Ontario

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 sous la Loi de 2007 sur les foyers de soins de longue durée

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 19, 2013	2013_207147_0026	H-001527-12	Complaint

Licensee/Titulaire de permis

KING NURSING HOME LIMITED
49 Sterne Street, Bolton, ON, L7E-1B9

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

KING NURSING HOME
49 Sterne Street, Bolton, ON, L7E-1B9

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

LALEH NEWELL (147)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 29, 31 and November 1, 2013

H-001527-12
H-000009-13
H-000272-13
H-000495-13

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Environmental Manager, Recreational Manager, Behavioural Support Nurse, Resident Instrument Assessment (RAI) Coordinator, Registered Staff, Personal Support Workers (PSW) and Resident Council President.

During the course of the inspection, the inspector(s) Reviewed resident clinical records, toured the home, observed care being provided to residents and reviewed home's policy and procedure related to Pain, Prevention of Abuse and Neglect, Skin and Wound, Falls Prevention Incident Investigation, Volunteer Orientation and Residents' Council - Term of Reference

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping

Accommodation Services - Laundry

Dignity, Choice and Privacy

Falls Prevention

Pain

Prevention of Abuse, Neglect and Retaliation

Recreation and Social Activities

Reporting and Complaints

Residents' Council

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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:

s. 6. (3) The licensee shall ensure that the plan of care covers all aspects of care, including medical, nursing, personal support, nutritional, dietary, recreational, social, restorative, religious and spiritual care. 2007, c. 8, s. 6 (3).

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

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; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee failed to ensure that the plan of care covers all aspects of care, including medical, nursing, personal support, nutritional, dietary, recreational, social, restorative, religious and spiritual care.

Review of resident #102 clinical records and RAP Summary indicated the resident was admitted to the home in November 2012 with a diagnoses of Urinary Tract Infection (UTI). The resident was subsequently treated with antibiotics for this diagnoses, however the plan of care does not cover all aspect of care related to prevention and management of this diagnoses for the resident. [s. 6. (3)]

2. The licensee failed to shall ensure that the resident, the resident's substitute decision-maker (SDM), if any, and any other persons designated by the resident or substitute decision-maker (SDM) are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

Review of resident #102 clinical records and interview with the registered staff confirmed that a care conference was scheduled for the resident however, the resident's SDM was unable to attend the care conference, but requested a follow up call from the staff related to the outcome of the meeting. Subsequently the SDM did not receive a follow up call from the home and was not given an opportunity to participate fully in the development and implementation of the resident's plan of care. [s. 6. (5)]

3. The licensee failed to 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, the resident's care needs change or care set out in the plan is no longer necessary.

Resident #101 care needs related to skin integrity had changed related to impaired mobility. Resident was admitted to the home with a stage II ulcer.

Review of the resident's progress notes, weekly skin and wound assessments and Resident Assessment Protocol (RAP) Summary indicated the resident's ulcer worsened. Interview with the DOC confirmed that the resident was reassessed by an Enterostomal (ET) Nurse twice in 2013 and interventions were put in place to manage the resident's ulcer, however the plan of care for the resident was not updated and revised to reflect these changes. [s. 6. (10) (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 plan of care covers all aspects of care, including medical, nursing, personal support, nutritional, dietary, recreational, social, restorative, religious and spiritual care, that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care and 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, the resident's care needs change or care set out in the plan is no longer necessary., to be implemented voluntarily.

Issued on this 19th day of December, 2013

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

Laleh Nerve