



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Feb 10, 11, 13, 14, 15, 16, 17, 27, 29, 2012; 2012_035124_0007; Complaint

Licensee/Titulaire de permis

GIBSON HOLDINGS (ONTARIO) LTD
343 Amherst Drive, Amherstview, ON, K7N-1X3

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

HELEN HENDERSON NURSING HOME
343 Amherst Drive, Amherstview, ON, K7N-1X3

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

LYNDA HAMILTON (124)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with residents, family members, the Administrator, Director of Care, Registered Nurses, Registered Practical Nurses and Personal Support Workers.

During the course of the inspection, the inspector(s) completed walking tour of reception one and two on Saturday, February 11, 2012, observed resident dining, reviewed resident health records, the home's Pain Management Protocols, daily and weekly staffing schedules and call-in sheets.

During the course of this inspection, the inspector conducted three complaint inspections related to log numbers O-002555-11, O-002746-11 and O-000080-12.

The inspector was in the home on February 11, 13-16, 2012.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Pain

Personal Support Services

Sufficient Staffing



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

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

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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

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

Specifically failed to comply with the following subsections:

- s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
 2. Every resident has the right to be protected from abuse.
 3. Every resident has the right not to be neglected by the licensee or staff.
 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
 5. Every resident has the right to live in a safe and clean environment.
 6. Every resident has the right to exercise the rights of a citizen.
 7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
 8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
 9. Every resident has the right to have his or her participation in decision-making respected.
 10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
 11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
 12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
 13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
 14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
 15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
 16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
 17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
 18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
 19. Every resident has the right to have his or her lifestyle and choices respected.
 20. Every resident has the right to participate in the Residents' Council.
 21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

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

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to comply with the LTCHA 2007, s.3. (1)1 in that a resident's right to be treated with dignity was not respected as demonstrated by the following findings.

A resident has diagnoses of stroke. Four personal support workers reported to the inspector that this resident becomes upset when the resident wants a brief changed or to go to bed.

A capable resident reported to the inspector that after supper one evening, this resident was observed to be upset while sitting in the wheelchair. The capable resident approached staff to assist this resident and staff proceeded to do other tasks. This resident continued to be upset.

Another capable resident reported to the inspector that after supper one evening, this resident was observed to be upset while seated in the wheelchair and that staff whizzed by and did not stop to comfort this resident. This resident continued to be upset.

A family member of another resident reported to the inspector that another evening this resident was observed to be upset. The family member approached staff to request assistance. Staff advised the family member that they would get to this resident after they cared for the next resident. The family member advised this resident that staff would be coming to care for him/her.

These findings relate to log O-000080-12.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

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

1. O.Reg. 52. (1) 4. states that the pain management program must, at a minimum, provide for the following: 4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The home's policy, Pain Management Protocols, indicated that all residents will have a pain assessment completed quarterly.

It was documented that a resident had diagnoses of arthritis and leg pain. The resident's Resident Assessment Protocol dated December 13, 2011 stated that the resident had daily pain and at times was excruciating.

There were no quarterly pain assessments found on this resident's health record.

A registered nurse was interviewed and confirmed that not all quarterly pain assessments were being completed.

The home failed to ensure the above policy was complied with.
These findings relate to log O-002555-11.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes

Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg.134.(a) in that there was no documentation of the resident's response and the effectiveness of the drugs being taken by the resident, as shown by the following findings.

A resident has a diagnosis of arthritis. The resident's Resident Assessment Protocol dated January 13, 2012, stated that the resident had daily pain. The resident was prescribed analgesic every two hours when necessary.

As documented in the resident's progress notes, from January 17, 2012 to February 4, 2012, four of the doses of analgesic the resident received for breakthrough pain had no documentation of the resident's response or documentation of the effectiveness of the analgesic.

2. Another resident has diagnoses of arthritis and leg pain. This resident's Resident Assessment Protocol dated December 13, 2011, stated that this resident had daily pain that was excruciating at times. This resident was prescribed analgesic every four hours when necessary for breakthrough pain.

As documented in this resident's progress notes, from January 1, 2012 to February 10, 2012, thirteen of the doses of analgesic this resident received for breakthrough pain had no documentation of his/her response or documentation of the effectiveness of the analgesic.

3. A third resident had diagnoses of rheumatoid arthritis and skin breakdown. The third resident was prescribed analgesic every two hours as needed for breakthrough pain.

As documented in the third resident's progress notes, from April 15, 2011 to May 22, 2011, nine of the doses of analgesic the resident received had no documentation of his/her response or documentation of the effectiveness of the analgesic.

These findings relate to log O-002555-11.



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

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

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 is monitoring and documentation of the resident's response and the effectiveness of the analgesics being administered for breakthrough pain, to be implemented voluntarily.

Issued on this 29th day of February, 2012

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

Lynda Hamilton