Ontario

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

# Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*


**Ministry of Health and Long-Term Care**
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de longue durée**
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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☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**

| Date(s) of inspection/Date de l'inspection | **Inspection No/ d'inspection** | **Type of Inspection/Genre d'inspection** |
|---|---|---|
| October 26-29, 2010 | 2010_154_2868_26Oct101707 | Complaint Log #00493 |

Licensee/Titulaire
Valley East Long Term Care Centre Inc. 689 Yonge Street, Midland ON L4R 2E1
Fax: 705-528-0023

**Long-Term Care Home/Foyer de soins de longue durée**
Elizabeth Centre, 2100 Main Street, Val Caron ON P3N 1S7
Fax:705-897-0181

Name of Inspector(s)/Nom de l'inspecteur(s)
Gail Peplinskie #154

## Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Complaint Inspection related to resident care.

During the course of the inspection, the inspector spoke with:
-Administrator
-Assistant Director of Care
-Registered nursing staff
-Personal Support Workers (PSW)
-2 female residents in the home

During the course of the inspection, the inspector:
-reviewed health care record of two residents
-walked throughout all four resident home areas
-reviewed the home's Continence/Incontinence Care Management Program
-reviewed the home's Enteral Feeding-Continuous and Intermittent Program
-reviewed RAI MDS information for two residents
-checked supplies of continence products in clean utility room and medication room within resident home areas

The following Inspection Protocols were used during this inspection:
1. Continence Care and Bowel Management
2. Nutrition and Hydration

Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN

## NON- COMPLIANCE / (Non-respectés)

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire
**DR** – Director Referral/Régisseur envoyé
**CO** – Compliance Order/Ordres de conformité
**WAO** – Work and Activity Order/Ordres: travaux et activités

| | |
|---|---|
| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.<br><br>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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.<br><br>Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi. |

**WN #1:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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,
(c) clear directions to staff and others who provide direct care to the resident.

**Findings:**
1. The plan of care for a resident does not provide clear directions to staff and others who provide direct care, related to nutrition.

2. The plan of care for a resident does not provide clear directions to staff and others who provide direct care, related to continence. The plan of care for a resident indicates "brief size: medium brief", however the plan of care does not identify when brief is to be used or when brief is to be checked and changed. Interviews with staff indicated that the brief was to be checked at least every two hours and changed when wet.

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**WN #2:** The Licensee has failed to comply with O. Reg. 79/10, s.17 (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that, (a) can be easily seen, accessed and used by residents, staff and visitors at all times

**Findings:**
1. The plan of care for a resident states "call bell to be within reach and remind to use call bell".
On October 28/10 at 13:40 pm the inspector was walking throughout a home area when a resident called the inspector into the room. The resident was sitting in the wheelchair about three feet from the bed, wrapped in a blanket. The cord for the call bell was lying on the resident's bed, inaccessible to the resident.

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| **Signature of Licensee or Representative of Licensee**<br>**Signature du Titulaire du représentant désigné** | **Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** |
|---|---|
| **Title:** **Date:** | **Date of Report:** November 8, 2010 |