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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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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
Aug 4, 23, Oct 13, 20, 2011	2011_063165_0012	Complaint

Licensee/Titulaire de permis

IDLEWYLD MANOR
449 SANATORIUM ROAD, HAMILTON, ON, L9C-2A7

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

IDLEWYLD MANOR
449 SANATORIUM ROAD, HAMILTON, ON, L9C-2A7

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

TAMMY SZYMANOWSKI (165)

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 the administrator, the director of care, registered staff, personal support staff, dietary aides,residents and a family member.

During the course of the inspection, the inspector(s) reviewed residents clinical records, observed meal service, reviewed recipes, and reviewed policies and procedures.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. (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,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The home did not ensure that an identified resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (c) care set out in the plan of care has not been effective.
The resident was receiving a specialized diet with the physician's order which included a referral to the registered dietitian to assess the diet related to possible allergy or sensitivity. The specialized menu provided by the home currently includes regular menu items that contain or are prepared with the restricted product as indicated in the homes recipes. The dietitian follow up indicated that the resident was already receiving a specialized diet and that the resident will at times choose foods from the regular menu however, the follow up did not include a reassessment and evaluation of the effectiveness of the current specialized diet for this resident. The resident's plan of care was not reviewed and revised when the care set out in the plan of care was not effective for the resident.

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 residents are reassessed and the plan of care reviewed and revised at least every six months and at any other time when care set out in the plan has not been effective, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

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

Findings/Faits saillants :

1. The licensee did not ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. The physician's order for an identified resident indicated that the resident receives Imodium (Loperamide) 1 tablet by mouth after loose or watery bowel movement maximum six tablets in any 24 hour period however, the resident's medication administration record (MAR) indicated the resident was only provided Imodium on seven occasions in two months of 2011 despite having sixty three documented bouts of loose bowel movements during this time.

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 drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

WN #3: 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. The licensee did not ensure that the homes bowel protocol was complied with. The home's bowel protocol for treatment of acute or chronic constipation indicated that; on day three with no bowel movement milk of magnesia 15-30mls at bedtime, continue with 4oz of fruit lax daily and 4oz of prune juice at supper, push water and encourage mobility if appropriate. Day four with no bowel movement milk of magnesia 15-30mls in the morning, continue with 4oz of BAP daily and 4oz of prune juice at supper, push water and encourage mobility if appropriate and if no bowel movement by bedtime then give bisacodyl 15mg 1 tablet at bedtime. Day 5 with no bowel movement rectal examination, if suspect impaction call physician immediately, dulcolax 10mg suppository, 1 suppository in the morning or 1 fleet enema in the morning, continue with 4oz of BAP daily and 4oz of prune juice at supper, push water and encourage mobility if appropriate.
The bowel records for an identified resident in 2011 indicated that the resident did not have a bowel movement for five consecutive days in 2011. The residents medication administration record (MAR) and as required (PRN) medication notes indicated that the bowel protocol was not followed for days four and five as indicated in the bowel protocol.
Bowel records indicated the resident did not have a bowel movement for eight consecutive days in 2011 and the homes bowel protocol was not followed on days four and five. There was no physical examination completed and the resident continued to have no bowel movements for an additional three days.
The resident did not have a bowel movement for six consecutive days in 2011 and the clinical record indicated that the home did not provide any interventions as indicated in their bowel protocol for days three, four, five and six to assist the resident.

Issued on this 23rd day of November, 2011

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