



**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**

**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
Sep 28, 2016	2016_243634_0017	027445-16	Resident Quality Inspection

Licensee/Titulaire de permis

CVH (No. 5) GP Inc. as general partner of CVH (No. 5) LP
c/o Southbridge Care Homes Inc. 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H
5L8

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

Country Village Homes - Woodslee
440 County Road 8 R. R. #2 Woodslee ON N0R 1V0

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

ADAM CANN (634), INA REYNOLDS (524), SHERRI GROULX (519)

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): September 19, 20, 21, 22, and 23, 2016

**The following intakes were completed within this Resident Quality Inspection:
Critical incident log # 024737-16, CIS # 2576-000003-14, related to a resident fall
Critical incident log # 025685-16, CIS # 2576-000004-14, related to a resident fall**

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Resident Program Manager, one Registered Nurse, five Registered Practical Nurses, and five Personal Support Workers, the Family Council and Residents' Council Representative, and over 20 residents.

The inspector (s) conducted a tour of the home, reviewed clinical records and plans of care or relevant residents, pertinent policies and procedures, Residents' and Family Council minutes, and the staff schedule. Observations were also made of general maintenance, cleanliness, and condition of the home, infection prevention and control practices, provision of care, staff to resident interactions, medication administration, and required Ministry of Health and Long Term Care postings.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Falls Prevention

Infection Prevention and Control

Medication

Minimizing of Restraining

Pain

Residents' Council

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

4 WN(s)

4 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>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

The licensee failed to ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident.

Record review was completed of a resident's care plan in Point Click Care. The care plan did not provide clear direction to staff members. The care plan had contradicting interventions related to mobility and transfers.

Observations were conducted of the resident's bedroom and the transfer logos on the resident's bed did not correspond with interventions in the care plan.

Interview was conducted with a Registered Practical Nurse (RPN) who reviewed the resident's care plan and said that the plan of care was not consistent and did not provide clear direction to staff.

The licensee failed to ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident.

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 plan of care set out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.



**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home
Specifically failed to comply with the following:**

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following
rules are complied with:**

**2. All doors leading to non-residential areas must be equipped with locks to
restrict unsupervised access to those areas by residents, and those doors must
be kept closed and locked when they are not being supervised by staff. O. Reg.
79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

Findings/Faits saillants :

The licensee has failed to ensure that all doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they were not being supervised by staff.

During stage one of the Resident Quality Inspection (RQI), it was observed on a unit that the treatment, shower, and tub room were not locked. There were residents in the immediate area and potential safety concerns inside the unlocked rooms.

Interview was conducted with a Personal Support Worker who said that the shower room door should have been locked and was not. Interview was conducted with a Registered Practical Nurse who said that the tub room and treatment room should have been locked and they were not.

Interview was conducted with the Administrator, who said that it was the home's expectation that all doors leading to non-residential areas were to be locked unless supervised by staff members.

The licensee has failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.



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 doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :



The licensee failed to ensure that where bed rails were used, the resident had been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there were none, in accordance with prevailing practices to minimize risk to the resident.

Observations were completed and it was observed that multiple residents had bed rails in the up position.

Record review was completed of the resident's charts that were observed with bed rails in the up position. Bed rail assessments were not present in the resident's chart.

Upon interview with the Director of Care (DOC), it was stated that the home has just started to do bed rail assessments and if they could not be found on Point Click Care (PCC) then they were not done. The (DOC) stated that they would not be found in the resident's hard copy chart. Bed rail assessments could not be located for the resident's with bed rails observed to be raised.

The licensee failed to ensure that where bed rails are used, the residents had been assessed and her bed system evaluated in accordance with evidence-based practices, and if there were none, in accordance with prevailing practices to minimize risk to the resident.

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 where bed rails are used, the resident had been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there were none, in accordance with prevailing practices to minimize risk to the resident, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care



Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

The licensee failed to ensure that the plan of care was based on an interdisciplinary assessment with respect to the resident's health conditions including allergies, pain, risk of falls and other special needs.

A staff interview was conducted with a Registered Practical Nurse (RPN) and It was stated that the resident had a fall in the last thirty days.

The documentation was reviewed and resident had fallen multiple times in the year 2016. The resident had been assessed as being at a high risk for falls.

The plan of care was reviewed and there was no statement indicating that the resident was at a high risk for falls. The Kardex which Personal Support Workers (PSW) referred to for providing care stated under "Falls Prevention" to ensure commonly used items were within reach.

Upon interview with a Personal Support Worker (PSW), it was stated that the resident had several falls and that there were no interventions in place.

Upon interview with the Director of Care (DOC), it was stated that it would be the home's expectation that if a resident was a high risk for falls that there would be a statement in the plan of care indicating this, and the interventions that were in place to assist in fall prevention.

The licensee failed to ensure that the resident's plan of care was based on an interdisciplinary assessment with respect to the resident's health conditions including allergies, pain, risk of falls and other special needs.



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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 plan of care is based on an interdisciplinary assessment with respect to the resident's health conditions including allergies, pain, risk of falls and other special needs, to be implemented voluntarily.

Issued on this 28th day of September, 2016

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

Original report signed by the inspector.