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
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
January 26, 27 and 28, 2011.	2011_134_2485_26Jan135016	Complaint - Log # O-000127

Licensee/Titulaire

Extendicare Northeastern Ontario Inc. [a subsidiary of Extendicare (Canada) Inc.]
3000 Steeles Avenue East, Suite 700, Markham, ON L3R 9W2
Fax: 1- 905-470-5588

Long-Term Care Home/Foyer de soins de longue durée
Extendicare Starwood. 114 Starwood Rd, Nepean, ON K2G 3N5 fax 613-224-9309

Name of Inspector(s)/Nom de l'inspecteur(s)
Colette Asselin, # 134

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to the care and services provided to residents on 2 South.

During the course of the inspection, the inspector spoke with 4 personal support workers, the charge nurses on day and evening shifts, the evening Registered Practical Nurse, the Director of Nursing and the Administrator.

During the course of the inspection, the inspector observed several residents while in their rooms and in the dining room, inspected residents' bathrooms, observed staff's response to call bells, reviewed two residents' Health Record, the home's Fall Prevention Policy as well as the Head Injury Routine # 08-09-03, dated March 2006.

The following Inspection Protocol was used during this inspection:

1. Falls Prevention

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

2 WN
2 VPC

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. 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. 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.

(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.

(10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

1. Resident # 1 is at risk of falls and in fact had a fall when left unattended.
2. On January 26, 2011, the Registered Practical Nurse stated, the resident no longer walks by self and requires the assistance of one to two staff members. Staff interviewed indicated the resident requires assistance of one to two persons at all times to ambulate and no longer ambulates on own. The care plan, last reviewed in November 2010, specifies that resident walks by self.
3. Resident # 2 is at high risk of falls and had three falls in one month. The resident is currently wheelchair bound and no longer walks by self. The care plan specifies that a walker needs to be kept within reach. Under section titled "sensory perception" of her care plan there is an entry indicating the resident walks with a cane under supervision of staff.
4. The home is currently using mainly 3 different communication forms to communicate care issues to staff (i.e. The Safety Device/High Risk Check Form, the resident electronic care plan and the Assignment Record.)
5. On January 28, 2011, three personal support workers were interviewed related to safety measures to be used for resident #2. All three PSW claimed the resident was to use two half rails when in bed and a tab alert while in wheelchair and in bed. The resident has a seat belt attached to the wheelchair which is not fastened. There are no indications on whether the seat belt needs to be applied or not. The "Safety Device/High Risk Check Form" had not been updated to indicate that the resident is to use a tab alert while in bed and in wheelchair. The "Assignment Record" reviewed January 28, 2011 for resident # 2 indicates the need to use one half rail while in bed. There are no indications that a bed alarm is to be applied while resident is in bed and in chair. The care plan does not specify the use of tab alert.

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Inspector ID #:	134

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 in meeting the requirement that the plan of care provide clear direction to staff, is updated when the residents' care needs change and ensure that staff providing direct care are kept aware of the updated contents of the resident's plan of care, to be implemented voluntarily.

WN # 2: The Licensee has failed to comply with O. Reg 79/10, 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,

(b) is complied with.

Findings:

1. As per section 48 (1) 1 of the O. Reg 79/10 the licensee is required to have a fall prevention and management program to reduce the incidence of falls and the risk of injury.
2. The licensee has a policy related to Neurological Signs/Head Injury Routine # 08-09-03 dated March 2006. This policy on Head Injury Routine specifies it is to be implemented whenever a resident experiences a head injury or is suspected of having experienced a head injury from a fall. This Head Injury Routine provides direction to staff related to assessing all (4) neurological indicators; Assess residents' level of consciousness, ability to move/handgrip, pupil response and vital signs. Continue with head injury routine as follows until further direction from physician. (Every 15 minutes X 1 hour, then if stable, every 30 minutes. X 1 hour, then if stable every four hours, then if stable every shift for 72 hours) and to notify the physician for further directions.
3. On November 16/2010, resident #1, sustained a head injury after falling. Based on the data obtained from the Clinical Measurement Record there is an indication that the vital and neurological signs were monitored once a shift over a 72 hour period. The Registered Nurse interviewed, indicated it is usual practice to monitor neurological signs once a shift.
4. Resident # 2 fell several times in one month and sustained a head injury on all occasions. The neurological signs were checked once a shift over a 72 hour period. Based on data obtained from the clinical record flow sheet, the BP fluctuated over 72 hours. There were no increase in the monitoring of vital and neurological signs and the doctor was not notified for further direction as indicated in the licensee's head injury routine policy.

Inspector ID #:	134

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 in meeting the requirement that the licensee's head injury routine be reviewed and revised and implemented fully following a head injury, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee 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. Colette Assali
Title: Date:	Date of Report: February 11, 2011