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

Health System Accountability and Performance Division
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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, 16, 17, 18, 2012	2012_031194_0046	Complaint

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 Complaint 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), Personal Support Worker (PSW), Physician, Dietary Aide(DA)and Resident

During the course of the inspection, the inspector(s) reviewed the resident's clinical health records, interviewed resident and reviewed relevant policies.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Pain

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg 79/10 s.6.(7)when resident #001's care was not provided for as set out in the plan of care related to continence.

The written plan of care related to bowel management for resident #001 directs staff to record bowel movements.

Direct care staff have confirmed that resident #001 was not monitored related to bowel movements.

The daily care flow sheets resident #001 indicates that only one bowel movement was documented over a one month period.

The licensee's policy "Bowel Management Program" VII-E-10.16 dated June 2012
directs to;
--Monitor each resident's bowel function and movements using the daily monitoring record
- Report to RPN/RN any resident who is day 2 without a bowel movement or who has had a change in bowel regularity.
[s.6(7)]

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 care set out in the plan of care related to bowel continence is provided to residents as specified in the plan., to be implemented voluntarily.

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 :

1 In accordance with the requirements of O. Reg 79/10 s.30(1)1 the licensee shall ensure that the following is complied with in respect of each of the organized programs required under section 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation: There must be a written description of the program that includes its goals and objective and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes.

The licensee failed to comply with O. Reg 79.10 s.8(1)(b) when the Pain and Symptom - Assessment and Management Protocol VII-G-70.00 dated May 2012 was not complied with.

Pain and Symptom - Assessment and Management Protocol VII-G-70.00 dated May 2012 directs staff;

To conduct and document a pain assessment
-on initiation of a pain medication or PRN analgesic.
-receiving pain medication for greater than 72 hrs
-when report from resident, family, staff/volunteers that pain is present.

To initiate a 24 hr pain and symptom monitoring tool when;
- a scheduled pain medication does not relieve the pain
- when pain remains regardless of the interventions
- pain medication is changed
- an empiric trial of analgesic is started.

The clinical health records indicate that resident #001 was receiving PRN analgesics for an identified period of time and then started on a different routine analgesics. There is no evidence that a pain assessment was conducted or documented during the period of time when PRN analgesic was administered. A 24 hour pain and symptom monitoring tool was not completed when the pain medication was changed, as directed in the policy.[s.8(1)(b)]

Issued on this 19th day of October, 2012

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

Chantal Lafrenière (194)