Ontario

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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Telephone: 905-546-8294
Facsimile: 905-546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11iém étage
Hamilton ON L8P 4Y7

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 12 & 13, 2010	2010_167_2720_12Oct141003	Complaint # H-01022

Licensee/Titulaire

Diversicare Canada Management Services Co., Inc.
2121 Argentia Road, Suite 301,
Mississauga, Ontario
L5N 2X4

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

Hardy Terrace
612 Mount Pleasant Rd.,
RR #2 Brantford, Ontario
N3T 5L5

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

Marilyn Tone – Nursing - # 167

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector spoke with: Administrator, the Director of Care, the Resident Assessment Instrument Coordinator and the Assistant Director of Care for the home.

During the course of the inspection, the inspector: reviewed the health record for the identified resident and the home's policy and procedure related to complaints

The following Inspection Protocol was used during this inspection:
Personal Support Services Inspection Protocol

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

[3] WN
[1] VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
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 2007S.O. 2007 c.8, s.22(1)
Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director.

Findings:

1) A written complaint concerning the care of the identified resident was submitted by the family of the identified resident in July 2010 to the Physician, the Administrator and the Director of Care of the home. This written complaint was never forwarded to the Director.

Inspector ID #:	# 167

WN #2: The Licensee has failed to comply with LTCHA 2007 S.O. 2007, c.8 s. 6(10)

The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary

Findings:

The identified resident was noted to have several significant changes in condition over the past six months but these changes have not been identified in the resident's plan of care.

1) A Falls Risk Assessment completed for the identified resident indicates that the resident was at extreme risk for falls. The plan of care was not updated to reflect the change in the resident's condition. Interventions were not put in place to manage this change.
2) The identified resident had been experiencing skin breakdown. The resident's plan of care was not updated to reflect the change in the resident's skin condition and indicated that the resident's skin was intact. The plan of care did not include any nursing interventions to assist in the healing of the identified skin problem or prevention of further skin breakdown.

Inspector ID #:	# 167

WN #3: The Licensee has failed to comply with O.Reg. 79/10, s.131(2)
The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

Findings:

The identified resident did not have the prescribed treatment provided in accordance with the directions for use specified by the prescriber.

1) The identified resident had a physician's order for a treatment to be provided three times per day in the first identified month. This treatment was not provided as scheduled 23 times during that month.
2) The identified resident had a physician's order a treatment to be provided three times per day in the second identified month. This treatment was not provided as scheduled 10 times that month.
3) The identified resident had a physician's order for a treatment to be provided three times per day in the

third identified month. This treatment was not provided as scheduled 15 times that month.	
Inspector ID #:	# 167
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 drugs are administered to residents in accordance with the directions for use specified by the prescriber to be implemented voluntarily.	

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.** Marilyn Lowe
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). October 14, 2010