Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	LAUREN TENHUNEN (196)
Inspection No. / No de l'inspection :	2011_104196_0014
Type of Inspection / Genre d'inspection:	Other
Date of Inspection / Date de l'inspection :	Dec 5, 12, 13, 14, 15, 16, 2011; Mar 28, 29, 2012
Licensee / Titulaire de permis :	GERALDTON DISTRICT HOSPITAL 500 HOGARTH AVENUE WEST, GERALDTON, ON, P0T-1M0
LTC Home / Foyer de SLD :	GERALDTON DISTRICT HOSPITAL 500 HOGARTH AVENUE WEST, GERALDTON, ON, P0T-1M0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	KURT PRISTANSKI

To GERALDTON DISTRICT HOSPITAL, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 901

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 112. For the purposes of section 35 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:
1. Roller bars on wheelchairs and commodes or toilets.
2. Vest or jacket restraints.
3. Any device with locks that can only be released by a separate device, such as a key or magnet.
4. Four point extremity restraints.
5. Any device used to restrain a resident to a commode or toilet.
6. Any device that cannot be immediately released by staff.
7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose. O. Reg. 79/10, s. 112.

Order / Ordre :

The licensee is required to :
(a) immediately refrain from using any device with locks that can only be released by a separate device, such as a key or magnet, for the residents listed below and all other residents that this applies to and,
(b) prepare, submit and implement a plan for achieving compliance with O.Reg.79/10,s.112., for the residents listed below and all other residents that this applies to.

This plan must be submitted in writing to Inspector Lauren Tenhunen at 189 Red River Road, Suite 403, Thunder Bay, ON P7B 1A2 or by fax at 1-807-343-7567 on or before January 6, 2012.

Grounds / Motifs :

1. The licensee failed to ensure that devices with locks that can only be released by a separate device, such as a key or magnet, are not used in the home. [O.Reg.79/10,s.112]

2. A resident was observed on December 12, 2011 at 1650hrs, sitting in a wheelchair with a "pinel" thin strap magnetic restraint around their waist. This restraint device requires the use of a separate magnet to release the restraint.

3. Another resident was observed on December 12, 2011 to have a seatbelt on their wheelchair that required a separate device to release the lock. (196)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Dec 20, 2011

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 902

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 110. (6) Every licensee shall ensure that no physical device is applied under section 31 of the Act to restrain a resident who is in bed, except
(a) to allow for a clinical intervention that requires the resident's body or a part of the resident's body to be stationary; or
(b) if the physical device is a bed rail used in accordance with section 15. O. Reg. 79/10, s. 110 (6).

Order / Ordre :

The licensee shall immediately ensure that no physical devices are applied under section 31 of the Act to restrain a resident who is in bed, except as provided for in the regulations.

The licensee shall prepare, submit and implement a plan for achieving compliance with r.110(6). The compliance plan shall include how the licensee will ensure that the home will not restrain a resident who is in bed.

This plan must be submitted in writing to Inspector Lauren Tenhunen at 189 Red River Road, Suite 403, Thunder Bay, ON P7B 1A2 or by fax at 1-807-343-7567 on or before January 6, 2012.

Grounds / Motifs :

1. The licensee failed to ensure that no physical devices are applied under section 31 of the Act to restrain a resident who is in bed. [O. Reg. 79/10, s. 110 (6).]

2. The Nurse Manager confirmed to the Inspector that a "pinel magnetic restraint" was used for a resident while they were in bed.

3. The plan of care for this resident was reviewed on December 12, 2011 and it included the intervention of the use of the "pinel" magnetic restraint for both in bed and in the wheelchair. (196)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Dec 20, 2011

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

and the

Director

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

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Order(s) of the Inspector
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Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this ~~29th day of March, 2012~~ 20th day of December, 2011

Signature of Inspector / Signature de l'inspecteur : Lauren Tenhunen

Name of Inspector / Nom de l'inspecteur : Lauren Tenhunen

Service Area Office / Bureau régional de services : Sudbury Service Area Office

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Dec 5, 12, 13, 14, 15, 16, 2011; Mar 28, 29, 2012	2011_104196_0014	Other

Licensee/Titulaire de permis

GERALDTON DISTRICT HOSPITAL
500 HOGARTH AVENUE WEST, GERALDTON, ON, P0T-1M0

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

GERALDTON DISTRICT HOSPITAL
500 HOGARTH AVENUE WEST, GERALDTON, ON, P0T-1M0

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

LAUREN TENHUNEN (196)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Nurse Manager, Registered Practical Nurses (RPN), Personal Support Workers (PSW),Occupational Therapist (OT), Physician, Recreation Aide, Residents

During the course of the inspection, the inspector(s) conducted a tour of the home, observed the provision of care and services to residents, reviewed resident's health care records, reviewed various home policies and procedures

The following Inspection Protocols were used during this inspection:

Critical Incident Response

Minimizing of Restraining

Residents' Council

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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.) 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 O.Reg 79/10, s. 112. Prohibited devices that limit movement
For the purposes of section 35 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:
1. Roller bars on wheelchairs and commodes or toilets.
2. Vest or jacket restraints.
3. Any device with locks that can only be released by a separate device, such as a key or magnet.
4. Four point extremity restraints.
5. Any device used to restrain a resident to a commode or toilet.
6. Any device that cannot be immediately released by staff.
7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose. O. Reg. 79/10, s. 112.

