



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
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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
Jul 5, 11, 2012	2012_087128_0011	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

RUTH HILDEBRAND (128)

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 the Administrator, Director of Care, Ward Clerk, Registered Nurse, Registered Practical Nurse, and 4 Personal Support Workers.

During the course of the inspection, the inspector(s) reviewed staffing schedules, observed the supper meal, and observed care provided to residents related to Log # L-000733-12.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 8. Nursing and personal support services

Specifically failed to comply with the following subsections:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. A review of staffing schedules from May 28 to June 24, 2012 (28 days) revealed that there were 14 shifts not covered with a registered nurse.

The Director of Care confirmed this information and stated that the home does not have a registered nurse on duty and present in the home at all times.

[LTCHA, 2007, S.O. 2007 c.8, s.8(3)]

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 at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following subsections:

s. 31. (3) The staffing plan must,

- (a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;
- (b) set out the organization and scheduling of staff shifts;
- (c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
- (d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and
- (e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 31 (4).

Findings/Faits saillants :

1. There is no documented evidence to support there has been an annual evaluation of the staffing plan, including the dates and names of people participating in the evaluation, as well as dates any changes were implemented. The Director of Care confirmed that there is no written evidence to support that there has been an annual evaluation of the staffing plan, despite being given a written notification regarding this in January 2012.
[O. Reg. 79/10, s. 31 (4)]

2. A review of the staffing schedules from May 28, 2012 to June 24, 2012 (28 days) revealed that there were 20 shifts not filled when nursing and personal care staff did not come to work, despite the current back-up plan being utilized. Additionally, the ward clerk confirmed that the home was short 15 hours of PSW staff time on the day of the inspection. Negative outcomes to residents were noted as all residents do not receive 2 baths per week. The Director of Care acknowledged that the information provided by the ward clerk was accurate and that the home has been having difficulty filling PSW shifts especially on the afternoon shift.
[O. Reg. 79/10, s. 31 (3)]

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 current staffing complement is evaluated to address situations when staff cannot come to work and that there is a written record relating to an evaluation of the staffing plan that includes: the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following subsections:

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 :



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1. Personal support workers(PSW) interviewed acknowledged that residents did not always receive their baths because the PSW shifts are not always filled.

Bathing records for May and June, 2012 were reviewed for 15 residents and it was noted that 11 residents did not always receive 2 baths per week. The bathing records reflected that 7 baths were not done for 6 of the 11 residents in the month of May and 10 baths were missed for 6 of the residents in the month of June.

The Director of Care confirmed that baths are not always completed related to all PSW shifts not being filled, especially on the afternoon shift.

[O. Reg. 79/10, s. 33 (1)]

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 all residents are bathed, at a minimum of 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, to be implemented voluntarily.

Issued on this 11th day of July, 2012

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

A handwritten signature in cursive script that reads "Ruth Hildebrand".