Ontario

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
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 3, 2013	2013_138151_0016	S-0015-13,1352-12,0017-13	Complaint

Licensee/Titulaire de permis

THE CITY OF GREATER SUDBURY
200 Brady Street, PO Box 5000 Stn A, SUDBURY, ON, P3A-5P3

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

PIONEER MANOR
960 NOTRE DAME AVENUE, SUDBURY, ON, P3A-2T4

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

MONIQUE BERGER (151)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): April 15,16,17,18,19, 2013

This inspection involves the following complaints:
S-000015-13 and related IL-26155-SU
S-001352-12 and related IL-25744-SU
S-000017-13 and related IL-26197-SU
S-000064-13 and related complaint
S-000057-13 and related IL-26777-SU

During the course of the inspection, the inspector(s) spoke with Administrator, Manager of Resident Care, Nurse Unit Managers, Registered Staff, Personal Support Workers (PSW), Manager of Environmental Services, Supervisor of Environmental Services, Physiotherapist Aides, Residents, families, visitors.

During the course of the inspection, the inspector(s)
- observed care and service delivery
- toured the resident units daily
- reviewed resident health care records
- reviewed staffing plan and schedules
- reviewed policies, procedures, protocols and program in relation to continence care, advanced foot care, management of responsive behaviours, skin and wound care,
- reviewed policies, procedures, protocols and quality assurance program in regards to the provision of food quality,
- reviewed policies, procedures, protocols and quality assurance program in regards to housekeeping of resident rooms
- reviewed policies, procedures, protocols and quality assurance program in regards to resident personal laundry and lost resident laundry and items,
- reviewed medication administration system
- reviewed the home's resident to staff communication and response system

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping

Accommodation Services - Laundry

Continence Care and Bowel Management
Dignity, Choice and Privacy
Food Quality
Personal Support Services
Reporting and Complaints
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing

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. (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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. Inspector reviewed resident #002's heath care records and plan of care. Inspector noted the following: resident was identified as being at risk for choking, was to have a pureed diet, was to have only nectar thickened fluids and was to have supervision for all meals and nutritional passes. Inspector made multiple observations of the resident over the five days of the inspection. On four consecutive days, Inspector found the resident to be alone in their room in process of consuming thickened fluids left on the bedside table. On 3 of the 4 days, resident had consumed most of these fluids. No staff was in attendance to supervise the consumption of the fluids. The care set out in the plan of care was not provided to the resident as specified in the plan. [s. 6. (7)]

2. Inspector reviewed the health care records and plan of care for resident #004 and noted the resident required foot care services every 4 weeks for a specific foot and nail care issue. Inspector noted the family had consented to the service and agreed to pay the for the contracted service. Inspector reviewed the documentation for the provision of this service and found that the resident had not been receiving foot and nail care service on any regular basis and the resident had gone for protracted periods of several months without benefit of the service.

Inspector audited the records of 5 other resident who had consents and the need for advanced foot care services every 4 weeks. Five of five (5/5) of these residents did not have documentation of services rendered that supports they were receiving advanced foot care every four weeks. One of these residents had not had a documented treatment in the last 9 months.

Inspector interviewed Manager of Resident Care (MORC) in regards to the provision of advanced foot care services. MORC confirmed that residents have only been receiving the services on a sporadic basis and that documentation of services has been lacking.

The care set out in the plan of care was not provided to the resident. [s. 6. (7)]

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 plans of care for resident #002 and #004 are provided as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
i. persons who may dispense, prescribe or administer drugs in the home, and
ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. Inspector toured the resident unit and noted that the medication cart was in the hallway and that the cart was unlocked and out of direct view of any staff member. Inspector was able to open a drawer in the cart and to look inside without any notice or interference from staff. Upon returning to the cart, Staff # 0008 stated that staff were unable to lock the cart because the lock was broken. Staff #008 was unsure how long the lock had been broken and whether or not a referral had been sent to fix it.

Inspector spoke to Manager of Resident Care who confirmed that the cart had been broken for some time and that staff had been fearful of trying to lock the cart for fear of breaking the key in the lock.

The home did not ensure that steps were taken to ensure the security of the drug supply. [s. 130. 1.]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. Complainant stated the resident's washroom was not clean and was not kept in a sanitary manner. Inspector reviewed the resident's health care records and noted that the resident was dependent on staff assistance for all activities of daily living including hygiene and oral care. Inspector toured the resident's room and bathroom on each of the five days of the inspection. On each of these days, Inspector noted the resident's personal care equipment was not stored in a manner keeping with infection control best-practices and that the drawer was dusty with accumulated debris.

The home did not ensure that all staff participated in the implementation of the infection control program. [s. 229. (4)]

Issued on this 3rd day of May, 2013

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

Monique G. Berger.