



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 2, 2017	2017_536537_0020	004119-17	Complaint

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**Licensee/Titulaire de permis**

CORPORATION OF THE COUNTY OF LAMBTON  
789 Broadway Street WYOMING ON N0N 1T0

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

MARSHALL GOWLAND MANOR  
749 DEVINE STREET SARNIA ON N7T 1X3

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

NANCY SINCLAIR (537)

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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): May 8, 9, 11, 12, 15, 16 and 17, 2017**

**This complaint inspection is related to plan of care for recreation and leisure, and was completed concurrently during the home's RQI.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Recreation and Leisure Supervisor, one Recreation and Leisure Aide, one Personal Support Worker, residents and a family member.**

**The inspector(s) also observed residents and care provided to them, reviewed the health care record and plan of care for an identified resident, and reviewed policies and procedures of the home.**

**The following Inspection Protocols were used during this inspection:  
Recreation and Social Activities**

**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>Legendé</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. (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).**



**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 and complemented each other.

The home's policy titled "Resident Goals – 6-5-4", last revised April 2014 included that "The County of Lambton Long-Term Care Homes will ensure each resident/representative is provided with the opportunity to develop goals that reflect their needs and interests. The County of Lambton Long-Term Care Homes will ensure resident goals are developed, documented and revised as appropriate and that interventions put in place, are evaluated. Interventions will be put in place in order to meet goals. Evaluation of interventions and goals will take place quarterly and/or as necessary."

The Recreation and Leisure Supervisor stated during an interview that on admission, each resident would have a "Recreation and Leisure Programming Assessment" completed, involving the resident and/or representative, to develop goals and a recreation program specific to the resident requests. Then, the goals and program would be re-evaluated, updated and changed at least quarterly or as required, based on a review of the program participation report, staff assessment, resident or representative input and the ability of the resident to participate.

Interview with a Personal Support Worker (PSW) stated that an identified resident had significantly declined in their physical and mental ability and was no longer able to participate in programs as they had previously.

The quarterly Minimum Data Set (MDS) assessments for the resident were reviewed from admission to the most recent assessment. Section N – Activity and Pursuit Patterns indicated no change in the activity patterns of this resident. The Recreation and Leisure Supervisor stated that this coding was not reflective of the resident changes.

Further to this, the initial "Recreation and Leisure Programming Assessment" indicated available programs that the resident did not have interest in attending. Review of the written plan of care for the resident included a focus that was not supported by the Activity Pattern Quarterly Assessment as a requested activity.

The written plan of care also included an intervention to encourage participation in a



specified activity and was not resolved until the residents Substitute Decision Maker (SDM) questioned the intervention, as the resident was no longer able to physically participate in the program.

The Recreation and Leisure Supervisor stated that it was expected that staff and others involved in the different aspects of care, for the resident, collaborated with each other in the assessment of the resident so that their assessments were integrated, consistent and complemented each other.

The severity of this non-compliance is minimal harm/risk or potential for actual harm/risk and the scope is isolated. There was a compliance history of this legislation being issued in the home on January 12 and August 25, 2016 during complaint inspections and August 22, 2016 during the Resident Quality Inspection as a Voluntary Plan of Compliance. [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 collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent and complement each other, to be implemented voluntarily.***

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Issued on this 5th day of June, 2017

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

**Original report signed by the inspector.**