



**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 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
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 11, 2013	2013_031194_0005	001957,001 260,000955, 002214	Complaint

Licensee/Titulaire de permis

CITY AND COUNTY OF PETERBOROUGH
881 Dutton Road, PETERBOROUGH, ON, K9H-7S4

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

FAIRHAVEN
881 Dutton Road, PETERBOROUGH, ON, K9H-7S4

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

CHANTAL LAFRENIERE (194)

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): February 19 - 22, 2013

Four complaint logs were completed during this inspection; Log #002214-12, #001260-12, #000955-12, #001957-12

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Director of Resident Care (DRC), Resident Care Manager (RCM), Dietitian, Behavioural Support Ontario(BSO)nurse, Registered Nurse (RN), 2 Registered Practical Nurse (RPN), 3 Personal Support Worker (PSW), Family Client Relations Supervisor, Resident Care Supervisor, Resident billing and Trust Co-Ordinator and 3 Residents.

During the course of the inspection, the inspector(s) reviewed clinical health records, process for admission of new residents, policies "Pain Management" RCM-N-930 and N-III-B50,"Resident Daily Record" RCM-N-1090,"Palliative Care" RCM-N-940, "Nourishment List" RCM-N-830, "Weights-residents" RCM-N-1480, "Falls Preventions" RCM-N-430, "Intake and Output RCM-N-600, "Nutrition" RCM-N-870 and observation of provision of care by staff to residents.

The following Inspection Protocols were used during this inspection:

- Medication
- Nutrition and Hydration
- Pain

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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. 6.
Plan of care**



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Specifically failed to comply with the following:

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,

(a) the planned care for the resident; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised,

(a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).

(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).

Findings/Faits saillants :



1. The licensee failed to comply with LTCHA, 2007, s.6(1)(c) when the written plan of care for resident #001 did not provide clear direction related to the risk of choking.

The clinical health records for resident #001 confirm episodes of choking.

The written plan of care for resident #001 does not provide clear direction related to monitoring or interventions required when the resident is choking [s. 6. (1) (c)]

2. The licensee failed to comply with LTCHA, 2007, s.6(4)(a) when nursing and dietary assessments were not integrated to be consistent and complement each other related to poor intake and weight loss for resident #003.

Documentation completed by the nursing staff for resident #003 confirm poor intake and weight loss for the identified period.

Dietary assessments for resident #003 states that the resident's weight remains stable and that the resident is consuming full meals [s. 6. (4) (a)]

3. The licensee failed to comply with LTCHA, 2007 s.6(5) when the POA for resident #003 was not given the opportunity to participate fully in the development and implementation of the plan of care.

The POA for resident #003 states he was not notified of weight loss or poor intake.

Dietitian confirmed that POA was not kept informed of resident #003 weight loss. [s. 6. (5)]

4. The licensee failed to comply with LTCHA, 2007, s.6(11)(b) when the plan of care for resident #003 related to weight loss was not revised when care set out in the plan was not effective.

Clinical records for Resident #003 confirms a continuous weight loss and poor nutritional intake over an identified time period

The Dietitian increased the nutritional supplement prior to the identified time period. Resident #003 continued to lose weight and no revision to the plan of care was implemented until after the identified time period.



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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. The licensee failed to comply with O. Reg 79/10 s. 8(1)(b) when the "Pain Management" policy was not complied with.

Review of the Licensee's Policy "Pain Management" N-III-B50, dated March 10, 2009 directs the following;

-Pain assessments will be ongoing, using the Abbey Pain Scale. Documentation will include the pain scale outcomes pre and post medication delivery for pain control.

DRC confirmed that the expectation was for staff to utilize the Abbey pain scale, pre and post PRN medication administration for pain control

Review of the MARS for resident #001 confirmed that numerous dosages of the pain medication were administered. The Abbey pain scale was not used consistently as directed by the policy.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 27. Care conference



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Specifically failed to comply with the following:

- s. 27. (1) Every licensee of a long-term care home shall ensure that,
- (a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any; O. Reg. 79/10, s. 27 (1).
 - (b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and O. Reg. 79/10, s. 27 (1).
 - (c) a record is kept of the date, the participants and the results of the conferences. O. Reg. 79/10, s. 27 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg 79/10 s. 27(1) when a care conference with the interdisciplinary team was not provided for resident #001 within six weeks following the residents admission

Resident #001 was provided with an interdisciplinary conference (IDTC) three and 1/2 months after admission. [s. 27. (1)]

Issued on this 12th day of March, 2013

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

Chantal Lafrenière (194)