



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

**Rapport d'inspection  
prévues 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

Sudbury Service Area Office  
159 Cedar Street, Suite 603  
Sudbury ON P3E 6A5

Bureau régional de services de Sudbury  
159, rue Cedar, Bureau 603  
Sudbury ON P3E 6A5

**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

Telephone: 705-564-3130  
Facsimile: 705-564-3133

Téléphone: 705-564-3130  
Télécopieur: 705-564-3133

<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
---	--

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 23-26, 2010	2010_154_2936_23Nov114709	Complaint Log S-00683
<b>Licensee/Titulaire</b>  F. J. Davey Home, 733 Third Line East, Box 9600, Sault Ste Marie, ON P6A 7C1 Fax: 705-942-2234		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>  F. J. Davey Home, 733 Third Line East, Box 9600, Sault Ste Marie, ON P6A 7C1 Fax: 705-942-2234		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Gail Peplinskie #154 and Margot Burns-Prouty # 106		
<b>Inspection Summary/Sommaire d'inspection</b>		

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

During the course of the inspection, the inspector(s) spoke with:

- Administrator
- Director Of Care
- Nurse Managers
- RAI MDS Coordinator
- Registered Nursing Staff
- Personal Support Workers (PSW)
- Resident involved in Complaint

During the course of the inspection, the inspector(s):

- Reviewed health care file for a resident
- Interviewed a resident
- Observed care provided to a resident at various times during the inspection

The following Inspection Protocols was used during this inspection:

Personal Support Services

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

3 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.

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(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. The plan of care for a resident has not been revised to address changes in oral care needs.

2. The plan of care for a resident has not been revised to address changes in bowel function.
3. The plan of care for a resident has not been revised to address changes in skin integrity.
4. The plan of care for a resident has not been revised to address the application of prescription creams by Personal Support Workers.
5. The plan of care for a resident has not been revised to address a change in continence product.

<b>Inspector ID #:</b>	154 and 106
------------------------	-------------

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

**Findings:**

1. A resident was ordered a prescription cream, by the physician to be applied BID (twice daily). Treatment sheet for November indicates that the cream is being applied BID. The current medication review for the period of November 1/10 to January 31/11 does not have the prescription cream ordered. There is no current physician's order for the prescription cream that was being used.

<b>Inspector ID #:</b>	154 and 106
------------------------	-------------

**WN #3:** The Licensee has failed to comply with O.Reg. 79/10, s.131(2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

**Findings:**

1. A resident was ordered, by the attending physician, a specific prescription to be used five times daily until healed. The Medication Administration Record (MAR) for November /10 was reviewed and was signed as administered at 08:00, 11:30, 16:00 and 20:00. Interview with RPN confirmed that the prescription was not administered to a resident in accordance with the directions for use specified by the attending Physician.
2. A resident was ordered, by the physician, 2 prescription creams to be applied twice daily. One PSW told the inspector that she applies both creams three times on her day shift. Both creams are not being administered in accordance with the directions for use specified by the prescriber.
3. The Treatment record for a resident for November 1-24/10 inclusive was reviewed and shows a prescription cream signed as administered at 10:00 and 22:00 except on the following days which are blank; 10:00 dose - Nov. 12, 13, 14, 22, 23 and 20:00- Nov. 1, 3, 4, 5, 6, 17 and 23. Both prescription creams are not being administered in accordance with the directions for use specified by the prescriber.

<b>Inspector ID #:</b>	154 and 106
------------------------	-------------

<b>Signature of Licensee or Representative of Licensee</b> <b>Signature du Titulaire du représentant désigné</b>	<b>Signature of Health System Accountability and Performance Division</b> <b>representative/Signature du (de la) représentant(e) de la Division de la</b> <b>responsabilisation et de la performance du système de santé.</b>
---	---




**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 prévue  
le *Loi de 2007 les  
foyers de soins de  
longue durée***

		
<b>Title:</b>	<b>Date:</b>	<b>Date of Report:</b> Jan 5/11