

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
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 # / No de registre	Type of Inspection / Genre d'inspection
Jul 20, 2020	2020_785732_0011	009876-20	Critical Incident System

Licensee/Titulaire de permis

Rural Healthcare Innovations Inc.
533 Clarence Street P.O. Box 970 WINCHESTER ON K0C 2K0

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

Dundas Manor Nursing Home
533 Clarence Street P.O. Box 970 WINCHESTER ON K0C 2K0

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

EMILY BROOKS (732)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): July 13, 2020 to July 16, 2020

Log #009876-20 (CIR #2674-000009-20), related to falls prevention and management, was inspected during this Critical Incident System inspection.

During the course of the inspection, the inspector(s) spoke with The Director of Care (DOC), the Resident and Family Care Coordinator, a Registered Nurse (RN), a Registered Practical Nurse (RPN), and Personal Support Workers (PSW).

The inspector(s) reviewed resident health care records and relevant policies; as well as observed the provision of care and services to residents.

**The following Inspection Protocols were used during this inspection:
Falls Prevention**

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

1 WN(s)

1 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>Légende</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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

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1. The licensee has failed to ensure that Resident #001 was toileted as per the scheduled toileting program specified in their plan of care.

A Critical Incident Report (CIR) submitted to the Director described resident #001 being found on the floor, laying on their side, near their dining table, on a specified date at a specified time. Resident #001 was noted to be incontinent of urine at that time. Resident #001 was transferred to hospital and diagnosed with an injury requiring surgery.

Review of resident #001's plan of care described resident #001 as being on a Scheduled Toileting Program: staff to cue resident to use toilet at specified times. Resident and Family Care Coordinator #105 explained to Inspector #732 that the purpose of a toileting schedule is to promote continence, meet resident's needs and reduce falls.

Review of the licensee's Bladder Management Program (Policy #: NURS 02-060), revised March 2019, defines toileting as the process of encouraging the resident to use some type of containment device in which to void or defecate. The containment device may be the toilet, commode, urinal, bedpan or some other type of receptacle but does not include briefs. Toileting is for the purpose of voiding and not just for changing briefs.

Resident and Family Care Coordinator #105, who interviewed staff as part of a critical fall review of the incident, informed Inspector #732 that PSW #106, who was responsible for toileting resident #001, had indicated that they had not toileted resident #001 at the scheduled time.

In conclusion, the licensee failed to ensure that resident #001 was toileted as per the resident's scheduled toileting program. [s. 6. (7)]

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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

Issued on this 23rd day of July, 2020

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

Original report signed by the inspector.