

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

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

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Report Date(s) /	Inspection No /	Log # <i>/</i>	Type of Inspection /
Date(s) du apport	No de l'inspection	Registre no	Genre d'inspection
May 7, 2015	2015_216144_0024	006776-15	Complaint

Licensee/Titulaire de permis

S & R NURSING HOMES LTD. 265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

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

AFTON PARK PLACE LONG TERM CARE COMMUNITY 1200 AFTON DRIVE SARNIA ON N7S 6L6

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

CAROLEE MILLINER (144)

Inspection Summary/Résumé de l'inspection



Ministère de la Santé et des Soins de longue durée

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

This inspection was conducted on the following date(s): May 4, 2015

This inspection is related to responsive behaviours.

During the course of the inspection, the inspector(s) spoke with one resident, one family member, the Administrator, Manager of Resident Care, two Registered Practical Nurses and one Personal Service Worker. One Infoline report and two resident clinical records were reviewed.

The following Inspection Protocols were used during this inspection: Personal Support Services Responsive Behaviours

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

2 WN(s) 2 VPC(s) 0 CO(s) 0 DR(s) 0 WAO(s)



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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. 26. Plan of care Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :





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1. The licensee has failed to ensure that the plan of care is based on an interdisciplinary assessment of the resident's sleep patterns and preferences.

a) One resident shared with the Inspector that they haven't felt rested due to ongoing responsive behaviours of a second resident.

b) One family member advised the resident has been experiencing stress since their admission to the home due to a second resident's responsive behaviours.

c) Four nursing personnel confirmed one resident has expressed frustration on numerous occasions about the inability to rest due to a second resident's responsive behaviours.d) The progress note section of one resident's clinical reveals the resident on occasion has not been able to participate in all activites of daily living due to the second resident's ongoing behaviours.

e) The Administrator and Manager of Resident Care confirmed their awareness of one resident's concerns related f) The current written plan of care for one resident does not include goals and interventions to assist the resident to meet their required rest needs. [s. 26. (3) 21.]

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 plan of care is based on an interdisciplinary assessment of the resident's sleep patterns and preferences., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours



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Specifically failed to comply with the following:

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).

(b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that actions have been taken to meet the needs of the resident with responsive behaviours.

a) Two management personnel and three nursing staff confirmed one resident's responsive behaviours have been disruptive to other residents.

b) Review of the clinical record for this resident reveals the resident displays responsive behaviours with frequency during their waking hours.

c) Three months ago, a referral was made to the Behaviour Support Ontario (BSO) Team to assess the resident due to their ongoing behaviours. To date, the BSO team has not assessed the resident and nursing personnel have not followed-up the initial referral to ensure the resident is assessed. [s. 53. (4) (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 that actions have been taken to meet the needs of the resident with responsive behaviours., to be implemented voluntarily.



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Issued on this 7th day of May, 2015

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

Original report signed by the inspector.