



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Melissa Chisholm	Inspector ID # 188
Log #:	S-00871, S-00873	
Inspection Report #:	2011_188_9553_25Feb151425	
Type of Inspection:	Critical Incident	
Date of Inspection:	February 28 th , March 1 st , 2 nd , 2011	
Licensee:	Manitoulin Centennial Manor Home for the Aged Board of Management, 70 Robinson Street, Postal Bag 460, Little Current, ON, P0P 1K0, Fax: 705-368-2694	
LTC Home:	Manitoulin Centennial Manor Home for the Aged, 70 Robinson Street, Postal Bag 460, Little Current, ON, P0P 1K0, Fax: 705-368-2694	
Name of Administrator:	Carol McIlveen	

To Manitoulin Centennial Manor Home for the Aged Board of Management, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg. 79/10, 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.			
Order: The licensee shall ensure that all residents of the home, are assessed using a clinically appropriate instrument when their pain is not initially relieved by initial interventions.			
Grounds:			
<ol style="list-style-type: none"> Inspector reviewed the health care record for a resident. The inspector noted ongoing documentation in the resident's progress notes related to pain. Pain is also identified in the resident's plan of care. The inspector noted that a pain assessment was not completed for this resident using a clinically appropriate assessment instrument. Inspector spoke with the homes Long Term Care Consultant (Extendicare) who confirmed that the home does have an assessment instrument for pain but this instrument was not used in relation to this resident's pain. The licensee failed to ensure that, when the resident's pain was not relieved by initial interventions, they was assessed using a clinically appropriate assessment instrument specifically designed for this purpose. 			



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

This order must be complied with by:	Immediately
---	-------------

Order #:	002	Order Type:	Compliance Order, Section 153 (1)(a)
-----------------	-----	--------------------	--------------------------------------

Pursuant to: O. Reg. 79/10, 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 all applicable requirements under the Act; and b) is complied with.

Order:
The licensee shall ensure that its policies regarding the use of lifts (i.e. "Safe Lifting with Care Program") and pain assessment (i.e. "Pain") are complied with for all residents of the home.

Grounds:

1. Inspector reviewed the home's policy titled "Safe Lifting with Care Program" including the section regarding Mechanical Lifts, Procedure. Under the Transfer section # 14 it identifies the following: "Position Sling. Use two people to:
 - Insert/apply sling (hammock, Quick-Fit and Combi slings) so that the base of sling is level with the resident's coccyx (tailbone);
 - Resident must be centered within the sling;
 - Resident arms must be positioned inside the sling."
2. A PSW identified during an interview with the inspector on February 28th, 2011 that they did not follow this policy. The licensee failed to ensure their policy titled "Safe Lifting with Care Program" was complied with.
3. Inspector reviewed the home's policy titled "PAIN". This policy indicates the following under Procedure #6. "Staff will complete a Pain Assessment Tool when a resident reports new pain that is not episodic in nature, such as a headache, or an exacerbation of existing pain that is not easily addressed with medication adjustment. "
4. The inspector reviewed the health care record for a resident noting they were experiencing a new acute pain. The progress notes for this resident indicate pain experienced by the resident on multiple occasions. Inspector noted that the home's pain assessment tool (i.e. A Pain Assessment Tool) was not completed for this resident in relation to this new pain. The licensee has failed to comply with their policy titled "PAIN" for this resident's pain.

This order must be complied with by:	Immediately
---	-------------

Order #:	003	Order Type:	Compliance Order, Section 153 (1)(a)
-----------------	-----	--------------------	--------------------------------------

Pursuant to: O. Reg. 79/10, s.36 Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Order:

The licensee shall ensure safe transferring and positioning devices or techniques are used when assisting all residents of the home.

Grounds:

- 1. A PSW identified during an interview with the inspector on February 28, 2011 that while transferring a resident they did not follow the policy and use safe transferring technique while assisting the resident to transfer. The resident suffered an injury. The licensee failed to ensure this resident was transferred using safe transferring techniques.

