Ontario

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 sions de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 22, 2016	2016_355588_0010	034273-15	Complaint

Licensee/Titulaire de permis

MACGOWAN NURSING HOMES LTD
719 Josephine Street P.O. Box 1060 WINGHAM ON N0G 2W0

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

BRAEMAR RETIREMENT CENTRE
719 Josephine Street North, R.R. #1 P.O. Box 1060 WINGHAM ON N0G 2W0

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

CHRISTINE MCCARTHY (588)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 15, 16, 17, 30, 31, 2016 and April 1, 2016.

This inspection was conducted alongside an anonymous Complaint, MOH Log#033322-15, IL-41821-LO, and the Resident Quality Inspection (RQI) #034273-16.

During the course of the inspection, the inspector(s) spoke with eight Residents, the Complainant, the Administrator, a Registered Nurse, a Registered Practical Nurse-Behaviour Supports Ontario Lead (RPN-BSO), a Staff Scheduler.

The following Inspection Protocols were used during this inspection:
Personal Support Services
Sufficient Staffing

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	
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 O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Interview with the complainant revealed that resident #005 and #006 were not receiving two baths per week.

Record review of Point Click Care and the Point of Care Audit Report for eight residents with a Cognitive Performance Scale (CPS) of 2 or less, revealed that five out of eight or 62.5 percent of residents did not receive two baths per week during a specified time-frame.

Interview with Staff #100 revealed that staff had worked short most weekends in the past; that staff had always tried to complete "catch up" baths; that bathing was becoming more difficult; that residents were requiring more care; and that most residents required two staff during bathing. Staff #100 shared that unless there was a staff assigned to cover an absent staff, the resident would go without having their bath, and that finding coverage for the absent staff wasn't always possible. Staff #100 shared that the day shift had a ratio of approximately 12-14 residents per one Personal Support Worker (PSW), and that during the evening shift there were only two PSW's and one “bath girl”.

Inspector #521’s interview with Staff #118 revealed that the bathing system had faults which allowed for residents to miss baths and that these baths were not always “made up”. When baths were missed, they were carried over to the next day bath list. If the baths were not completed the next day, they then continued to get carried forward. Further, Staff #118 revealed that the staff had usually worked “short” up to three times a week and that, as a result of the staff shortage, there was a direct impact on both the residents and staff providing care to the residents.

Interview with the Administrator, Staff #101, Staff #118, with Inspectors #521, #588 and #538 present, on March 30, 2016 during which Staff #118 revealed that the residents had experienced times when they went without two baths in a one week period, and that this was due to the short staffing issues. The Administrator and Staff #118, and #101 confirmed that the expectation of the home was that residents were to receive two baths per week. [s. 33. (1)]

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Issued on this 22nd day of April, 2016

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

Original report signed by the inspector.