



**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**

**Division de la responsabilisation et de la  
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### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 15, 2014	2014_303563_0025	000992-14	Critical Incident System

#### **Licensee/Titulaire de permis**

THE CORPORATION OF THE COUNTY OF ELGIN MUNICIPAL HOMES  
39262 Fingal Line, RR #1, ST. THOMAS, ON, N5P-3S5

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

ELGIN MANOR  
39262 FINGAL LINE, R. R. #1, ST. THOMAS, ON, N5P-3S5

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

MELANIE NORTHEY (563)

### **Inspection Summary/Résumé de l'inspection**



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

**This inspection was conducted on the following date(s): August 14, 2014**

**During the course of the inspection, the inspector(s) spoke with the Manager of Resident Care, two Personal Support Workers (PSWs), the Resident Care Coordinator (RCC), the Manager of Programs and Therapy Services and the Recreationist**

**During the course of the inspection, the inspector(s) made observations, reviewed health records, policies, education records, and other relevant documentation**

**The following Inspection Protocols were used during this inspection:  
Responsive Behaviours**

**Findings of Non-Compliance were found during this inspection.**



**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. (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).**

**s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.



Record review of the care plan for resident # 1 revealed a specific intervention was not followed as specified in the plan of care.

Record review of a progress note revealed the specific intervention was not followed for this resident.

Interview with the Manager of Programs & Therapy Services at 1225 hrs. confirmed the care plan intervention was not followed. [s. 6. (7)]

2. The licensee has failed to ensure that staff and others who provide direct care to the resident are kept aware of the contents of the plan of care and have convenient and immediate access to it.

[REDACTED]

[REDACTED]

[REDACTED] A PSW shared that each resident has a paper kardex kept in a binder at the nursing station, but confirmed there [REDACTED] no resident specific interventions identified on the printed CCRS kardex to address resident # 1 behaviour.

Staff interview with PSW at 1350 hrs. revealed she did not know about the kardex in POC and if she needed to know anything about the resident she would ask the charge nurse. PSW confirmed she would not know where to find information specific a resident's plan of care if the charge nurse was not available to answer her questions.

Review of PSW Kardex in POC revealed the "Behaviour/Mood" section only stated, "Behaviour Symptoms" and did not provide interventions as part of the plan of care.



PSW confirmed she was unaware of the contents of the behaviour symptoms plan of care and would not know how to access the information.

Staff interview with the Resident Care Coordinator (RCC) at 1340 hrs. confirmed kardex incomplete

[s. 6. (8)]

***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 provided to the resident as specified in the plan, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**



Specifically failed to comply with the following:

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

**1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**

**2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**

**3. The program must 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. 30 (1).**

**4. The licensee shall keep a written record relating to each evaluation under paragraph 3 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. 30 (1).**

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**Findings/Faits saillants :**



1. The licensee failed to ensure that the following is complied with in respect of each of the organized programs required under sections 8 (Nursing and personal support services) that there must be a written description of the program that includes relevant policies.

Record review of the "Care Plans & Conference" policy with a revision date of April 2004 states the following:

- Purpose: "5. To provide a plan of care as required in MOHLTC Standards PMB1.1, 2, 3, 4, 5, 6, PNB2.1, 2, 3, 4, 5, 6, 7."
- Procedure: "1. All documentation to be done in ink, to provide ongoing record of care provided."

Record review of the "Documentation" policy with a revision date of April 2004 states the following procedures outlined in the policy :

- "3. Flow and tick sheets will be utilized to accurately and concisely document routine and frequently needed information."
- "5. Errors will be corrected by placing a single strike through word(s) to be corrected, write the word "error" above and initial beside it."
- "6. All documentation will be made in black ink with the exception of any notation of allergies which will be in red ink."

The MOHLTC Standards were replaced by the LTCHA on July 1, 2010.

Information regarding documentation in ink is no longer relevant as the home uses an electronic documentation system (PointClickCare).

The Manager of Resident Services confirmed the policies have not been updated since the implementation of PointClickCare [REDACTED]. [s. 30. (1) 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 the following is complied with in respect of each of the organized programs required under sections 8 (Nursing and personal support services) that there must be a written description of the program that includes relevant policies, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**

**Specifically failed to comply with the following:**

**s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:**

- 1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).**
- 2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).**
- 3. Behaviour management. 2007, c. 8, s. 76. (7).**
- 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).**
- 5. Palliative care. 2007, c. 8, s. 76. (7).**
- 6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).**

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**Findings/Faits saillants :**



1. The licensee has failed to ensure that all staff who provide direct care to residents, as a condition of continuing to have contact with residents, receive training relating to behaviour management at intervals provided for in the Regulations. O. Reg 79/10 s. 221 (2) 1: the staff must receive annual training in all areas required under subsection 76 (7) of the Act.

Record review of the "County of Elgin Summary of Education/Seminars Report" revealed multiple staff members have not received training for the course "Responsive Behaviours."

[REDACTED]

Staff interview with Manager of Resident Care at 1300 hrs. confirmed there is no documented evidence of Responsive Behaviours training in the "Surge" online computer program for 2013 [REDACTED]

[s. 76. (7) 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 all staff who provide direct care to residents, as a condition of continuing to have contact with residents, receive training relating in behaviour management at intervals provided for in the Regulations. O. Reg 79/10 s. 221 (2) 1: the staff must receive annual training in all areas required under subsection 76 (7) of the Act., to be implemented voluntarily.***

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**Issued on this 15th day of August, 2014**

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