

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

Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 17, 2020	2020_538144_0019	011822-20	Complaint

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**Licensee/Titulaire de permis**

DTOC Long Term Care LP, by its general partner, DTOC Long Term Care MGP (a general partnership) by its partners, DTOC Long Term Care GP Inc. and Arch Venture Holdings

161 Bay Street, Suite 2100 TD Canada Trust Tower TORONTO ON M5J 2S1

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

Franklin Gardens Long Term Care Home  
24 Franklin Road LEAMINGTON ON N8H 4B7

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

CAROLEE MILLINER (144), ALI NASSER (523)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): July 15, 2020**

**Log #011822-20 was inspected during this inspection related to housekeeping services, privacy and dignity, continence and bowel management, bathing, physiotherapy services, medications and quarterly assessments.**

**Critical incident report 2602-00003-20 related to resident to resident abuse was reviewed during this inspection.**

**During the course of the inspection, the inspector(s) spoke with one resident, the Administrator, Director of Care, Assistance Director of Care, Environmental Services Manager, one Registered Nurse, one Personal Support Worker, one Health Care Aide, one Housekeeping Aide and one Physiotherapy Assistant.**

**During the course of the inspection, the inspectors reviewed relevant home policies and procedures, five resident clinical records and observed all resident home areas, corridors and common areas.**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Housekeeping  
Medication  
Pain  
Personal Support Services**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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>Légende</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. 6. Plan of care**

**Specifically failed to comply with the following:**

- 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 home has failed to ensure that one resident was reassessed and the plan of care reviewed and revised at least every six months.

Section 6(10) of O. Reg 79/10 states “that the licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months.”

The home’s Comfort and End of Life Policy last revised in 2018, included the directive for the interdisciplinary team to conduct a pain assessment utilizing a clinically appropriate instrument for Pain Assessment (hard copy or electronic): quarterly (according to RAI-MDS 2.0 schedule).

One resident was admitted to the long-term care (LTC) home with a medication regime that included narcotic analgesic medication.

A pain assessment completed post admission included a description of the residents' pain.

The frequency of the residents' narcotic analgesic medication order was changed by the physician.

The current written plan of care for the resident included goals and interventions for management of their pain including administration of medications as ordered by the physician and quarterly pain assessments.

On review of the residents' clinical record, a quarterly pain assessment could not be located.

The Director of Care (DOC) advised the inspector that a pain assessment was completed for the resident post admission to the home and that a quarterly pain assessment had not been completed. [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 licensee of a long-term care home ensures that residents are reassessed at least every six months, to be implemented voluntarily.***

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**Issued on this 17th day of July, 2020**

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

**Original report signed by the inspector.**