



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

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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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 11, 2012	2012_200148_0008	O-002184- 12	Other

**Licensee/Titulaire de permis**

DEEP RIVER AND DISTRICT HOSPITAL  
117 BANTING DRIVE, DEEP RIVER, ON, K0J-1P0

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

THE FOUR SEASONS LODGE  
117 BANTING DRIVE, DEEP RIVER, ON, K0J-1P0

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

AMANDA NIXON (148)

**Inspection Summary/Résumé de l'inspection**



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The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): December 5, 2012.

This inspection was an SAO Initiated Inspection.

During the course of the inspection, the inspector(s) spoke with Director of Care, Recreation Coordinator, Registered Practical Nurse (RPN), Personal Support Workers(PSW) and residents.

During the course of the inspection, the inspector(s) observed resident care and services, including a tour of the home and observation of the lunch meal service. Reviewed resident health records including plans of care and resident flow sheets.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Infection Prevention and Control

Minimizing of Restraining

Residents' Council

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**

**Specifically failed to comply with the following:**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**



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1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6(7), in that the care set out in the plan of care related to positioning, was not provided to Resident #001.

Resident #001 was observed to be seated upright in a tilt wheel chair with seat belt applied. On further assessment the resident's seat belt was very tight to the resident's pelvis, to the extent that Inspector #148 was not able to fit one finger under the belt. Inspector #148 requested the RPN to assist the resident. Upon assessment the RPN agreed that the belt was too tight and made appropriate adjustments to loosen the belt, in addition tilted the resident's chair to an approximate 60 degree angle.

A review of Resident #001's health care record demonstrated that an Occupational Therapist assessed the resident and instructed staff to ensure that the belt is on snug to the resident's pelvis and to tilt her wheelchair back approximately 20-30 degrees.

The plan of care for Aids to Daily Living, includes that the resident will use a seat belt and tilt on chair for safety.

Resident #001 did not have the care provided, related to positioning, as specified in the plan. [s. 6. (7)]

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**

**Specifically failed to comply with the following:**

**s. 85. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).**

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**Findings/Faits saillants :**



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1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.85(1), in that the home has not ensured that at least once a year a survey is taken of the residents and their families to measure satisfaction.

During the inspection, Inspector #148 spoke with the Resident Council President. During this interview the Resident Council President could not recall participating in a resident survey.

An interview with the home's Recreation Coordinator, stated that she could not recall when the last satisfaction survey was completed.

The home's Director of Care confirmed that a satisfaction survey, of residents and family, has not been completed in the 2012 calendar year. The last survey was completed in early 2011 and the next survey is scheduled to be completed before the end of the fiscal year, March 2013. [s. 85. (1)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

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**Findings/Faits saillants :**



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1. The licensee failed to comply with O.Reg. 79/10, s.229(4), in that staff did not participate in the implementation of the infection control program as evidenced by used and unlabeled personal hygiene items found in the tub room.

Observations of the home's tub room, on the morning of December 5, 2012 noted a partially used and unlabeled spray bottle of Perineal Cleanser, 2 visibly used deodorant sticks labeled "Tub", 1 large black comb and brush both unlabeled and with visible hair, 2 electric razors labeled "FSL" (Four Seasons Lodge) and "FSL/TUB", and a pair of unlabeled large nail clippers.

Interview of PSW #S100 on December 5, 2012, that residents have baskets in their rooms with hygiene and personal items labeled for use during baths and care. Inspector #148 confirmed same during tour of the home. PSW #S100 did confirm that the 2 electric razors are used by staff to clean the facial hair of some of the female residents. [s. 229. (4)]

Issued on this 11th day of December, 2012

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

*Amanda Neri RD, LTCH Inspector*