



**Ministry of Health and
Long-Term Care**

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

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

**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**

Sudbury Service Area Office
159 Cedar Street, Suite 403
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar, Bureau 403
SUDBURY, ON, P3E-6A5
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**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 10, 2014	2013_140158_0036	S-000268-13	Complaint

Licensee/Titulaire de permis

584482 ONTARIO INC
689 YONGE STREET, MIDLAND, ON, L4R-2E1

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

MANITOULIN LODGE
3 MAIN STREET, P. O. BOX 648, GORE BAY, ON, P0P-1H0

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

KELLY-JEAN SCHIENBEIN (158)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
Long-Term Care**

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

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

This inspection was conducted on the following date(s): October 22, 2013

Log #: S-000268-13 was reviewed during this Inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered Staff, Personal Support Workers (PSW), residents and families.

During the course of the inspection, the inspector(s) conducted a walk through of resident care areas, observed staff to resident interactions, reviewed residents' health care records, and reviewed policies and procedures.

**The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy**

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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :



1. It was identified in the PSW assignment book that resident # 01 is to receive a whirl pool bath twice a week. On October 22, 2013, the Inspector reviewed resident # 01 health care record. It was identified in the progress notes that on two occasions since resident # 01 admission in 2013, resident # 01 became anxious and needed reminding that they had received a bath. This anxiety (related to resident # 01 forgetting they received the bath) was documented in the quarterly assessment RAP, along with, specific interventions to manage resident # 01 anxiety. There were some interventions documented in resident # 01 plan of care, however, the specific interventions (identified in the quarterly assessment) to manage the anxiety were not included in resident # 01 plan of care.

The licensee failed to ensure that clear direction related to the management of resident # 01 anxiety (related to resident # 01 forgetting they received a bath) was set out in the plan of care. [s. 6. (1) (c)]

2. Resident # 01 was admitted to the home in 2013. On October 22, 2013, the Inspector reviewed resident # 01 health care record. A consultant, who visits monthly, identified in October 2013 that resident # 01 continues to have insomnia and that her anxiety has increased. The Inspector noted that the admission assessment identified insomnia, however, anxiety was not identified.

The Inspector also noted that resident # 01 plan of care failed to identify the resident's bedtime routines or include measures to manage the resident's insomnia.

The licensee failed to ensure that clear direction related to the management of resident #01 insomnia was set out in the plan of care. [s. 6. (1) (c)]

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 ensuring that clear direction to manage resident # 01 anxiety and insomnia is set out in the plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system



Specifically failed to comply with the following:

- s. 114. (3) The written policies and protocols must be,**
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 114 (3).
(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).
-

Findings/Faits saillants :

1. On October 22, 2013 at 13:35h, the Inspector observed that a family member informed staff # S-102, that they were taking resident # 01 out of the home on an outing and asked whether resident # 01 had taken their medication or if any medication was to be taken on resident # 01 outing. Staff # S-102 stated " I think the resident only has 1 medication" and proceeded to take the package from the medication cart and give the medication package to the family member, without checking the order or signing that the medication was given to the family. The home policy and protocol is reflective of the College of Nurses standards related to the administration of medication by Registered staff to residents. The licensee did not ensure that this medication administration policy/protocol was implemented by staff # S-102. [s. 114. (3) (a)]
2. The physician ordered a medication to be given at specific times to resident # 01. On October 22, 2013, the Inspector observed that the administration of medication to the residents was interrupted at 09:45h when Staff # S-102 replaced staff # S-103. Staff # S-104 identified that staff # S-103 called at 10:25h, identifying that resident # 01 medication for 10:00am was not given. Staff # S-102 was then informed. The Inspector observed at 11:15h that resident # 01 had not received their 10:00am dose of the medication. The home does have a policy and protocol, which reflects the College of Nurses standards related to the administration of medication by Registered staff to residents. The licensee did not ensure that its medication administration policy/protocol was implemented by staff S-102. [s. 114. (3) (a)]



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 ensuring that the Registered staff follow the home's administration policy/protocol when administering any medication to residents, especially resident # 01, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The home's PSW assignment book identified that resident # 01 is to receive a whirl pool bath twice a week.

A review of resident # 01 point of care documentation showed that resident # 01 did not receive a bath at a minimum of 2 days a week in May 2013, July 2013, August 2013, September 2013 and in October 2013. The records also identified that resident # 01 received only one bath in June 2013.

The home failed to ensure that resident # 01 received her choice of bath at a minimum of twice a week. [s. 33. (1)]



**Ministry of Health and
Long-Term Care**

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 10th day of January, 2014

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

A handwritten signature in cursive script, appearing to read "Schenker", is written in the signature box.