



**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
prévus 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**

**Direction de l'amélioration de la performance et de la
conformité**

Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 25, 26, 27, 28, Nov 9, 10, 14, 2011	2011_099188_0025	Complaint

Licensee/Titulaire de permis

VALLEY EAST LONG TERM CARE CENTRE INC.
689 YONGE STREET, MIDLAND, ON, L4R-2E1

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

ELIZABETH CENTRE
2100 Main Street, Val Caron, ON, P3N-1S7

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

MELISSA CHISHOLM (188)

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, the Director of Care, the Acting Assistant Director of Care, the Manager of Environmental Services, the Manager of Dietary Services, registered nursing staff, personal support workers, laundry staff, dietary aids, residents and families.

During the course of the inspection, the inspector(s) conducted a walk through of resident care areas, observed staff to resident interactions, reviewed resident health care records and reviewed various policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Dining Observation

Recreation and Social Activities

Responsive Behaviours

Snack Observation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES
Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

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 O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following subsections:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

- (a) procedures are developed and implemented to ensure that,**
- (i) residents' linens are changed at least once a week and more often as needed,**
- (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**
- (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**
- (iv) there is a process to report and locate residents' lost clothing and personal items;**
- (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;**
- (c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and**
- (d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).**

Findings/Faits saillants :

1. Inspector spoke with two different family members on October 26, 2011, who identified that they no longer have the home do the laundry of their family member because articles had gone missing and were not located.

Inspector spoke with three PSWs from two different home areas. Each PSW identified that they are not aware of a formal process to report missing clothing or articles. They all identified that they would search for the item and if the item was not found they would notify laundry and would check lost and found. Each PSW identified they would notify the following nursing shift as well to watch for the missing identified item.

Inspector spoke with a Registered Nurse who was unaware of a formal process related to missing articles but identified the laundry department and maybe even the Manager of Environmental Services would be notified if a missing article was identified.

Inspector spoke with a laundry aid who identified when she is made aware of a missing item she will write it down on a piece of paper in order to notify others (in the laundry department) and will search for the item. She identified that the home has a lost and found which she would also search for the missing item. The staff member identified that found items without names/labels are put into the lost and found so they can later be claimed.

Inspector spoke with the Manager of Environmental Services. It was identified to the inspector that items that are found without labels are put in the lost and found. He identified that he encourages families and residents at the care conferences to bring forward any concerns regarding missing clothing. He identified that when he is made aware of a missing item he will follow-up, checking laundry, the lost and found and the resident's home area if necessary. When the inspector asked what the process is if something is not found, he was uncertain and referred inspector to the Resident & Family Services Coordinator. He provided inspector with copies of procedures titled "Clothing Identification" and "Retrieval of Lost Articles". Both procedures identify what action is to be taken when an unlabeled item is found, however a procedure on the reporting of lost articles was not available.

Inspector spoke with the Resident and Family Services Coordinator, who identified that on occasions she has followed up with families about missing articles. She provided inspector with a copy of a handout that is provided to families upon admission that is titled "what you should know about laundry services in long term care homes". When asked if there was a formal process for reporting and tracking missing articles she confirmed that no formal procedure is in place. The licensee failed to ensure that procedures are developed and implemented to ensure that there is a process to report and locate residents' lost clothing and personal items.[O.Reg. 79/10, s.89(1)(a)(iv)]

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 ensuring a process is developed and implemented to report and locate resident's lost clothing and personal items, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program

Specifically failed to comply with the following subsections:

s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,
(a) the provision of supplies and appropriate equipment for the program;
(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;
(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests;
(d) opportunities for resident and family input into the development and scheduling of recreation and social activities;
(e) the provision of information to residents about community activities that may be of interest to them; and
(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).

Findings/Faits saillants :

1. It was reported to the inspector on October 26, 2011 by three residents and two family members of residents that the activities that are listed on the monthly activity calendar often do not occur as identified. Inspector reviewed the home's monthly activity calendar. Inspector noted that every day for the month of October identifies activities to be taking place, including activities in the evenings and on the weekend. Inspector observed that Yahtzee which was scheduled to be on HA1 at 3:30pm did not occur on October 26, 2011. Inspector observed that Yahtzee which was scheduled to occur on HA4 at 4:15pm did not occur on October 26, 2011. Inspector observed that Card Games which was scheduled to occur on HA2 at 3:30pm on October 27, 2011 did not occur. The licensee failed to ensure that the recreation and social activity program includes implementation of the scheduled activities. [O.Reg. 79/10, s.65(2)(b)]

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 ensuring the schedule of recreation and social activities is implemented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following subsections:

s. 53. (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.
2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.
3. Resident monitoring and internal reporting protocols.
4. Protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 53 (1).

Findings/Faits saillants :

1. Inspector spoke with two registered practical nurses on October 26, 2011 and one registered nurse at the home to determine what is done to meet the needs of residents exhibiting responsive behaviours. All three staff members identified that there are not any screening protocols or assessment tools used for residents exhibiting responsive behaviours. It was identified that registered staff will document any responsive behaviour within the progress notes for the particular resident however the home does not utilize any resident monitoring and internal reporting protocols. It was also identified that the resident would be referred to specialized resources if ordered by the physician however there is not a protocol in place to complete this process. The licensee failed to ensure that the required protocols are developed to meet the needs of residents with responsive behaviours. [O.Reg. 79/10, s.53(1)]

2. Inspector spoke with the Director of Care who identified that a responsive behaviour program has been initiated and will be developed and implemented in the near future, however the home does not currently have one in place. The licensee failed to ensure that a program, that meets the requirements of the regulations, is developed to meet the needs of residents with responsive behaviours. [O.Reg. 79/10, s.53(1)]

Additional Required Actions:

NPC - 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 ensuring protocols, that meet the requirements of the regulations, are developed to meet the needs of residents with responsive behaviours, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits saillants :

1. Inspector noted that the September and October 2011 medication administration record (MAR) for a resident identifies a prescribed medication. Inspector reviewed the current physician's orders for this resident and noted no current physician's order for this medication. Inspector reviewed the physician's orders and MARs with the RN on the unit. RN confirmed that currently there is not a physician's order and that it will have to be brought up to the physician. RN confirmed that the resident receives the medication as indicated on the MAR, and showed the inspector the strip pack which also contains the medication. The licensee failed to ensure that residents receive only drugs that are prescribed for them. [O.Reg. 79/10, s.131(1)]

Issued on this 14th day of November, 2011

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

