



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

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

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Apr 10, 11, 12, 16, 30, 2012; 2012\_138151\_0007; Complaint

Licensee/Titulaire de permis

FOYER HEARST - MATTICE - SOINS DE SANTE
67-15th Street, P.O. Box 1538, HEARST, ON, P0L-1N0

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

FOYER DES PIONNIERS
67 15TH STREET, P.O. BOX 1538, HEARST, ON, P0L-1N0

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

MONIQUE BERGER (151)

Inspection Summary/Résumé de l'inspection

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, Registered Staff, Personal Support Workers(PSW), Resident, Resident Family members.

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

- directly observed the delivery of care and services to residents,
- conducted walk-through of the home,
- reviewed resident health care records
- reviewed policies and procedures manuals,
- reviewed the home's programs in regards to the management of restorative care, rehabilitative care, provision of resident equipment,
- toured equipment rooms

The following Inspection Protocols were used during this inspection:

Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

<b>Legend</b>	<b>Legendé</b>
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
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 subsections:

**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;**  
**(b) the goals the care is intended to achieve; and**  
**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. \*\*\*\*\*

The plan of care does not set out clear directions to staff and others who provide direct care to the resident.  
[LTCA 2007, S.O.2007,c.8, s. 6. (1) (c)]

In respect to a resident's particular need, the Inspector reviewed the resident's health care record, interviewed staff and family and reviewed physician notes. Review of the plan of care showed that the information was in part erroneous and, in addition, was not reflective of the consultant reports, information imparted by staff and family and of the home's current intervention to meet the resident's particular need.

2. In reference to toileting program: a resident's current plan of care states: "toileting program every 2 hours or before and after meals, at bed-time and PRN". It remains unclear as to which is the intervention intended: toilet every 2 hours being the plan ... or... is the plan to toilet before and after meals, at bedtime and PRN.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

Specifically failed to comply with the following subsections:

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

**Findings/Faits saillants :**

1. \*\*\*\*

Inspector audited a resident's flow sheets for confirmation that the resident received two baths per week. For the month audited, the resident had 6 documented baths where there should have been 8. All of these baths are documented as "sponge baths". The plan of care directs staff that the resident should receive "tub or shower".

The licensee has not ensured that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

[O.Reg.79/10, s. 30. (2)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning**

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

**s. 71. (6) The licensee shall ensure that a full breakfast is available to residents up to at least 8:30 a.m. and that the evening meal is not served before 5:00 p.m. O. Reg. 79/10, s. 71 (6).**

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**Findings/Faits saillants :**

1. \*\*\*\*

On April 10, 2012 at 1625 h., Inspector observed 6 of the 14 residents on "C" wing were being served supper in the dining room. In an interview with Inspector on April 10, 2012, Director of Care confirmed that this was the regular practice at the home for this unit.

The licensee has not ensured that the evening meal is not served before 5:00 p.m. [O.Reg.79/10, s. 71(6)]

**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 the evening meal is not served before 5:00p.m., to be implemented voluntarily.**

Issued on this 30th day of April, 2012

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

*Monique S. Berger (151)*