This order must be complied with by: Immediately

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 7 day of March , 2011.	
Signature of Inspector:	
Name of Inspector:	Melissa Chisholm
Service Area Office:	Sudbury



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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Sudbury Service Area Office
159 Cedar Street, Suite 603
Sudbury ON P3E 6A5

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
Sudbury ON P3E 6A5

**Ministère de la Santé et des Soins de
longue durée**

Telephone: 705-564-3130
Facsimile: 705-564-3133

Téléphone: 705-564-3130
Télécopieur: 705-564-3133

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Dates of inspection/Date de l'inspection February 28 th , March 1 st , 2 nd , 2011	Inspection No/ d'inspection 2011_188_9553_25Feb151425	Type of Inspection/Genre d'inspection Critical Incident M553-000017-10 M553-000001-10 M553-000002-10 S-00871 & S-00873
Licensee/Titulaire Manitoulin Centennial Manor Home for the Aged Board of Management, 70 Robinson Street, Postal Bag 460, Little Current, ON, P0P 1K0, Fax: 705-368-2694		
Long-Term Care Home/Foyer de soins de longue durée Manitoulin Centennial Manor Home for the Aged, 70 Robinson Street, Postal Bag 460, Little Current, ON, P0P 1K0, Fax: 705-368-2694		
Name of Inspector(s)/Nom de l'inspecteur(s) Melissa Chisholm #188		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with: the Long-Term Care Consultant (Extendicare), the Manager of Food Services, registered nursing staff and personal support workers (PSW).

During the course of the inspection, the inspector: conducted a walk-through of all resident home areas and various common areas, observed the resident named in the critical incident, observed staff practices and interactions with the resident, reviewed the health care record of the resident named in the critical incident and reviewed various policies and procedures.

The following Inspection Protocols were used during this inspection:
Critical Incident Response
Personal Support Services
Pain
Reporting and Complaints

Findings of Non-Compliance were found during this inspection. The following action was taken:

9 WN
6 VPC
3 CO: CO # 001, 002, 003

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 22(1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director.

Findings:

- Inspector reviewed the written complaints received by the ministry from the licensee with regards to the care of a resident. The inspector noted five written complaints were not forwarded to the Director immediately. The licensee failed to immediately forward to the Director five written complaints received concerning the care of a resident.

Inspector ID #: 188

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 Director is immediately forwarded written complaints relating to the care of any residents in the home, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6(1)c Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, c) clear directions to staff and others who provide direct care to the resident.

Findings:

- Inspector reviewed the plan of care for a resident on February 28, 2011. The inspector noted that the care plan of this resident indicates this resident as requiring a certain diet texture. The diet list indicates this resident requires a different diet texture. Contradictory information is provided to staff on the diet texture required for this resident. The licensee failed to ensure the written plan of care for this resident sets out clear direction to staff with respect to their required diet texture.

Inspector ID #: 188

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 the plan of care for

residents of the home provides clear direction to staff, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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.

Findings:

1. The inspector reviewed the plan of care for a resident. It identified this resident requires an assistive device for meals. The inspector noted this resident did not receive this assistive device for the following four meal services: lunch February 28, 2011, breakfast and lunch March 1, 2011 and lunch March 2, 2011. The licensee failed to provide this resident with an assistive device as specified in their plan of care.
2. The inspector reviewed the plan of care for a resident. It identified not to use an assistive device for a resident on the diet list. Inspector observed during lunch on February 28, 2011 the resident had this assistive device. The licensee failed to ensure the resident did not use this assistive device as specified in the plan of care.
3. The inspector reviewed the plan of care for a resident. It identified that the resident requires staff assistance with oral care after meals. The inspector observed after a meal service that the resident did not receive staff assistance with oral care as indicated in their plan of care. The licensee failed to provide mouth care as specified in plan of care for the resident.

Inspector ID #: 188

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 the care set out in the plan of care is provided to all residents residing in the home, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s.26(3)21 A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: #21. Sleep patterns and preferences.

