



**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 prévue
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

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Nov 19, 2018 | 2018_624196_0028 | 016777-18, 016816-18 | Follow up |

Licensee/Titulaire de permis

Board of Management of the District of Kenora
1220 Valley Drive KENORA ON P9N 2W7

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

Northwood Lodge
51 Highway 105 P.O. Box 420 RED LAKE ON P0V 2M0

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

LAUREN TENHUNEN (196)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): November 5 - 8, 2018.

The following intakes inspected upon during this Follow Up inspection included:

- One related to compliance order (CO) #001 that was issued during inspection #2018_395613_0014, s. 15 (2)(c) of the LTCHA 2007, specific to ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair; and
- One related to CO #002 that was issued during inspection #2018_395613_0014, s. 112 (7) of O. Reg. 79/10, specific to ensuring that prohibited devices that limit a resident's movement are not used in the home: sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose.

Complaint inspection #2018_624196_0027 and Critical Incident System (CIS) inspection #2018_624196_0029 were conducted concurrently with this Follow Up inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Practical Nurses (RPNs), Resident Assessment Instrument (RAI) Coordinator, Maintenance Team Lead, Maintenance Staff Member, Personal Support Workers (PSWs) and Residents.

The Inspector also conducted daily tours of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed maintenance documents and the submitted plans for compliance.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Minimizing of Restraining

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

- 2 WN(s)
- 2 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / DE L'INSPECTION | NO | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|--|------------------------------------|-----------------------------------|----|---------------------------------------|
| O.Reg 79/10 s. 112. | CO #002 | 2018_395613_0014 | | 196 |
| LTCHA, 2007 S.O. 2007, c.8 s. 15. (2) | CO #001 | 2018_395613_0014 | | 196 |

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. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

- s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**
- 5. Every resident has the right to live in a safe and clean environment. 2007, c. 8, s. 3 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the following rights of residents were fully respected and promoted: 5. Every resident has the right to live in a safe and clean environment.

Inspector #196 observed the wheelchair ramp, at the home's entrance, to be cracked, gouged, with pieces of concrete missing.

During an interview, Maintenance Team Lead #101 reported to the Inspector that the cracks on the wheelchair ramp had been repaired and the snow plow had since damaged it again.

During an interview, the Administrator reported to the Inspector that the wheelchair ramp had been repaired by Maintenance Team Lead #101 and had become cracked again, since the last snow plow on a specific date in 2018. They added that the plan was to complete concrete repair for the wheelchair ramp next year.

During a further interview, the Administrator reported that they had spoken to the Chief Executive Officer and that work on the entry wheelchair ramp would be done in the following week, by the Maintenance Team Lead #101 and a more permanent fix would be done next year. [s. 3. (1) 5.]

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 that ensures the following rights of residents are fully respected and promoted: 5. Every resident has the right to live in a safe and clean environment, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (1) A licence is subject to the conditions, if any, that are provided for in the regulations. 2007, c. 8, s. 101. (1).



Findings/Faits saillants :

1. The licensee has failed to ensure that they complied with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

The licensee was to be compliant with Compliance Order (CO) #001 from Inspection #2018_395613_0014 that was issued to the home on July 10, 2018. A written plan for achieving compliance was to be submitted to the Inspector by September 7, 2018, and the compliance due date was November 5, 2018.

The licensee was ordered to ensure that they were compliant with section 15 (2) (c) of the LTCHA 2007.

Specifically the licensee was ordered to:

“...prepare, submit and implement a plan to ensure the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The plan must include but is not limited, to the following;

- a) A detailed description how the licensee will ensure that cosmetic fixes in resident rooms and common areas, including but not limited to, furnishings, call bells, drywall repairs, painting, baseboard and trim repairs and repair or replacement of missing flooring are addressed, repaired and maintained.
- b) Detailing how the licensee will review the organized program of maintenance services to ensure the procedures are in place for routine, preventative and remedial maintenance of the home, furnishings and equipment. This plan is to state how the licensee plans to ensure that the organized program of maintenance services is reviewed, how often and who will participate in the review. The review shall be documented and shall include any changes made to the organized program.
- c) A detailed description how the licensee will develop and implement an audit tool to ensure tracking of all maintenance requests and tasks are documented, completed and followed up.”

The compliance plan was submitted as requested, and read as follows:

“Each month the administrator will be conducting an audit on all rooms and furnishings to



determine if there are any areas that need to be repaired. Each listed item that requires attention on the audit will be marked into the maintenance book for repair. The maintenance book will be checked at the end of each week by the Administrator and Maintenance Team Lead to ensure that the work has been completed, and any other areas that need to be addressed. The Home has hired a contractor for painting and drywall purposes to guarantee that each residents room are kept in good condition as well as painting rooms when they become vacant prior to the next admission as required. A copy of the monthly audit will be included in this report.” In addition, a written policy titled “Maintenance Program – DRAFT #9 – August 2018” was included in the submission.

While the licensee complied with preparing and submitting a written plan, to ensure the home, furnishings and equipment were maintained in a safe condition and in a good state of repair, they had not fully implemented their plan by the date of compliance, November 5, 2018.

Inspector #196 and Maintenance Team Lead #101 conducted a walk through of resident rooms and areas that had been identified in the findings of Compliance Order #001 from inspection #2018_395613_0014. Together the inspector and Team Lead #101 identified disrepair yet to be addressed in four specific resident rooms. As well, disrepair also remained in the home’s main dining room, and a corridor.

Inspector #196 and the Administrator conducted the same walk through. During the walk through, the Administrator confirmed disrepair remained in the four specific resident rooms and the home’s main dining room, and a corridor.

While the compliance plan submitted as a result of the compliance order indicated that the Administrator would be conducting monthly audits, during an interview with the Inspector, the Administrator was unable to locate the maintenance audits for the month of September 2018, and reported that the audits for October 2018 had not been completed. [s. 101. (1)]



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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 that ensures, as a condition of every licence, every order made is complied with, to be implemented voluntarily.

Issued on this 19th day of December, 2018

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

Original report signed by the inspector.