



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
May 6, 2013	2013_170203_0019	L-000227-13	Complaint

**Licensee/Titulaire de permis**

CORPORATION OF THE COUNTY OF GREY  
206 Toronto Street, MARKDALE, ON, N0C-1H0

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

GREY GABLES HOME FOR THE AGED  
206 TORONTO STREET SOUTH, MARKDALE, ON, N0C-1H0

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

CARMEN PRIESTER (203)

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

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 25, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Resident, 1 Family member, 2 Registered staff, and 4 Personal Support Workers.

During the course of the inspection, the inspector(s) reviewed the clinical record, observed resident care, toured the resident care areas and reviewed policies and procedures related to this inspection

The following Inspection Protocols were used during this inspection:

Falls Prevention



**Pain**

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**

Specifically failed to comply with the following:

**s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).**

**Findings/Faits saillants :**



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The home failed to ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

There is no documented evidence to support pain assessments were completed for a specified resident following a fall.

The DOC confirmed that pain assessments had not been completed during this period of time. [s. 52. (2)]

***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 that when a resident's is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.***

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**WN #2: 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. (11) When a resident is reassessed and the plan of care reviewed and revised,**

**(a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).**

**(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).**

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**Findings/Faits saillants :**

The home failed to revise the plan of care when the care set out in the plan had not been effective.

An identified resident did not have changes made to the plan of care when interventions were not effective.

This was confirmed by the Director of Care. [s. 6. (11) (b)]



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Issued on this 6th day of May, 2013

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

CARMEN PRIESTER