



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
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347, rue Preston, 4ième étage
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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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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
Aug 9, 2013	2013_225126_0013	O-000614-13	Follow up

Licensee/Titulaire de permis

CENTRE D'ACCUEIL ROGER SEGUIN
435 Lemay Street, Clarence Creek, ON, K0A-1N0

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

CENTRE D'ACCUEIL ROGER SEGUIN
435 Lemay Street, Clarence Creek, ON, K0A-1N0

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

LINDA HARKINS (126)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): August 6, 2013

During the course of the inspection, the inspector(s) spoke with the Assistant Director of Care (ADOC) and registered nursing staff.

During the course of the inspection, the inspector(s) reviewed the health care record of one resident and reviewed the head injury protocol.

The following Inspection Protocols were used during this inspection:

Medication



Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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Specifically failed to comply with the following:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10, s. 8. (1) b whereby the home failed to ensure compliance with the following policies:

Medication Administration: Etiquetage de médicaments (SD-INF 2124)

Head Injury(Protocol 6010).

This order was issued on July 4, 2013 under report # 2013_225126_0008 with a compliance date of August 5, 2013. This order will remain non-compliant related to the following evidence:

Inspector #126 visited the home on August 6, 2013 for follow up to this order. The Administrator and the Director of Care (DOC) were not on site at the time of the inspection. The Assistant Director of Care (ADOC) contacted the DOC who indicated that she was planning to present these policies at the nursing staff meeting at the end of August to ensure compliance.

Inspector # 126 interviewed registered nursing staff who indicated that they did not get education on the two above policies.

Inspector #126, inquired if any resident had a head injury recently and the ADOC indicated that Resident #1 fell and had a head injury on a specified date in August, 2013. The head injury protocol was initiated. Nursing staff did not comply with the home's policy related to the monitoring of the head injury protocol. Resident #1 was not monitored every 2 hours as per the requirements of the home's policy. The neurological assessment tool was not completed as per requirement in that nursing staff did not indicate the resident's response to movement. [s. 8. (1)]



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Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 9th day of August, 2013

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

A handwritten signature in black ink, appearing to read "L. Harker".



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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

**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**

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** LINDA HARKINS (126)

**Inspection No. /
No de l'inspection :** 2013_225126_0013

**Log No. /
Registre no:** O-000614-13

**Type of Inspection /
Genre d'inspection:** Follow up

**Report Date(s) /
Date(s) du Rapport :** Aug 9, 2013

**Licensee /
Titulaire de permis :** CENTRE D'ACCUEIL ROGER SEGUIN
435 Lemay Street, Clarence Creek, ON, K0A-1N0

**LTC Home /
Foyer de SLD :** CENTRE D'ACCUEIL ROGER SEGUIN
435 Lemay Street, Clarence Creek, ON, K0A-1N0

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** CHARLES LEFEBVRE

To CENTRE D'ACCUEIL ROGER SEGUIN, you are hereby required to comply with the following order(s) by the date(s) set out below:



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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /

Lien vers ordre existant: 2013_225126_0008, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee will ensure that the home comply with the following policies:

- 1) The Registered Nursing staff will comply with "Etiquetage des médicaments", (SD-INF 2124) requires registered nursing staff to ensure that the right medication is administered to the right resident at all times.
- 2) Nursing Staff will comply with "Blessure a la tete", (Protocole 6010) requires registered nursing staff to ensure that a resident with a head injury will be observed every 2 hours during the 24 hour and will include waking up the resident every 2 hours during the night.
- 3) The Continuous Quality Improvement (CQI) committee establish a monitoring process when discrepancies or errors in dispensing occurred and to ensure that medication administered to the residents are ordered by a physician.

The risk for this area of non compliance is that there was actual harm to Resident #1 and the scope identified is isolated with a potential of affecting other resident.

Grounds / Motifs :



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1. 1. This order was issued on July 4, 2013 under report # 2013_225126_0008 with a compliance date of August 5, 2013. This order will remain non-compliant related to the following evidence:

Inspector #126 visited the home on August 6, 2013 for follow up to this order. The Administrator and the Director of Care (DOC) were not on site at the time of the inspection. The Assistant Director of Care (ADOC) contacted the DOC who indicated that she was planning to present these policies at the nursing staff meeting at the end of August to ensure compliance.

Inspector # 126 interviewed registered nursing staff who indicated that they did not get education on the two above policies.

Inspector #126, inquired if any resident had a head injury recently and the ADOC indicated that Resident #1 fell and had a head injury on a specified date in August 2013. The head injury protocol was initiated. Nursing staff did not comply with the home's policy related to the monitoring of the head injury protocol. Resident #1 was not monitored every 2 hours as per the requirements of the home's policy. The neurological assessment tool was not completed as per requirement in that nursing staff did not indicate the resident's response to movement. (126)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 02, 2013



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 9th day of August, 2013

**Signature of Inspector /
Signature de l'inspecteur :**

Name of Inspector /

Nom de l'inspecteur : LINDA HARKINS

Service Area Office /

Bureau régional de services : Ottawa Service Area Office