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
June 20-24, 28-29, 2011 ~~Jun 20, 22, 30, 2011~~ Me.	2011_099188_0007	Annual

Licensee/Titulaire de permis

CHAPLEAU HEALTH SERVICES
C/O CHAPLEAU GENERAL HOSPITAL, 6 BROOMHEAD ROAD, CHAPLEAU, ON, P0M-1K0

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

THE BIGNUCOLO RESIDENCE
C/O Chapleau General Hospital, P. O. Box 757, 6 Broomhead Road, CHAPLEAU, ON, P0M-1K0

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

MELISSA CHISHOLM (188), MONIQUE BERGER (151)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Annual inspection.

During the course of the inspection, the inspector(s) spoke with Director of Clinical Services, Patient Care Manager, Dietitian, Occupational Health & Infection Control RN, Activation Coordinator, RAI coordinator, Registered Nursing staff, Support Services Staff, Residents and Families

During the course of the inspection, the inspector(s) Conducted a tour of the home, reviewed resident health care records, observed care and services to residents, observed meal services, reviewed various policies and procedures and various stafffing patterns and schedules.

The following Inspection Protocols were used in part or in whole during this inspection:

Accommodation Services - Housekeeping

Admission Process

Continence Care and Bowel Management

Critical Incident Response

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES	
Definitions WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Définitions 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits sayants :

1. The plan of care does not set out clear directions for the staff and others who provide direct care to the resident in relation to missed meals and fluid/snack passes. This is evidenced by:
- documented flow sheet reports June 1-28, 2011 that show resident refused on average 19% of meals and 33% of fluid/snack passes,
- confirmation by Dietitian Robin Greer that she was unaware of this fact,
- no dietitian referral found on file to alert dietitian to regularly missed meals,
- height and weight indicators that shows resident has low BMI with no plan to address this low BMI,
- no plan of care found to direct staff as to interventions of missed meals. [LTCHA 2007, c.8, s.6(1)c]
2. Staff do not collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other. This is evidenced by the following:
- flow sheet review for the month of June (June 1-28, 2011) shows that the resident refuses on average 19% of meals and 33% of snack and fluid passes,
- confirmation in an interview with dietitian Robin Greer that she did not know the resident missed meals and snack/fluid passes,
- no referral to dietitian found in relation to this fact,
- no plan of care found that addresses interventions for staff when resident refuses meals or fluid/snack passes. [LTCHA 2007, c.8, s.6(4)a]
3. Inspector reviewed a resident's plan of care related to preferences for meal service. The plan of care does not identify that the resident has a tray service daily. Inspector observed during breakfast and lunch meal services on June 21 and June 22, 2011 that the resident had tray service in their room. The licensee failed to ensure the plan of care is based on interdisciplinary assessment of the resident's needs and preferences. [LTCHA 2007, c.8, s.6(2)]

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 plans of care provide clear directions to staff based on the residents needs and preferences, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 29. Policy to minimize restraining of residents, etc.

Specifically failed to comply with the following subsections:

s. 29. (1) Every licensee of a long-term care home,
(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and
(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).

Findings/Faits sayants :

1. Inspector reviewed home's restraint policy number CLI-03-18001 version 3.2. Under section 4. Documentation & Care Planning it identifies the documentation requirements. Inspector reviewed the health care record of two residents who have physical restraints. Inspector noted the following required documentation was not completed as per the home's policy. The circumstances precipitating the application of the physical device, alternatives tried and the discussion with the resident and family. The licensee failed to ensure their restraint policy was complied with. [LTCHA 2007, c.8, s.29(1)b]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices
Specifically failed to comply with the following subsections:

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:
1. There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained.
2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1.
3. The method of restraining is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable methods that would be effective to address the risk referred to in paragraph 1.
4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.
5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.
6. The plan of care provides for everything required under subsection (3). 2007, c. 8, s. 31 (2).