Findings/Faits saillants :

1. A resident was observed on December 12, 2011 at 1650hrs, sitting in a wheelchair with a "pinel" thin strap magnetic restraint around their waist. This device requires the use of a separate magnet to release the restraint.

2. Another resident was observed on December 12, 2011 to have a seatbelt on their wheelchair that required a separate device to release the lock.

The licensee failed to ensure that devices with locks that can only be released by a separate device, such as a key or magnet, are not used in the home. [O.Reg.79/10,s.112,3.]

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following subsections:

s. 110. (6) Every licensee shall ensure that no physical device is applied under section 31 of the Act to restrain a resident who is in bed, except
(a) to allow for a clinical intervention that requires the resident's body or a part of the resident's body to be stationary; or
(b) if the physical device is a bed rail used in accordance with section 15. O. Reg. 79/10, s. 110 (6).

Findings/Faits saillants :

1. Interview was conducted on December 12, 2011 with a registered staff member regarding the use of magnetic restraints. During the interview, the inspector and staff member went to a residents room and observed a residents bed. The staff member stated the "restraint was removed from the bed" and confirmed to the inspector that this resident had had a magnetic "pinel" restraint on their bed up until this time.

2. The Nurse Manager confirmed to the inspector that a "pinel magnetic restraint" was used for this resident while they were in bed.

3. The care plan for this resident was reviewed on December 12, 2011 and it included the intervention of the use of the "pinel" restraint for both in bed and in wheelchair.

The licensee failed to ensure that no physical devices are applied under section 31 of the Act to restrain a resident who is in bed,except
(a) to allow for a clinical intervention that requires the resident's body or a part of the resident's body to be stationary; or
(b) if the physical device is a bed rail used in accordance with section 15. [O.Reg.79/10,s.110(6).]

Additional Required Actions:

CO # - 902 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following subsections:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. An interview was conducted with a resident on December 13, 2011 at 1138hrs. The resident stated that they "wished the administrator or manager would give some feedback to the Council, in writing" and the "home doesn't respond to the Council in writing, but that would be nice if they did".

2. An interview was conducted with a staff member on December 12, 2011 at 1610hrs. This staff member described their role in relation to the Residents' Council and stated "administration does not respond in writing to Council" and "most things are taken care of quickly".

The licensee has failed to ensure that, if the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), within 10 days of receiving the advice, they respond to the Residents' Council in writing. [LTCHA 2007,S.O.2007,c.8,s.57.(2)].

WN #4: 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 subsections:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,
(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;
(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and
(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. Interview was conducted with a resident on December 13, 2011. This resident attends the Resident Council meetings regularly and was not aware of the Council giving input for the annual survey that is done and had never heard of any results of the survey being shared with the Council. Interview was conducted with the Nurse Manager on December 13, 2011. When the Nurse Manager was asked if the Residents' Council has any participation in the survey and if the results are provided to the Council they stated "they haven't yet" in regard to participating and "should they?" in relation to the Council obtaining results of the survey.
The licensee failed to ensure that, (a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); [LTCHA 2007,S.O.2007,c.8,s.85(4)(a)].
2. Inspector conducted an interview with the Nurse Manager on December 13, 2011. The Nurse Manager stated the home had "just finished doing the survey" and the Resident's Council had not had any participation in the developing and carrying out the satisfaction survey.
The licensee failed to ensure that they seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. [LTCHA 2007,S.O.2007, c.8,s.85.(3)].

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following subsections:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):
1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours.
3. A missing or unaccounted for controlled substance.
4. An injury in respect of which a person is taken to hospital.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :

1. A resident sustained an injury and was transferred to hospital for treatment in October 2011.

2. The Nurse Manager confirmed their knowledge of this residents' injury and transfer to hospital, and that it was not reported to the Director.

3. At the time of the inspection, the Director had not been informed of this critical incident.

The licensee failed to ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4): 4. An injury in respect of which a person is taken to hospital. [O.Reg.79/10,s.107(3)4.]

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 that ensures that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4): 4. An injury in respect of which a person is taken to hospital, to be implemented voluntarily.

Issued on this 29th day of March, 2012

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

#196