



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

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

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 28, 2016	2016_532590_0031	031061-16	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF ELGIN MUNICIPAL HOMES
39262 Fingal Line RR #1 ST. THOMAS ON N5P 3S5

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

BOBIER VILLA
1 BOBIER LANE DUTTON ON N0L 1J0

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

ALICIA MARLATT (590), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 8, 9, 10, 14 and 15, 2016

During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care, the Manager of Support Services, the Manager of Program and Therapy Services, the Registered Dietitian, four Registered Practical Nurses (RPN), six Personal Support Workers (PSW), one member of the Family Council, the Residents' Council President, three family members and 20+ residents.

During the course of the inspection, the inspector(s) toured all resident home areas, observed recreational activities, infection prevention and control practices, staff/resident interactions, posting of required information and medication storage rooms and administration of medication.

During the course of the inspection, the inspector(s) reviewed resident clinical records, family council meeting minutes, resident council meeting minutes and relevant policies related to the inspection.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Residents' Council

Responsive Behaviours

Skin and Wound Care



During the course of this inspection, Non-Compliances were issued.

- 1 WN(s)
- 0 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

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>Legendé</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>



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WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

Resident #011 had a skin integrity impairment which required treatment and weekly assessments that were to be documented on the home's skin assessment tool by the registered staff.

A review of the resident's current care plan related to skin, indicated a specific task that staff were to complete weekly on a specific day and the results were to be documented.

A review of the Physician's orders in Point Click Care revealed an order which indicated that staff were to complete the specific task weekly on a specific day and document on the home's skin assessment tool.

Review of resident #011's skin assessments for a four month time period revealed the staff did not document their assessments 38% of this time.

Review of the home's policy titled "Skin Care and Wound Management" confirmed that registered staff were to complete the skin assessment tool weekly and after each treatment.

In an interview with RPN #108 she confirmed that skin impairment assessments were to be completed weekly by registered staff and documented on the skin assessment tool. She shared that resident #011 was non-compliant with their treatment and often refused.

In an interview with DOC #100 she confirmed the home's expectations regarding documentation, that registered staff were to complete weekly assessments of skin impairment and document them on the home's tool for Skin and Wound assessment. She agreed that there was missing documentation and staff should be documenting if the resident refused treatments. [s. 30. (2)]



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Issued on this 29th day of December, 2016

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

Original report signed by the inspector.