



**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
prévues le Loi de 2007 les
foyers de soins de longue**

Health System Accountability and Performance
Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la
performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Mar 10, Apr 2 , Jul 5, 9, 18, 2012	2012_043157_0010	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

BAY RIDGES
900 SANDY BEACH ROAD, PICKERING, ON, L1W-1Z4

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

PATRICIA POWERS (157)

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 home's Administrator, Director of Care, two Registered Practical Nurses (RPN's).

During the course of the inspection, the inspector(s) reviewed the clinical health record of an identified resident, observed care of the resident, reviewed the home's policies and procedures related to Pain Assessment and Management.

The following Inspection Protocols were used during this inspection:

~~Infection Prevention and Control~~

Pain

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>Legende</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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. In accordance with the requirements of O.Reg.79/10, s. 52.(1)1., the pain management program must provide for communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

The facility's pain management program policy, "Pain Assessment and Symptom Management " policy # LTC-N-60 - revised March, 2012 directs that a Pain Monitoring Tool will be initiated when:

- a. Resident is assessed for pain management upon admission;
- b. Pain is identified in the Admission Assessment Plan of Care Upon admission;
- c. New regular pain medication is ordered;
- d. There is a dosage increase or decrease of a regular pain medication;
- e. Pain medication is discontinued;
- f. PRN pain medication is used for 3 consecutive days;
- g. Breakthrough pain (BTP) medication is used for 3 consecutive days.

The clinical record indicates that changes were made to the analgesic medications for resident #1:

On an identified date in October - order for a new pain medication

On an identified date in December - order for a decrease in pain medication

On an identified date in January - pain medication discontinued

On an identified date in May - order for a new pain medication which was discontinued seven days later

A Pain Monitoring Tool was initiated for this resident and was discontinued five days later despite documented evidence on the Pain Flow Sheet that the resident continued to experience pain. There is no evidence of further assessment.

There is no evidence that a Pain Monitoring Tool was initiated when:

- a new regular pain medication was ordered
- there was a dosage decrease ordered
- pain medication was discontinued [r.8.(1)(b)]



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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 the home's policies and procedures related to pain assessment and management are complied with for the identified resident and for residents who are unable to communicate their pain, to be implemented voluntarily.

Issued on this 18th day of July, 2012

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

A handwritten signature in cursive script that reads "Pat Power".