



**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
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Performance Improvement and
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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 apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 10, 2015	2015_270531_0024	O-002431-15/O-002676 -15	Complaint

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF HASTINGS
1M Manor Lane Box #758 BANCROFT ON K0L 1C0

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

HASTINGS MANOR HOME FOR THE AGED
476 DUNDAS STREET WEST P.O. BOX 458 BELLEVILLE ON K8N 5B2

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

SUSAN DONNAN (531)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): Sept. 2, 3 and 4, 2015

During the course of the inspection, the inspector(s) spoke with a Resident, Resident`s Substitute Decision Maker, Personal Support Workers, Registered Practical Nurse, the Supply clerk, the Assistant Director of Care and the Administrator.

During the course of the inspection the inspector observed resident care and services, reviewed resident health care records, and reviewed applicable policies and procedures.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s. 51 (2) (f) whereby there are not a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes.

Resident #1's Substitute Decision Maker submitted a written concern that Resident #1 was not being changed and left in a wet brief.

On Sept. 3, 2015 PSW S100, 101, 102, 103, 104, and 105 were interviewed and indicated that they do not receive sufficient continence products and frequently borrow from the next shifts supply, some hide/hoard unused product or use whatever continence products are available for required changes. S100 and S104 indicated that they have spoken to the nurse in charge and the Administrator regarding the lack of sufficient, available and accessible continence supplies for all required changes.

RPN S106 indicated that each shift receives a supply of continence products for the shift and any extra/unused product that remain are to be placed in the emergency bin in the care cupboard. S106 indicated that there is little in the back up bin as on an almost daily basis, staff use whatever continence products are available and some hide/hoard products that remain for their next shift due to the lack of products available. S106 indicates that continence products are delivered at five each evening and on an almost daily basis residents are wet and staff use whatever is available. Often residents are wet and can not be changed as there is lack of the appropriate product for the resident.

On Sept. 3, 2015 the supply clerk confirmed that product is delivered at five each evening for the next three shifts. She indicated that although registered staff have a key to access the storage area on the lower level it is difficult for them to replenish supplies because of workload.

On Sept. 4, 2015 during an interview with the Administrator and the Assistant Director of Care they have been made aware that continence products are not accessible at all times and that there are insufficient quantities. They confirmed that the ADOC is in the process of reviewing and evaluating the residents requiring product and revising the process for staff access and availability. [s. 51. (2) (f)]



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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 to ensure that there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes., to be implemented voluntarily.

Issued on this 10th day of September, 2015

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

Original report signed by the inspector.