



**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**

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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**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 21, 2013	2013_138151_0027	S-000335-13	Critical Incident System

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



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): October 8,9,10, 2013

**Inspection relates to the following:
S-000335-13 and related CI: 2940-000008-13**

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, and residents

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

- toured the home on daily basis**
- observed care and service delivery to residents**
- reviewed resident health care records**
- reviewed policies, procedures, protocols and programs related to the prevention of falls**
- reviewed staff education program for the last year in regards to prevention of resident falls**

**The following Inspection Protocols were used during this inspection:
Falls Prevention**

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

**WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order**

Legendé

**WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
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.)

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 O.Reg 79/10, s. 30. General requirements



Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

Findings/Faits saillants :

1. Inspector reviewed the home's program for the management and prevention of resident falls. Inspector could find no record that the home had evaluated the program since its inception date of September 2006. In an interview, the Administrator and Director of Care confirmed the home does not formally evaluate the program for the prevention of falls as per regulation 30 (1). Administrator stated all of the home's policies and procedures undergo management review on an annual basis by the specific department manager. However, the Administrator confirmed there is no formal process or record of program evaluation that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date of those changes implemented.

The home has not met the requirements of Reg.79/10,s.30 (1) 4 in regards to the annual review of organized required programs. [s. 30. (1) 4.]



WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

1. Inspector toured the home and observed a prescription medicated shampoo in a bin located on the top shelf of the "clean" care cart. The medication was amid other personal care equipment.

In an interview, Administrator informed the Inspector that the administration of topical prescription medication was a delegated act of non-registered staff, however, confirmed that the item should have been returned for registered staff's control after use.

The medication was not stored in an area or a medication cart that is exclusively for drugs and drug related supplies and was not secure and locked. [s. 129. (1) (a)]

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



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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).

Findings/Faits saillants :

1. Inspector toured the home and observed in the clean utility room in Sector A, on a clean resident care cart, a used comb and brush amid other resident care supplies. No resident name/label was found on either items. The comb and brush had visible hair remnants. Director of Care was apprised and confirmed that this was a breach in the home's usual practice in regards to the storage of residents' personal care items. The comb and brush should have been returned to the resident-specific bathing/care bin after use.

The licensee has not ensured that all staff participate in the implementation of the infection control program. [s. 229. (4)]

Issued on this 21st day of October, 2013

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

Monique H Berger. Inspector 151.