Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 10, 11, 15, 17, 18, 2012	2012_031194_0047	Critical Incident

Licensee/Titulaire de permis

HALIBURTON HIGHLANDS HEALTH SERVICES CORPORATION
7199 Gelert Road, Box 115, HALIBURTON, ON, K0M-1S0

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

HYLAND CREST
6 McPherson Street, P.O. Box 30, Minden, ON, K0M-2K0

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

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with Director of Care(DOC),Resident Service Coordinator(RSC), Registered Nurse(RN),Registered Practical Nurse (RPN) and Personal Support Workers (PSW)

During the course of the inspection, the inspector(s) observed the resident, reviewed the resident's clinical health records, licensee's relevant policies and Critical Incident Report.

The following Inspection Protocols were used during this inspection:

Critical Incident Response

Falls Prevention

Pain

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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

WN #1: 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 subsections:

s. 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,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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
(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).

Findings/Faits saillants :

1. There is no planned care, related to pain management for resident #001 in the written plan of care.

-Progress notes for resident #001 indicates eight separate occasions were the resident was complaining of pain.

-A physio assessment was completed where resident #001 expressed pain and discomfort.

-A RAI MDS assessment completed for resident #001 indicating moderate pain less than daily.

-A physician's order for analgesic was received for the resident #001.[s.6(1)(a)]

The plan of care for resident #001 does not set out clear direction to staff and others who provide direct care related to transferring and toileting at the time of the fall.

-The staff interviewed confirmed that resident #001 required 2 staff assist for all transfers and toileting at the time of the fall.

-The RAI MDS states resident is independent with transfers and toileting at the time of the fall.

-The plan of care for identified resident states independent with transfers and toileting at the time of the fall.[6.(1)(c)]

2. The licensee failed to ensure that the resident was reassessed and the plan of care revised related to falls, ensuring that different approaches were considered in the revision of the plan of care.

-Progress notes indicated that resident #001 had numerous falls and injury over a specific period of time.

-The staff interviewed by inspector identified several triggers and interventions that were effective for the resident in regards to falls management, that are not noted on the written plan of care

The Licensee's Policy "Fall Prevention & Management" VII-G-60.00 dated May 2012 directs that;

DOC will:
-Determine a communication process by which residents at moderate or high risk for falling are easily identified to the entire care team.

Registered staff will:
-upon completion of the detailed Fall Risk Assessment, the associated score will be documented in the care plan
- A score greater than 16 is considered at high risk
- A score of 5-16 is considered moderate risk
- A score of 0-5 is considered low risk
-Ensure that preventative interventions are included int he resident's care plan

Interview with the DOC confirms that a communication process by which residents at moderate or high risk for falling are easily identified to the entire care team is not currently in place.

Fall Assessments(X2)were conducted for resident #001, outlining level of risk for falls, that are not noted on the written plan of care.[s.6(11)(b)]

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 the written plan of care for residents;
-sets out the planned care needs related to pain
-sets out clear direction to staff and other who provide direct care to the resident related to transferring and toileting
-is being revised when the care set out in the plan has not been effective, ensuring that different approaches are considered in the revision related to falls., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following subsections:

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 :

1.The progress notes indicate that resident #001 expressed pain on two different occasions. An assessment using a clinically appropriate assessment instrument specifically designed for this purpose was not completed by registered staff. No analgesic was given.

The resident #001 was given analgesics on four separate occasions and no effect was documented. An assessment using a clinically appropriate assessment instrument specifically designed for this purpose was not completed.

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 pain 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.

Issued on this 19th day of October, 2012

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

Chantal Lafreniere (194)