



**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 Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 16, 2014	2014_320576_0007	S-000300-13	Follow up

Licensee/Titulaire de permis

**BOARD OF MANAGEMENT OF THE DISTRICT OF PARRY SOUND WEST
21 Belvedere Avenue, PARRY SOUND, ON, P2A-2A2**

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

**BELVEDERE HEIGHTS
21 BELVEDERE AVENUE, PARRY SOUND, ON, P2A-2A2**

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

MARSHA RIVERS (576)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): June 5, 6, 2014.

**During the course of the inspection, the inspector(s) spoke with the
Administrator, the Director of Nursing Administration, the Associate Director of
Resident Care, the Education Coordinator, and registered staff.**

**During the course of the inspection, the inspector(s) conducted a walk-through
of resident home areas, reviewed resident health care records, reviewed the
home's policies related to infection control and minimizing of restraining,
reviewed the home's infection control surveillance records, and reviewed staff
training records.**

The following Inspection Protocols were used during this inspection:



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**Infection Prevention and Control
Minimizing of Restraining**

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. Inspector #576 reviewed the home's policy for minimizing of restraining, titled "Policy to Minimize Restraints #NR F 405". On page 5, the policy directs staff to document the following in the resident's health care record: "all assessment, re-assessment and monitoring, including the resident's response; every release of the device and all repositioning; and the removal or discontinuation of the device, including time of removal or discontinuation and the post-restraining care". On page 7, the policy states that the home staff receive training on the application and use of the restraint that includes: "the resident must be monitored at least every hour while restrained; that any resident with a restraint must be released from the physical device and re-positioned at least once every two hours; and that the resident's condition is reassessed and the effectiveness of restraining evaluated by a physician, registered nurse in the extended class or registered nurse at least every eight hours". The Associate Director of Resident Care confirmed that registered staff are to initial the Medication Administration Record (MAR) once on every 8 hour shift to confirm that the resident's condition was reassessed and that the effectiveness of the restraining was re-evaluated. This staff also confirmed that restraint monitoring flow sheets are used by personal support workers to document the following: the application and reapplication of the restraint, hourly checks of the resident with a restraint, the removal of the restraint, the release of the restraint and repositioning of the resident, and the resident's reaction to the restraint. [s. 8. (1) (a), s. 8. (1) (b)]

2. Inspector #576 reviewed the MAR's for residents #14, #15, and #16 for a period of 5 weeks in 2014. Residents #14, #15, and #16 have a physician order for a seat-belt restraint for safety. Related to the restraint order, Inspector noted that during this period:

- a registered staff did not initial the MAR for resident #14 on 3 shifts;
- a registered staff did not initial the MAR for resident #15 on 2 shifts; and
- a registered staff did not initial the MAR for resident #16 on 1 shift.



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The licensee failed to ensure that its policy for minimizing of restraining was complied with, in that it failed to ensure that the reassessment of the restrained resident's condition and the re-evaluation of the effectiveness of the restraining was documented on every 8 hour shift. [s. 8. (1) (a),s. 8. (1) (b)]

3. Inspector #576 reviewed the restraint monitoring flow sheets for residents #14, #15, and #16 for a period of 5 weeks in 2014. Inspector noted that during this period:

- for resident #14, restraint monitoring was not documented on 6 entire shifts and the resident's response to the restraint was not documented on any shifts;
- for resident #15, restraint monitoring was not documented on 2 entire shifts and the resident's response to the restraint was not documented on any shifts; and
- for resident #16, restraint monitoring was not documented on 2 entire shifts and the resident's response to the restraint was not documented on any shifts.

The licensee failed to ensure that its policy for minimizing of restraining was complied with, in that it failed to ensure that the hourly monitoring of restrained residents and the resident's response to the restraint was documented. [s. 8. (1) (a),s. 8. (1) (b)]

4. Inspector #576 reviewed the restraint monitoring flow sheets for residents #14, #15, and #16 for a period of 5 weeks in 2014. Inspector noted that during this period:

- resident #14 was restrained, without being repositioned, for periods that ranged from 2 hours to 6 hours on 33/36 days;
- resident #15 was restrained, without being repositioned, for periods that ranged from 2 hours to 10 hours on 34/36 days; and
- resident #16 was restrained, without being repositioned, for periods that ranged from 2 hours to 9 hours on 34/36 days.

