Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue 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
Jun 18, 19, 27, 29, Jul 24, 2012	2012_026147_0020	Complaint

Licensee/Titulaire de permis

BENNETT HEALTH CARE CENTRE
1 Princess Anne Drive, Georgetown, ON, L7G-2B8

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

BENNETT HEALTH CARE CENTRE
1 Princess Anne Drive, Georgetown, ON, L7G-2B8

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

LALEH NEWELL (147)

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 Administrator, Acting Director of Care, Assistant Director of Care, staff, residents and family.

During the course of the inspection, the inspector(s) Interviewed the Administrator, Assistant Director of Care and Staff, reviewed clinical charts and progress notes, reviewed Policy and Procedure related to Skin and Wound, Pain, Falls Prevention and Prevention of Abuse, internal investigation and internal incident report reviewed.

H-002007-11
H-002152-11

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Pain

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The home failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan. [s.6(7)]

a. In 2012 a verbal order was given to the registered staff by the physician for an identified resident to have blood work completed. However, this request was not processed by the registered staff and there were no blood work results available. Subsequently, the resident was admitted to the hospital with abnormal blood results.

(PLEASE NOTE: The above evidence of non-compliance related to an identified resident was found during Inspection 2012_026147_0021).

b. According to an identified resident's Resident Assessment Profile (RAP) the resident required extensive assistance with toilet use. In 2011 the resident sustained a fall while left unattended on the toilet by a Personal Support Worker (PSW). The resident required to be sent to hospital and was diagnoised with an injury.

2. The home failed to ensure that the residents is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or the care set out in the plan is no longer necessary. [s.6.(10)(b)]

a. In 2011 an identified resident sustained a fall while left unattended on the toilet by a Personal Support Worker (PSW). The resident was required to be sent to hospital in 2011 and was diagnoised with an injury. The resident was then deemed palliative by the physician. However, the plan of care reviewed did not include strategies and intervention related to palliative care.

b. An identified resident returned from hospital with an injury and was prescribed and administered pain medication. The plan of care reviewed did not include strategies and interventions related to pain management.

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 resident is reassessed and the plan of care reviewed and revised at least six months and at any other time when the resident's care needs change or the care set out in the plan is no longer necessary and that the care set out in the plan of care was provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: 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. The home failed to ensure 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 is complied with. [r.8.(1)(b)]

a. In 2011 an identified resident sustained a bruise allegedly reported to the home by the resident's family member as a result of improper transfer technique by the staff. The home's Abuse and Neglect Prevention Program, states "an investigation shall be commenced immediately" for allegations of abuse. According to the home's documentation and progress notes and confirmed by the Acting Director of Care, the home did not follow their Abuse and Neglect Prevention Program and did not conduct an immediate investigation into the cause of the incident and the bruise.

b. In 2011 an identified resident sustained a fall while left unattended on the toilet by a Personal Support Worker (PSW). The resident required to be sent to hospital and was diagnoised with an injury. The home's Falls Prevention and Management Program states "the nurse should investigate the circumstances of the fall and look at all possible causes". According to the resident's documentation and progress notes, the Director of Care (DOC) met with the family and indicated an investigation into the incident would occur and the family would be updated. However,the home did not follow their Falls Prevention and Management Program and did not conduct an investigation into the fall and did not follow up with the family regarding the outcome.

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 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 is complied with, to be implemented voluntarily.

Issued on this 31st day of July, 2012

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