Findings/Faits sayants :

1. Inspector reviewed the plan of care for two residents who use physical restraints. Inspector noted that alternatives to restraining these residents were not tried or included in the plan of care. The licensee failed to ensure the plan of care includes alternatives to restraining the residents. [LTCHA 2007, c.8, s.31(2)2]
2. Inspector reviewed the plan of care of two residents who use physical restraints. Inspector noted that the plan of care does not identify the significant risk that these residents or any other person would suffer serious bodily harm if the resident was not restrained. [LTCHA 2007, c.8, s.31(2)1]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,
(a) the Residents' Bill of Rights;
(b) the long-term care home's mission statement;
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
(d) an explanation of the duty under section 24 to make mandatory reports;
(e) the long-term care home's procedure for initiating complaints to the licensee;
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
(g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
(h) the name and telephone number of the licensee;
(i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home;
(j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
(k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
(l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
(m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
(n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
(q) an explanation of the protections afforded by section 26; and
(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits sayants :

1. No explanation of whistle -blowing protections in relations to retaliation found in the admission package. This information was observed by Inspector 151 on June 22, 2011 and this information was confirmed by Anne Morris Director of Clinical Services June 22, 2011. [LTCHA 2007, c.8, s.78(2)q]
2. No statement/information regarding disclosure of any non-arm's length relationships existing between the licensee and other providers who offer care,services, programs or goods to residents is found. This information was observed by Inspector 151 on June 22, 2011 and this information was confirmed by Anne Morris Director of Clinical Services June 22, 2011. [LTCHA 2007, c.8, s.78(2)n]
3. No statement identifying that resident are not required to purchase care, services, programs or goods from the licensee, and may purchase such things from other providers was found. This information was observed by Inspector 151 on June 22, 2011 and this information was confirmed by Anne Morris Director of Clinical Services June 22, 2011. [LTCHA 2007, c.8, s.78(2)m]
4. No information found in the admission agreement relating to what is paid for by Ministry funding and accommodation payment by resident. This information was observed by Inspector 151 on June 22, 2011. [LTCHA 2007, c.8, s.78(2)k]
5. No statement of the maximum amount that a resident can be charged for each type of accommodation type of accommodation offered in the home was found in the admission package. This information was observed by Inspector 151 on June 22, 2011. [LTCHA 2007, c.8, s.78(2)i]
6. No policy regarding minimizing the restraining of residents found in the admission package. This information was observed by Inspector 151 on June 22, 2011 and this information was confirmed by Anne Morris Director of Clinical Services June 22, 2011. [LTCHA 2007, c.8, s.78(2)g]
7. No explanation of the duty to make mandatory reports found in the admission package. This information was observed by Inspector 151 on June 22, 2011 and this information was confirmed by Anne Morris Director of Clinical Services June 22, 2011. [LTCHA 2007, c.8, s.78(2)d]
8. Policy to promote zero tolerance of abuse and neglect of residents was not found.This information was observed by Inspector 151 on June 22, 2011 and this information was confirmed by Anne Morris Director of Clinical Services June 22, 2011. [LTCHA 2007, c.8, s.78(2)c]
9. The admission package does not include the current Resident's Bill of Rights (LTCHA, 2007). This information was observed by Inspector 151 on June 22, 2011 and this information was confirmed by Anne Moris Director of Clinical Services. [LTCHA 2007, c.8, s.78(2)a]

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following subsections:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
(a) the Residents' Bill of Rights;
(b) the long-term care home's mission statement;
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
(d) an explanation of the duty under section 24 to make mandatory reports;
(e) the long-term care home's procedure for initiating complaints to the licensee;
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
(h) the name and telephone number of the licensee;
(i) an explanation of the measures to be taken in case of fire;
(j) an explanation of evacuation procedures;
(k) copies of the inspection reports from the past two years for the long-term care home;
(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
(p) an explanation of the protections afforded under section 26; and
(q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)

Findings/Faits sayants :

