



**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 26, 2018	2018_563670_0007	024359-17	Follow up

Licensee/Titulaire de permis

Babcock Community Care Centre Inc.
196 Wellington Street P.O. Box 190 Wardsville ON N0L 2N0

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

Babcock Community Care Centre
196 Wellington Street P.O. Box 190 Wardsville ON N0L 2N0

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

DEBRA CHURCHER (670)

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): May 8 and 9, 2018.

**This inspection was completed as a follow to Orders of the Inspector #001,
inspection #2017_531518_0028, issued on October 18, 2017.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,
the Director of Care, two Registered Practical Nurses, one Registered Nurse Quality
Assurance and three residents.**

**The inspector also reviewed resident clinical records, home policies and
procedures, observed the provision of resident care and resident-staff interactions.**

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

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)



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. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when the resident's pain was not relieved by



initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

A) Resident #001's minimum data set (MDS) assessment dated for a specific date, stated that the resident had a specific condition and had received specific interventions for a specific time period.

A review of resident #001's clinical record showed that the resident was prescribed specific interventions, at specific time intervals.

Further review of resident #001's clinical record showed staff documenting the efficacy of specific interventions as follows:

- For a specific month, 76 entries as effective, five entries as ineffective and six entries as unknown.
- For a specific month, 65 entries as effective, one entry as ineffective and three entries as unknown.
- For a specific month, 78 entries as effective and two entries as unknown.
- For a specific month, 69 entries as effective, one entry as ineffective and five entries as unknown.

A review of resident #001's clinical record showed a specific assessment completed on two specific dates six months apart. Both assessments stated that the resident had a specific condition with varying severity.

During an interview on a specific date, resident #001 stated that they had specific condition that was unchanged. Resident #001 was able to describe the interventions and also stated that the interventions were rarely effective.

The home's Pain Assessment and Management Policy, last reviewed September of 2017, stated "Each resident must have a formal pain assessment on admission and be re-assessed on re-admission, quarterly, and at least every shift. Residents experiencing pain must be treated immediately using non-pharmacological methods to maximize function and promote quality of life. Nursing conducts and documents a pain assessment (assessment section of resident computer chart), on admission, re-admission, quarterly, initiation of a pain medication or prn analgesic, resident states pain severity is a 4/10 or greater, diagnosis of painful disease, resident/family/staff/volunteers indicate pain is present, initiates a pain management flow record when a scheduled pain medication does not relieve the pain or when pain remains regardless of interventions."



During an interview on a specific date, Registered Nurse Quality Assurance (RNQA) #104, stated that resident #001 should have had a specific assessment completed quarterly and should have had one during a specific month but did not. RNQA #104 stated that they were aware that they were behind on the assessments.

An interview was conducted on a specific date, with Director of Care (DOC) #101 who stated that the specific assessment should have been done quarterly for resident #001 and was not.

B) Review of resident #002's clinical record showed that the resident was receiving a specific intervention at specific intervals.

Review of resident #002's clinical record showed specific assessments completed for two specific dates five months apart. Both assessments showed the resident had a specific condition.

An interview was conducted on a specific date, with RNQA #104, who stated that they had been monitoring resident #002 for a specific condition.

An interview was conducted on a specific date, with Director of Care (DOC) #101 who stated that a specific assessment should have been done quarterly for resident #002 and was not, and that any resident on a specific regularly scheduled intervention should have a specific quarterly assessment completed.

The licensee has failed to ensure that when the resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose. [s. 52. (2)]

Additional Required Actions:

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



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Issued on this 26th day of June, 2018

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

Original report signed by the inspector.



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : DEBRA CHURCHER (670)

Inspection No. /

No de l'inspection : 2018_563670_0007

Log No. /

No de registre : 024359-17

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Jun 26, 2018

Licensee /

Titulaire de permis : Babcock Community Care Centre Inc.
196 Wellington Street, P.O. Box 190, Wardsville, ON,
N0L-2N0

LTC Home /

Foyer de SLD : Babcock Community Care Centre
196 Wellington Street, P.O. Box 190, Wardsville, ON,
N0L-2N0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Joe Babcock

To Babcock Community Care Centre Inc., 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
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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: 2017_531518_0028, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Order / Ordre :

The licensee must be compliant with O.Reg 79/10, s. 52. (2).

Specifically, the licensee must ensure that:

a) Identified residents and all residents exhibiting pain that is not relieved with initial interventions, are assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Grounds / Motifs :

1. The licensee has failed to comply with compliance order #001 from inspection #2017_531518_0028, served on October 18, 2017, with a compliance date of November 7, 2017.

The licensee was ordered to ensure that identified residents and all residents exhibiting pain were assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

1. The licensee has failed to ensure that when the resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

A) Resident #001's minimum data set (MDS) assessment dated for a specific date, stated that the resident had a specific condition and had received specific interventions for a specific time period.

A review of resident #001's clinical record showed that the resident was prescribed specific interventions, at specific time intervals.

Further review of resident #001's clinical record showed staff documenting the efficacy of specific interventions as follows:

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The home's Pain Assessment and Management Policy, last reviewed September of 2017, stated "Each resident must have a formal pain assessment on admission and be re- assessed on re-admission, quarterly, and at least every shift. Residents experiencing pain must be treated immediately using non-pharmacological methods to maximize function and promote quality of life. Nursing conducts and documents a pain assessment (assessment section of resident computer chart), on admission, re-admission, quarterly, initiation of a pain medication or prn analgesic, resident states pain severity is a 4/10 or greater, diagnosis of painful disease, resident/family/staff/ volunteers indicate pain is present, initiates a pain management flow record when a scheduled pain medication does not relieve the pain or when pain remains regardless of interventions."

During an interview on a specific date, Registered Nurse Quality Assurance (RNQA) #104, stated that resident #001 should have had a specific assessment completed quarterly and should have had one during a specific month but did not. RNQA #104 stated that they were aware that they were behind on the assessments.



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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

An interview was conducted on a specific date, with Director of Care (DOC) #101 who stated that the specific assessment should have been done quarterly for resident #001 and was not.

B) Review of resident #002's clinical record showed that the resident was receiving a specific intervention at specific intervals.

Review of resident #002's clinical record showed specific assessments completed for two specific dates five months apart. Both assessments showed the resident had a specific condition.

An interview was conducted on a specific date, with RNQA #104, who stated that they had been monitoring resident #002 for a specific condition.

An interview was conducted on a specific date, with Director of Care (DOC) #101 who stated that a specific assessment should have been done quarterly for resident #002 and was not, and that any resident on a specific regularly scheduled intervention should have a specific quarterly assessment completed.

The licensee has failed to ensure that when the resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose. [s. 52. (2)]

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm to the residents. The scope of this issue was a level 2 as it related to two of the three residents reviewed. The home had a level 4 history as they had on-going non-compliance with this section of the LTCHA that included:

-compliance order (CO) issued October 18, 2017 (2017_531518_0028) (670)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 09, 2018



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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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections 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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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
Long-Term Care Inspections 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 RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 26th day of June, 2018

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



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Name of Inspector /

Debra Churcher

Nom de l'inspecteur :

Service Area Office /

Bureau régional de services : London Service Area Office