

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 Direction de l'amélioration de la performance et de la conformité London Service Area Office 130 Dufferin Avenue 4th floor LONDON ON N6A 5R2 Telephone: (519) 873-1200 Facsimile: (519) 873-1300 Bureau régional de services de London 130 avenue Dufferin 4ème étage LONDON ON N6A 5R2 Téléphone: (519) 873-1200 Télécopieur: (519) 873-1300

# Public Copy/Copie du public

Report Date(s) /	Inspection No /	Log # /	Type of Inspection /
Date(s) du apport	No de l'inspection	Registre no	Genre d'inspection
Jan 28, 2016	2016_276537_0003	030239-15	Complaint

### Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF LAMBTON 789 Broadway Street WYOMING ON NON 1T0

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

MARSHALL GOWLAND MANOR 749 DEVINE STREET SARNIA ON N7T 1X3

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

NANCY SINCLAIR (537)

# 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): January 12, 2016

This complaint inspection was related to the restraining of residents and the allegation of resident abuse.

During the course of the inspection, the inspector(s) spoke with a Resident, a Family Member, the Administrator, Director of Care and a Registered Nurse.

The inspector(s) also made observations of staff to resident interactions, care provided to residents, and reviewed the clinical record and plan of care for an identified resident.

The following Inspection Protocols were used during this inspection: Minimizing of Restraining Prevention of Abuse, Neglect and Retaliation Responsive Behaviours

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)



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

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).



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## Findings/Faits saillants :

1. The licensee has failed to ensure that staff and others involved in the different aspects of care collaborated with each other in the assessment of the resident so that their assessments were integrated, consistent with and complemented each other.

The clinical record for an identified resident indicated a physician order for a specific method of restraining.

A Restraint Assessment and the care plan for this resident included methods of restraining that were not consistent with the physician order.

Review of the clinical record for this resident and verification from the Administrator #100 confirmed that there were methods of restraining in the care plan and the Restraint Assessment that were not used.

Observation of the resident revealed the use of restraining methods as per the physician order.

The Administrator #100 confirmed that staff and others involved in the different aspects of care did not collaborate with each other in the assessment of the resident so that their assessments were integrated, consistent with and complemented each other. [s. 6. (4) (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 to ensure that staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other, to be implemented voluntarily.



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Issued on this 28th day of January, 2016

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

Original report signed by the inspector.