



**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**

**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**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 22, 2016	2016_332575_0003	031268-15	Follow up

Licensee/Titulaire de permis

ALGONQUIN NURSING HOME OF MATTAWA LIMITED
231 TENTH STREET P.O. BOX 270 MATTAWA ON P0H 1V0

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

ALGONQUIN NURSING HOME OF MATTAWA LIMITED
231 TENTH STREET P.O. BOX 270 MATTAWA ON P0H 1V0

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

LINDSAY DYRDA (575)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 14 and 15, 2016

This follow-up inspection is related to two compliance orders issued from inspection #2015_332575_0015 related to the written description for required programs and the on-site hours of the Registered Dietitian.

A critical incident inspection related to a fall sustained by a resident was conducted concurrently during this inspection. For details, see inspection #2016_332575_0002.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Registered Dietitian, and a Registered Nurse.

The inspector(s) also conducted a tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed relevant health care records, and reviewed relevant licensee policies, procedures and programs.

Ad-hoc notes were used during this inspection.

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 74. (2)	CO #002	2015_332575_0015		575

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. 30. General requirements



Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 3. The program must 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. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that for each of the following programs: Falls Prevention and Management; Skin and Wound Care; and Continence Care and Bowel Management, that there was a written description of the program that included relevant policies, procedures and protocols, including protocols for the referral of residents to specialized resources where required.

During inspection #2015_332575_0015 completed August 2015, a compliance order (CO) was issued pursuant to O.Reg 79/10, s. 30. (1) the licensee has failed to ensure that there was a written description of the Falls Prevention and Management, Skin and Wound Care, and Continence Care and Bowel Management programs that included:

- goals and objectives
- relevant policies, procedures, protocols
- methods to reduce risk
- methods to monitor outcomes



-protocols for referral of resident to specialized resources where required.

On January 14, 2016, Inspector #575 requested copies of the home's Falls Prevention and Management, Skin and Wound Care, and Continence Care and Bowel Management programs for review. Upon review, the inspector noted the following:

Falls Prevention and Management Program:

-Page 2, under procedures, "roles and functions assigned may vary across homes due to availability of these resources. These steps are samples that homes may use as a guide for their specific program procedures". During an interview, the DOC indicated they would need to remove this statement from the policy.

-Page 2, #1, indicated that the fall risk assessment was conducted using the RAI-MDS. During an interview, the DOC indicated that the fall risk assessment was conducted using the Morse fall scale.

-Page 3, #5, indicated that registered staff were to refer residents to the interdisciplinary team based on their level of risk and/or as deemed appropriate and initiate strategies/activities to reduce/minimize the risk of falls (e.g. to Physiotherapy for assessment). During an interview, the DOC confirmed this was not the home's current procedure.

-Page 2 and 5, the inspector noted that the program policy did not reflect the current practice as specified by the DOC. During an interview, the DOC indicated that after a resident has fallen, staff are to complete a Morse fall scale and fall assessment under Point Click Care (PCC) risk management. The policy indicated that staff were to complete the fall assessment under PCC risk management and provided guidelines on page 2 when a Morse fall scale needed to be completed (it did not identify after every fall).

-Appendix A, indicated for staff to refer to the footwear guidelines. During an interview, the DOC confirmed they did not have this guideline.

Skin and Wound Care Program:

-Page 3, under Registered Nurse/Charge Nurse #2, indicated that staff are to "respond to referrals submitted by email for all residents scoring a moderate or high risk on the skin



assessment", however, the policy did not advise who was to submit the referrals to the registered staff. During an interview, the DOC indicated that this was not the current process and that registered staff participate in a discussion.

-Page 3, #6, explained a referral process and email for the home's previous Dietitian. During an interview, the DOC confirmed this was not the correct contact information for the home's current Dietitian.

-Page 3, #7, indicated that staff are to refer residents to the physician or external resources as needed (foot clinic, ACU clinic, etc). The policy did not specify when this would be required. During an interview, the DOC indicated that this would be completed when the home is having difficulty managing a wound. The physician would be made aware and the staff would phone the ACU clinic.

-Page 4, #15 indicated that staff are to alert the Skin and Wound Practitioner/Assistant Director of Care (ADOC). During an interview, the DOC confirmed that the skin and wound practitioner would be any RN and that the home does not have an ADOC.

Continence Care and Bowel Management Program:

-Page 4, #9, indicated that registered nursing staff are to "ensure that residents are provided with a range of continence care products that are based on their individual assessed needs, properly fit the residents, promote comfort, ease of use, dignity and good skin integrity, promote continued independence wherever possible, are appropriate for the time of day and for the individual resident's type of incontinence". The policy did not provide for relevant procedures on how staff were to ensure this was completed. During an interview, the DOC indicated that there was one staff member designated to ensure the proper product was utilized and that an assessment form and sizing chart was used from the continence care product provider. These forms were not included in the written description of the program.

-Page 6, during an interview, the DOC indicated that the physician would refer residents to a Urologist if needed. The DOC confirmed this was not included in the written description.

The home's current programs were inconsistent and did not reflect the current processes and procedures of the home. These programs did not include relevant policies, procedures and protocols, including protocols for the referral of residents to specialized



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resources where required. [s. 30. (1) 1.]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 26th day of January, 2016

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

Original report signed by the inspector.



Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
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Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Health System Accountability and Performance Division
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Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : LINDSAY DYRDA (575)

Inspection No. /

No de l'inspection : 2016_332575_0003

Log No. /

Registre no: 031268-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Jan 22, 2016

Licensee /

Titulaire de permis : ALGONQUIN NURSING HOME OF MATTAWA
LIMITED
231 TENTH STREET, P.O. BOX 270, MATTAWA, ON,
P0H-1V0

LTC Home /

Foyer de SLD : ALGONQUIN NURSING HOME OF MATTAWA
LIMITED
231 TENTH STREET, P.O. BOX 270, MATTAWA, ON,
P0H-1V0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Jeremy Stevenson



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

To ALGONQUIN NURSING HOME OF MATTAWA LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2015_332575_0015, CO #001;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Order / Ordre :

1. The licensee shall review and revise each of the following programs: Falls Prevention and Management, Skin and Wound Care, and Continence Care and Bowel Management to ensure that the written description of these programs includes the following:

- a) relevant policies, procedures and protocols; and
- b) protocols for the referral of residents to specialized resources where required.

2. In addition, the licensee shall provide education to staff regarding the revised programs.



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de l'article 154 de la *Loi de 2007 sur les foyers
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Grounds / Motifs :

1. The licensee has failed to ensure that for each of the following programs: Falls Prevention and Management; Skin and Wound Care; and Contenance Care and Bowel Management, that there was a written description of the program that included relevant policies, procedures and protocols, including protocols for the referral of residents to specialized resources where required.

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Physiotherapy for assessment). During an interview, the DOC confirmed this was not the home's current procedure.

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Continence Care and Bowel Management Program:



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Ordre(s) de l'inspecteur

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The home's current programs were inconsistent and did not reflect the current processes and procedures of the home. These programs did not include relevant policies, procedures and protocols, including protocols for the referral of residents to specialized resources where required.

The decision to re-issue this compliance order was based on the scope which involved three required programs and the severity which could result in minimal harm or risk of actual harm to the safety and well-being of residents. Despite previous non-compliance (NC), NC continues with this area of the legislation.
(575)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 29, 2016



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Ordre(s) de l'inspecteur

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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 22nd day of January, 2016

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** Lindsay Dyrda

**Service Area Office /
Bureau régional de services :** Sudbury Service Area Office