

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

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

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

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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	Licensee Copy/Copie du Titulaire	X Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection September 7, 8, 9, 10, 2010	Inspection No/ d'inspection 2010_168_2741_07Sep085604 2010_165_2741_08Sep104148	Type of Inspection/Genre d'inspection Complaint H-00981

Licensee/Titulaire Grace Villa Limited 284 Central Avenue London ON N6B 2C8 Fax 519-672-8729

Long-Term Care Home/Foyer de soins de longue durée Grace Villa Nursing Home 45 Lockton Crescent Hamilton ON L8V 4V5

Name of Inspector(s)/Nom de l'inspecteur(s) Lisa Vink, #168 Tammy Szymanowski, #165

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to nursing care and nutritional services.

During the course of the inspection, the inspectors spoke with:

The Administrator, Assistant Director of Nursing, the charge Registered Nurse, front line staff, Food Service Manager, dietary aide, and the resident's husband.

During the course of the inspection, the inspectors:

Reviewed one clinical record, reviewed work routines, observed care and interviewed staff

The following Inspection Protocols were used during this inspection: Personal Support Services

4 Findings of Non-Compliance were found during this inspection. The following action was taken:

[4] WN [2] VPC



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NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN - Written Notifications/Avis écrit

VPC - Voluntary Plan of Correction/Plan de redressement volonfaire

DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité

WAO - Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le Loi de 2007 les foyers de soins de longue durée à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007 c.8, s 6(1)c

- 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.
- (c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. An identified resident's document that staff refer to as the "kardex", available to direct staff on September 7, 2010, does not give clear direction to staff providing care, as this document directs staff to apply device to the resident to relieve pressure yet this treatment was discontinued in July, 2010. On the resident "care plan" dated August 12, 2010, an example was identified where an intervention was still current on the plan however, had been previously been discontinued in August, 2010.

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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 for LTCHA, 2007, S.O. 2007 c.8, s 6(1)c, to ensure that the written plan of care sets out clear direction for staff and others who provide direct care to residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O. Reg 79/10, s. 50(2)(b)(iv)

50(2) Every licensee of a long-term care home shall ensure that,

- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears
- (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Findings:

1. The identified resident has a wound. This area was not assessed at least weekly by a member of the registered nursing staff for the period of time between August 5, 2010 and August 18, 2010.

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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 for O. Reg 79/10, s. 50(2)(b)(iv), to



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ensure that the resident's wound is reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O. Reg 79/10, s.71(4)			
71(4) The licensed and snack.	e shall ensure that the planned r	nenu items are offered and available at each meal	
	20, 2010 eggs were not offered ar nned menu.	nd available during the breakfast meal as indicated on the	
Inspector ID #:	165		
WN #4: The Lice	nsee has failed to comply with O	. Reg 79/10, s. 72(2)(d)	
	oduction system must, at a mini all menu items according to the		
Findings: 1. On August	20, 2010, eggs were not prepared	according to the planned breakfast menu.	
Inspector ID #:	D#: 165		
Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
		October 20/10 the well (Sumanous)	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	