1. Information regarding an explanation of whistle-blowing protections was not found. Inspector 151 verified this by an walk through of the home and the hospital's main entrance on June 22, 2011. [LTCHA 2007, c.8, s.79(3)p]
2. Policy to minimize the restraining of residents was not found. Inspector 151 verified this by an walk through of the home and the hospital's main entrance on June 22, 2011. [LTCHA 2007, c.8, s.79(3)g]
3. Policy to promote zero tolerance of abuse and neglect of residents was not found. Inspector 151 verified this by an walk through of the home and the hospital's main entrance on June 22, 2011. [LTCHA 2007, c.8, s.79(3)c]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 80. Regulated documents for resident

Specifically failed to comply with the following subsections:

s. 80. (1) Every licensee of a long-term care home shall ensure that no regulated document is presented for signature to a resident or prospective resident, a substitute decision-maker of a resident or prospective resident or a family member of a resident or prospective resident, unless,
(a) the regulated document complies with all the requirements of the regulations; and
(b) the compliance has been certified by a lawyer. 2007, c. 8, s. 80. (1).

Findings/Faits sayants :

1. Admission agreement and package has not been revised to correlate to the LTCHA, 2007.
Interview with Anne Morris Director of Clinical Services confirmed that the agreement has not been vetted through legal services and has not been revised to meet the requirements under the new act. [LTCHA 2007, c.8, s.80(1)b]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance
Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,
(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
(c) identifies measures and strategies to prevent abuse and neglect;
(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and
(e) identifies the training and retraining requirements for all staff, including,
(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits sayants :

1. Inspector reviewed the home's policy "Elder abuse and Neglect by Staff" and "Elder Abuse and Neglect by Family or Other Care Givers in the Community". Inspector noted that the written policy does not identify the training and retraining requirements for all staff including training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care and situations that may lead to abuse and neglect and and how to avoid such situations. The licensee failed to ensure the home's written policy to promote zero tolerance of abuse and neglect of residents identifies the training and retraining requirements for all staff. [O. Reg 79/10 s.96(e)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following subsections:

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
1. The circumstances precipitating the application of the physical device.
2. What alternatives were considered and why those alternatives were inappropriate.
3. The person who made the order, what device was ordered, and any instructions relating to the order.
4. Consent.
5. The person who applied the device and the time of application.
6. All assessment, reassessment and monitoring, including the resident's response.
7. Every release of the device and all repositioning.
8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care. O. Reg. 79/10, s. 110 (7).

Findings/Faits sayants :

1. Inspector reviewed the health care record for two residents. These resident's both use physical restraints. The Inspector noted documentation relating to the circumstances precipitating the application application of these restraint was not completed. The licensee failed to ensure every use of a physical device to restrain a resident is documented. [O. Reg. 79/10 s.110(7)1]
2. Inspector reviewed the health care record for two residents. These residents use physical restraints. Inspector noted documentation relating to what alternative were considered and why those alternatives were inappropriate prior to the application of the restraint was not completed. The licensee failed to ensure every use of a physical device to restrain a resident is documented.[O.Reg. 79/10 s.110(7)2]
3. Inspector reviewed the health care record for a resident who uses a physical restraint. Inspector noted documentation was not completed identifying removal of the device including time of removal. Inspector spoke with the RAI Coordinator who confirmed that no documentation had been completed related to removal, including time of removal, of this resident's physical restraint. The licensee failed to ensure every use of a physical device to restrain a resident is documented. [O. Reg. 79/10 s.110(7)8]
4. Inspector reviewed the health care record for a resident who uses a physical restraint. The inspector noted documentation was not completed identifying every release of the device and repositioning of the resident. Inspector spoke with the RAI Coordinator who confirmed that no documentation had been completed related to every release of the device and repositioning of this resident's physical restraint. The licensee failed to ensure every use of a physical device to restrain a resident is documented. [O. Reg. 79/10 s.110(7)7]
5. Inspector reviewed the health care record for a resident who uses a physical restraint. The inspector noted documentation was not completed identifying all assessments, reassessments and monitoring of the resident's response. Inspector spoke with the RAI Coordinator who confirmed that no documentation had been completed related all assessments, reassessments and monitoring of this resident's physical restraint. The licensee failed to ensure every use of a physical device to restrain a resident is documented. [O. Reg. 79/10 s.110(7)6]
6. Inspector reviewed the health care record for a resident who uses a physical restraint. Inspector noted documentation was not completed identifying who applied the device and the time of the application. Inspector spoke with the RAI Coordinator who confirmed that no documentation had been completed related to who applied the device and the time of the application for this resident's physical restraint. The licensee failed to ensure every use of a physical device to restrain a resident is documented. [O. Reg. 79/10 s.110(7)5]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Findings/Faits sayants :

