



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 le Loi de 2007 les foyers de soins de longue

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

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Feb 29, Mar 1, May 13, 20, 21, 22, 23, 2012\_104196\_0007, Complaint

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF THUNDER BAY
c/o Dawson Court, 523 Algoma Street North, THUNDER BAY, ON, P7A-5C2

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

PIONEER RIDGE
750 TUNGSTEN STREET, THUNDER BAY, ON, P7B-6R1

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 Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW)

During the course of the inspection, the inspector(s) conducted a tour of the home, observed the provision of care and services to residents, reviewed health care records for residents, reviewed various policies and procedures

The following Inspection Protocols were used during this inspection:

Pain

Prevention of Abuse, Neglect and Retaliation

Training and Orientation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



<b>Legend</b>	<b>Legendé</b>
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 subsections:**

**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).**

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

- (a) a goal in the plan is met;**
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or**
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The health care record for resident #001 was reviewed by the inspector. The MAR (medication administration records) were reviewed and identified that family members had requested analgesia on behalf of the resident in over half of the times that it had been administered. The progress notes relating to pain and palliative care from July 26 through to August 6, 2011 were reviewed by the inspector and contained numerous entries regarding the resident's pain, the family's concern with the resident's pain and their many requests for the administration of analgesia to the resident as they had felt she was uncomfortable. The resident was not reassessed and the plan of care was not revised when the palliative plan of care was not effective in managing pain and promoting comfort for the resident.

The licensee failed to ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (c) care set out in the plan has not been effective. [LTCHA 2007, S.O.2007, c.8, s.6 (10)(c).]

2. The health care record for the resident #001 was reviewed by the inspector. The progress notes between July 7 and July 13, 2011 were reviewed and identified that this resident exhibited discomfort in the left leg and the left foot was noted to be rotated outwards and the leg was shorter than the right leg. The resident was transferred to hospital for xrays and assessment on July 14, 2011 and it was determined that they had a fractured left hip. The resident had not been reassessed and the plan of care was not revised when the resident's care needs changed.

The licensee failed to ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary; [LTCHA 2007, S.O.2007, c. 8, s. 6 (10)(b).]

3. The physiotherapy care plan dated May 15, 2011 for resident #001 lists the intervention of "PROM for UE and LE while sitting in the supine position 3X per week. 10-15 reps as tolerated to prevent UE and LE contractors. Tinetti 0/28". The DOC informed the inspector that the resident was receiving range of motion exercises to mostly the upper extremities and not to the lower extremities. The licensee failed to provide range of motion exercises to the residents lower extremities as outlined in the resident's plan of care.

The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. [LTCHA 2007, S.O.2007, c. 8, 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 that ensures that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, or when the care set out in the plan has not been effective, and ensures that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**

**Specifically failed to comply with the following subsections:**

**s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:**

- 1. Abuse recognition and prevention.**
- 2. Mental health issues, including caring for persons with dementia.**
- 3. Behaviour management.**
- 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations.**
- 5. Palliative care.**
- 6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).**

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**Findings/Faits saillants :**

1. An interview was conducted with the DOC on February 29, 2012 regarding training for direct care staff relating to the provision of palliative care to residents. The DOC identified that there is no formal training in palliative care for those staff that provide direct care to residents and that a program is in the process of being reviewed by the Senior Management Committee. Interview was conducted with staff member #001 on February 29, 2012 regarding palliative care training. They stated "I have taken courses in palliative care before, but not any offered by the home". An interview was conducted with staff member #002 on March 1, 2012 regarding training in palliative care. They stated that they "have not taken any courses or attended any inservices on palliative care." The licensee failed to ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the following area, at times or at intervals provided for in the regulations: 5. Palliative care. [LTCHA 2007,c.8,s.76.(7)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 that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the area of palliative care, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care**

**Specifically failed to comply with the following subsections:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**

- 1. Customary routines.**
- 2. Cognition ability.**
- 3. Communication abilities, including hearing and language.**
- 4. Vision.**
- 5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.**
- 6. Psychological well-being.**
- 7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.**
- 8. Continence, including bladder and bowel elimination.**
- 9. Disease diagnosis.**
- 10. Health conditions, including allergies, pain, risk of falls and other special needs.**
- 11. Seasonal risk relating to hot weather.**
- 12. Dental and oral status, including oral hygiene.**
- 13. Nutritional status, including height, weight and any risks relating to nutrition care.**
- 14. Hydration status and any risks relating to hydration.**
- 15. Skin condition, including altered skin integrity and foot conditions.**
- 16. Activity patterns and pursuits.**
- 17. Drugs and treatments.**
- 18. Special treatments and interventions.**
- 19. Safety risks.**
- 20. Nausea and vomiting.**
- 21. Sleep patterns and preferences.**
- 22. Cultural, spiritual and religious preferences and age-related needs and preferences.**
- 23. Potential for discharge. O. Reg. 79/10, s. 26 (3).**

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**Findings/Faits saillants :**

1. The health care record for resident #001 was reviewed by the inspector. The care plan with an update on July 27, 2011 contained an entry titled "palliative care as related to terminal illness". The plan of care was not based on an interdisciplinary assessment with respect to the resident's pain. The licensee failed to ensure that the plan of care is based on, at a minimum, an interdisciplinary assessment of the following with respect to the resident: 10. Health conditions, including allergies, pain, risk of falls and other special needs. [O. Reg. 79/10, s. 26 (3)10.]

**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 that the resident's plan of care is based on an interdisciplinary assessment of the resident's pain, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs**

**Specifically failed to comply with the following subsections:**

**s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:**

- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.**
- 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.**
- 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.**
- 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

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**Findings/Faits saillants :**

1. An interview was conducted with the DOC on February 29, 2012 and it was determined that the home's pain management program is in the process of being reviewed by the Senior Management Committee and is not yet in place. The licensee failed to ensure that the following interdisciplinary programs are developed and implemented in the home:
4. A pain management program to identify pain in residents and manage pain. [O. Reg. 79/10, s. 48 (1)4.]

**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 pain management program is developed and implemented to identify pain in residents and manage pain, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**

**Specifically failed to comply with the following subsections:**

**s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).**

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**Findings/Faits saillants :**



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1. The health care record for resident #001 was reviewed by the inspector. The progress notes from July 25 through to August 6, 2011 indicated that this resident had been experiencing discomfort, both post operative and palliative despite the interventions in place in the resident's care plan. An interview was conducted with the DOC on February 29, 2012 and it was identified that the pain assessment tool in use by the licensee is the RAI-MDS Pain Assessment. This assessment tool was utilized for the resident on July 27, 2011, however it is not a clinically appropriate assessment instrument that is specifically designed for this purpose.

The licensee failed to ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. [O. Reg. 79/10, s. 52 (2).]

Issued on this 23rd day of May, 2012

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

*[Handwritten signature]* #194