the physician availability schedule for October 14, 2011 and the resident's attending physician was noted to be on the availability list.

No documentation was found in resident #2's health record that the physician had communicated with the home after being called three times on October 14, 2011. [#O-000020-12]

Issued on this 24th day of April, 2012

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

Two handwritten signatures in cursive script. The first signature is larger and appears to read "Lyne Duchesne". The second signature is smaller and is partially obscured by the first.