1. The plan of care is not based on an interdisciplinary assessment of the resident's hydration status and any related risks to hydration. This is evidenced by:
- documented flow sheet reports June 1-28, 2011 that show resident refuses on average 19% of meals and 33% of fluid/snack passes,
- confirmation by Dietitian Robin Greer that she was unaware of this fact,
- no dietitian referral found on file to alert dietitian to regularly missed meals and snack and fluid passes
- height and weight indicators that shows resident has low BMI with no plan (MDS),
- no plan of care found to direct staff as to interventions of missed meals and fluid/snack passes. [O.Reg. 79/10 s.26(3)14]

2. The resident's plan of care is not based on an interdisciplinary assessment of the resident's nutritional status in reference to any risks to nutrition care. This is evidenced by:
- documented flow sheet reports June 1-28, 2011 that show resident refuses on average 19% of meals and 33% of fluid/snack passes,
- confirmation by Dietitian Robin Greer that she was unaware of this fact,
- no dietitian referral found on file to alert dietitian to regularly missed meals,
- height and weight indicators that shows resident has low BMI with no plan to address this low BMI,
- no plan of care found to direct staff as to interventions of missed meals. [O.Reg. 79/10 s.26(3)13]

3. Inspector 151 interviewed RPN regarding the call bell placement for a resident. The RPN stated that due to the resident's agitated and restless behaviors, the call bell cord attached to the resident's bed would pose more of risk to the resident. For example wrapping a part or all of them self in the call bell cord. Review of the resident's plan of care found no mention of call bell placement as part of this resident's plan of care. The plan of care is not an inter-disciplinary assessment of the resident's safety risks. [O.Reg. 79/10 s.26(3)19]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management
Specifically failed to comply with the following subsections:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
(e) continence care products are not used as an alternative to providing assistance to a person to toilet;
(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits sayants :

1. Inspector reviewed a resident's plan of care. The resident assessment identifies the resident as being incontinent. Inspector noted individualized interventions to promote and manage bowel incontinence are not included in the plan of care. Inspector spoke with an RPN who identified that the resident does not have an individualized plan of care in relation to toileting. [O.Reg. 79/10 s.51(2)b]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 224. Information for residents, etc.
Specifically failed to comply with the following subsections:

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:
1. The resident's ability under subsection 82 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82 (1).
2. The resident's obligation to pay the basic accommodation charge as described in subsection 91 (3) of the Act.
3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 258 of this Regulation.
4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including the resident's Notice of Assessment issued under the Income Tax Act (Canada) for the resident's most recent taxation year.
5. A list of the charges that a licensee is prohibited from charging a resident under subsection 91 (1) of the Act.
6. The list of goods and services permitted under paragraph 3 of subsection 91 (1) of the Act that a resident may purchase from the licensee and the charges for those goods and services.
7. The resident's ability to have money deposited in a trust account under section 241 of this Regulation.
8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 224 (1).

Findings/Faits sayants :

1. No trust account information found in the admission package. This information was observed by Inspector 151 on June 22, 2011. [O.Reg. 79/10 s.224(1)7]
2. Though the admission agreement lists these goods and services, the charges for those goods and services is not included. This information was observed by Inspector 151 on June 22, 2011 and this information was confirmed by Anne Morris Director of Clinical Services June 22, 2011. [O.Reg. 79/10 s.224(1)6]

Issued on this 22nd day of July, 2011

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