Findings:

1. The inspector reviewed the plan of care for a resident. The plan of care does not include any documentation of the resident's sleep patterns. The inspector spoke with a PSW who identified the resident is regularly transferred back to bed after lunch for a nap. This sleep preference is not documented in the plan of care. The licensee failed to ensure the plan of care for this resident includes interdisciplinary assessment of their sleep patterns and preferences.

Inspector ID #: 188

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 the plan of care for all resident's identifies their sleep patterns and preferences, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg. 79/10, s. 34(1)b Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes, b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth.

Findings:

1. The inspector reviewed the plan of care for a resident. It identified that the resident requires staff assistance with oral care after meals. The inspector observed after a meal service that the resident did not receive staff assistance with oral care as indicated in their plan of care. The licensee failed to provide mouth care to the resident who cannot brush their own teeth.

Inspector ID #:	188
------------------------	-----

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 all residents in the home who require assistance, have assistance to brush their teeth, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O. Reg. 79/10, 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.

Findings:

1. Inspector reviewed the health care record for a resident. The inspector noted ongoing documentation in the resident's progress notes related to pain. Pain is also identified in the resident's plan of care. The inspector noted that a pain assessment was not completed for this resident using a clinically appropriate assessment instrument.
2. Inspector spoke with the homes Long Term Care Consultant (Extendicare) who confirmed that the home does have an assessment instrument for pain but this instrument was not used in relation to this resident's pain. The licensee failed to ensure that, when the resident's pain was not relieved by initial interventions, they was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Inspector ID #:	188
------------------------	-----

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #7: The Licensee has failed to comply with O. Reg. 79/10, s.73(1)9 Every licensee of a long-term care home shall ensure that the home has a dinning and snack service that includes, at a minimum, the following elements: #9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

Findings:

1. The inspector reviewed the plan of care for a resident. It identified the resident required an assistive device. Inspector observed the resident without this assistive device during the following four meal services: lunch February 28, 2011, breakfast and lunch March 1, 2011 and lunch March 2, 2011. The licensee failed to provide the resident with an eating aid as required for them to drink as comfortably

and independently as possible.

Inspector ID #: 188

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 all residents receive the required assistive aids to eat and drink independently, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O. Reg. 79/10, 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 all applicable requirements under the Act; and b) is complied with.

Findings:

1. Inspector reviewed the home's policy titled "Safe Lifting with Care Program" including the section regarding Mechanical Lifts, Procedure. Under the Transfer section # 14 it identifies the following: "Position Sling. Use two people to:
 - Insert/apply sling (hammock, Quick-Fit and Combi slings) so that the base of sling is level with the resident's coccyx (tailbone);
 - Resident must be centered within the sling;
 - Resident arms must be positioned inside the sling."
2. A PSW identified during an interview with the inspector on February 28th, 2011 that they did not follow this policy. The licensee failed to ensure their policy titled "Safe Lifting with Care Program" was complied with.
3. Inspector reviewed the home's policy titled "PAIN". This policy indicates the following under Procedure #6. "Staff will complete a Pain Assessment Tool when a resident reports new pain that is not episodic in nature, such as a headache, or an exacerbation of existing pain that is not easily addressed with medication adjustment. "
4. The inspector reviewed the health care record for a resident noting they were experiencing a new acute pain. The progress notes for this resident indicate pain experienced by the resident on multiple occasions. Inspector noted that the home's pain assessment tool (i.e. A Pain Assessment Tool) was not completed for this resident in relation to this new pain. The licensee has failed to comply with their policy titled "PAIN" for this resident's pain.

Inspector ID #: 188

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #9: The Licensee has failed to comply with O. Reg. 79/10, s.36 Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.



Findings:

1. A PSW identified during an interview with the inspector on February 28, 2011 that while transferring a resident they did not follow the policy and use safe transferring technique while assisting the resident to transfer. The resident suffered an injury. The licensee failed to ensure this resident was transferred using safe transferring techniques.

Inspector ID #: 188

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.

Title:

Date:

Date of Report: (if different from date(s) of inspection).

March 7, 2011