Ontario

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 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 performance du système de santé
Direction de l'amélioration de la performance et de la conformité

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 4, 2015	2015_217137_0018	006634-15	Complaint

Licensee/Titulaire de permis

PROVINCIAL NURSING HOME LIMITED PARTNERSHIP
1090 MORAND STREET WINDSOR ON N9G 1J6

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

ERRINRUNG NURSING HOME, DIVISION OF PROVINCIAL NURSING HOME LIMITED PARTNERSHIP
67 Bruce Street P.O. Box 7069 THORNBURY ON N0H 2P0

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

MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 29 and 30, 2015

Complaint Inspection Log # 006044-15 was also completed.

During the course of the inspection, the inspector(s) spoke with General Manager, Director of Care, Medical Director, RAI/Clinical Coordinator, one Registered Nurse, three Registered Practical Nurses and four Nurses' Aides.

The inspector also reviewed resident's clinical records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the following right of residents is fully respected and promoted:
11. Every resident has the right to, iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

(a) On April 29, 2015 at 8:45 am, the medication cart eMAR terminal, in the North POD area hallway (by elevator and lounge), was observed by Inspector # 137 and the Director of Care, to be unlocked and unattended, with Residents' Personal Health Information accessible.
There was no staff member in the vicinity of the medication cart.

(b) On April 29, 2015 at 12:35 pm, the medication cart eMAR terminal, in the North POD area hallway (by elevator and lounge), was observed by Inspector # 137 to be unlocked and unattended, with Residents' Personal Health Information accessible.
A registered staff member was administering medications in the lounge and the medication cart was not in visual proximity.

The registered staff member and the Director of Care confirmed the medication cart eMAR terminal was unlocked, unattended and Residents' Personal Health Information was accessible, as well as the expectation that Residents' Personal Health Information be kept confidential. [s. 3. (1) 11. 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 to ensure every resident has the right to have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Ac, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee has failed to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with.

* A review of Policy # D-23a, Continence Care - Bladder and Bowel, Revised June 2011 indicated:
The care plan must include a scheduled toileting plan. The toileting plan is a documented care plan intervention, with scheduled times each day.
The data obtained from the bladder and bowel monitoring records is used to complete the bladder and bowel functional assessment and further develop the scheduled toileting plan.

A review of clinical records for an identified resident indicated the resident had a voiding pattern assessment completed on admission but the care plan was not individualized and indicated the resident was to be toileted ac, pc meals and qhs.

The Director of Care confirmed the resident did not have an individualized scheduled toileting plan and the expectation is that the home's policy be complied with.

* A review of Policy # D-25, Skin and Wound Care, Revised June 2011, indicated:
(a) Residents with Altered Skin Integrity - Registered Staff Responsibilities
The resident and wound is reassessed weekly or more often if indicated and the care plan is revised accordingly.
(b) Registered Dietitian Responsibilities
Complete a nutritional and hydration risk assessment within 7 days of admission.

A review of the clinical records for an identified resident indicated:
(a) The resident was admitted with impaired skin integrity which was not identified on the plan of care and there was no documented evidence that the resident received a weekly wound assessment, other than a skin assessment on the day of admission.
(b) The Registered Dietitian completed the nutritional and hydration risk assessment eleven days post-admission, not within seven days of admission.

The Director of Care confirmed the resident did not have a weekly wound assessment completed and the Registered Dietitian did not complete the nutritional and hydration risk assessment, within 7 days of admission, as well as the expectation that the home's policy be complied with. [s. 8. (1) (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 to ensure, where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, that the plan, policy, protocol, procedure, strategy or system, is complied with, to be implemented voluntarily.

Issued on this 4th day of May, 2015

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

Original report signed by the inspector.