The licensee failed to ensure that its policy for minimizing of restraining was complied with, in that it failed to ensure that restrained restraints were released from the restraint and repositioned at least once every 2 hours. [s. 8. (1) (a),s. 8. (1) (b)]

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 7th day of July, 2014

A large rectangular box with a black and white speckled background, intended for the signature of the inspector(s).
Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Order(s) of the InspectorPursuant 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
de soins de longue durée*, L.O. 2007, chap. 8**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****Public Copy/Copie du public****Name of Inspector (ID #) /****Nom de l'inspecteur (No) :** MARSHA RIVERS (576)**Inspection No. /****No de l'inspection :** 2014_320576_0007**Log No. /****Registre no:** S-000300-13**Type of Inspection /****Genre**

Follow up

d'inspection:**Report Date(s) /****Date(s) du Rapport :** Jun 16, 2014**Licensee /****Titulaire de permis :**BOARD OF MANAGEMENT OF THE DISTRICT OF
PARRY SOUND WEST
21 Belvedere Avenue, PARRY SOUND, ON, P2A-2A2**LTC Home /****Foyer de SLD :**BELVEDERE HEIGHTS
21 BELVEDERE AVENUE, PARRY SOUND, ON,
P2A-2A2**Name of Administrator /****Nom de l'administratrice****ou de l'administrateur :** DONNA DELLIO

To BOARD OF MANAGEMENT OF THE DISTRICT OF PARRY SOUND WEST, you
are hereby required to comply with the following order(s) by the date(s) set out below:



**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
Homes Act, 2007*, S.O. 2007, c.8

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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
de soins de longue durée*, L.O. 2007, chap. 8**Order # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2013_139163_0018, CO #001;**Pursuant to / Aux termes de :**

O.Reg 79/10, 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).

Order / Ordre :

The licensee shall ensure that the home's policy for minimizing of restraining is complied with. Specifically, that residents are released from the restraint and repositioned at least every two hours, and that hourly monitoring of restrained residents, resident's response to the restraint, and the reassessment of the resident's condition and the re-evaluation of the restraining is documented.

Grounds / Motifs :

1. Inspector #576 reviewed the home's policy for minimizing of restraining, titled "Policy to Minimize Restraints #NR F 405". On page 5, the policy directs staff to document the following in the resident's health care record: "all assessment, re-assessment and monitoring, including the resident's response; every release of the device and all repositioning; and the removal or discontinuation of the device, including time of removal or discontinuance and the post-restraining care". On page 7, the policy states that the home staff receive training on the application and use of the restraint that includes: "the resident must be monitored at least every hour while restrained; that any resident with a restraint must be released from the physical device and re-positioned at least once every two hours; and that the resident's condition is reassessed and the effectiveness of restraining evaluated by a physician, registered nurse in the extended class or registered nurse at least every eight hours". The Associate Director of Resident Care confirmed that registered staff are to initial the Medication Administration Record

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(MAR) once on every 8 hour shift to confirm that the resident's condition was reassessed and that the effectiveness of the restraining was re-evaluated. This staff also confirmed that restraint monitoring flow sheets are used by personal support workers to document the following: the application and reapplication of the restraint, hourly checks of the resident with a restraint, the removal of the restraint, the release of the restraint and repositioning of the resident, and the resident's reaction to the restraint.

Inspector #576 reviewed the MAR's for residents #14, #15, and #16 for a period of 5 weeks in 2014. Residents #14, #15, and #16 have a physician order for a seat-belt restraint for safety. Related to the restraint order, Inspector noted that during this period:

- a registered staff did not initial the MAR for resident #14 on 3 shifts;
- a registered staff did not initial the MAR for resident #15 on 2 shifts; and
- a registered staff did not initial the MAR for resident #16 on 1 shift.

The licensee failed to ensure that its policy for minimizing of restraining was complied with, in that it failed to ensure that the reassessment of the restrained resident's condition and the re-evaluation of the effectiveness of the restraining was documented on every 8 hour shift.

Inspector #576 reviewed the restraint monitoring flow sheets for residents #14, #15, and #16 for a period of 5 weeks in 2014. Inspector noted that during this period:

- for resident #14, restraint monitoring was not documented on 6 entire shifts and the resident's response to the restraint was not documented on any shifts;
- for resident #15, restraint monitoring was not documented on 2 entire shifts and the resident's response to the restraint was not documented on any shifts; and
- for resident #16, restraint monitoring was not documented on 2 entire shifts and the resident's response to the restraint was not documented on any shifts.

The licensee failed to ensure that its policy for minimizing of restraining was complied with, in that it failed to ensure that the hourly monitoring of restrained residents and the resident's response to the restraint was documented.

Inspector #576 reviewed the restraint monitoring flow sheets for residents #14, #15, and #16 for a period of 5 weeks in 2014. Inspector noted that during this period:

- resident #14 was restrained, without being repositioned, for periods that ranged from 2 hours to 6 hours on 33/36 days;
- resident #15 was restrained, without being repositioned, for periods that ranged

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de soins de longue durée*, L.O. 2007, chap. 8

from 2 hours to 10 hours on 34/36 days; and
-resident #16 was restrained, without being repositioned, for periods that ranged
from 2 hours to 9 hours on 34/36 days.

The licensee failed to ensure that its policy for minimizing of restraining was
complied with, in that it failed to ensure that restrained restraints were released
from the restraint and repositioned at least once every 2 hours.

(576)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 04, 2014



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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 16th day of June, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Marsha Rivers

Service Area Office /

Bureau régional de services : Sudbury Service Area Office

