



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 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
Direction de l'amélioration de la performance et de la conformité

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
TORONTO, ON, M4V-2Y7
Telephone: (416) 325-9297
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8ième étage
TORONTO, ON, M4V-2Y7
Téléphone: (416) 325-9297
Télécopieur: (416) 327-4486

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Apr 18, 19, 23, 27, May 3, 2012; 2012_109153_0010; Follow up

Licensee/Titulaire de permis

SPECIALTY CARE - BRADFORD INC.
400 Applewood Crescent, Suite 110, VAUGHAN, ON, L4K-0C3

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

BRADFORD VALLEY
2656 6th Line, Bradford, ON, L3Z-3H5

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

LYNN PARSONS (153)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Assistant Director of Care, Registered Nurse, Registered Practical Nurses, Personal Support Workers

During the course of the inspection, the inspector(s) Reviewed clinical health records and home policy titled "Restraint Implementation Protocols.

Completed observations pertaining to the application of restraints.

The following Inspection Protocols were used during this inspection:

Minimizing of Restraining

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>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>

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. 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 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 related 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)

The home's Restraint Implementation Protocols policy directs the personal support workers (PSW) to undo the restraint every 2 hours and reposition the resident before reapplying the restraint and document every hour on the restraint monitoring record the resident's response, position and the PSW's actions while the restraint is applied. The policy directs the Registered Staff to review and initial the Restraint Monitoring Record at the end of each shift to verify accurate PSW documents and communication.

A review of the documentation completed on Resident A's Restraint Monitoring Record for April 2012 failed to indicate the resident's seat belt was released, the resident was repositioned and the restraint reapplied every 2 hours on the following day shifts; April 2, 4, 10, 11, 12, 14, 2012 and evening shifts on April 5, 6, 9, 15, 16, 2012.

There was no documentation completed for April 1, 2012 on the day shift.

Interviews with staff confirmed the restraint is to be released, resident repositioned and restraint reapplied every 2 hours while restraint is in use and documented on the Restraint Monitoring Record using the legend codes indicated on the form.

2. A review of the documentation completed on Resident B's Restraint Monitoring Record failed to indicate the resident's seat belt was released, the resident was repositioned and the restraint was reapplied every 2 hours on the following day shifts; March 4, 5, 7, 8, 9, 10, 11, 12, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 27, 29, 30, April 1, 2, 3, 4, 5, 6, 9, 10, 2012 and evening shifts on March 3, 4, 9, 12, 17, 18, 19, 23, 26, 31, April 2, 2012.

The Registered Staff have not initialed at the end of shift on March 2012 Restraint Monitoring Records 15 out of a possible 31 shifts on days and 10 out of a possible 31 shifts on evenings.

There is no documentation completed for day shift on April 15, 2012.

The Registered Staff have not initialed at the end of shift on April Restraint Monitoring sheets 3 out of a possible 16 shifts on days and 5 out of a possible 16 shifts on evenings.

Interviews with staff confirmed the restraint is to be released, resident repositioned and restraint reapplied every 2 hours while restraint is in use and documented on the Restraint Monitoring Record using the legend codes indicated on the form.

The Registered Staff confirmed through interviews that they are to initial the Restraint Monitoring Record at the end of each shift.

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 the Restraint Implementation Protocol policy is complied with, to be implemented voluntarily.

Issued on this 30th day of May, 2012



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Long-Term Care

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Homes Act, 2007

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prévus le Loi de 2007 les
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Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Lynn Parsons