



**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**

**Health System Accountability and
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Performance Improvement and
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**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 8, 2014	2014_365194_0006	O-000579- 14	Resident Quality Inspection

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

PLEASANT MEADOW MANOR
99 Alma Street, P. O. Box 426, Norwood, ON, K0L-2V0

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

CHANTAL LAFRENIERE (194), GWEN COLES (555), PATRICIA BELL (571), SAMI
JAROUR (570)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): June 24,25,26,27,30 and July 2,3 & 4, 2014

During the course of the inspection, the inspector(s) spoke with Administrator/Director of Care, Clinical Care and RAI Coordinator, Environmental Services Manager (ESM),Nutritional Care Manager (NCM),Maintenance, Residents' Council President,Registered Nurses (RN), Registered Practical Nurses(RPN), Personal Support Workers(PSW), Residents and Family members.

During the course of the inspection, the inspector(s) completed an initial tour of the building, observed resident's living areas, dining service, medication administration, infection control practices, resident/staff interaction and provision of care. Reviewed licensee's policy related to infection control, medication, prevention of abuse, skin/wound care and continence management. Reviewed clinical health records for identified residents, reviewed meeting minutes Resident Council, education record and maintenance records.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



1. The licensee failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The following was observed during the dates of June 24 through June 27, 2014 and June 30 to July 2, 2014.

-Room #103, has a broken face plate on sink posing a potential risk for injury to residents.

-Rooms #106, # 202, #203 # 204 have caulking around the bathroom sinks which is cracked and rusted in appearance. These areas cause a potential safety risk and cannot be properly cleaned.

Room #110, the cover for heater is bent outwards and not secured.

-Room #201, the ceiling tile above the bathroom door is missing. The threshold strip between bathroom and bedroom is missing, causing a potential tripping hazard.

-Room #202, Staining or discolouration is visible on bathroom floor in front of toilet seat as well as noted urine like odour. The coating on call bell cord in bathroom is stripped making it hard for residents to use.

-Room #203 the wardrobe for Resident # 1791 has a broken hinge which makes the door hard to open.

-Rooms # 202 and #204, the metal covering is missing on the door mechanism mounted above the door, leaving electrical wiring exposed.

-Room # 204 the bed side units for Resident #1800 and #1813 are chipped and in a poor state of repair

-Room #211, the toilet base is cracked.

-Stains were noted on the carpeting in several places throughout the main entrance. Cracks in the floor tiles were noted at entrance of East wing and chipped tiles were noted in the shower room. [s. 15. (2) (c)]

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 by ensuring that the home furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey



Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee failed to seek the advice of the Residents' Council in developing and carrying out the annual satisfaction survey.

During an interview with President of the Residents' Council he reported he was uncertain about the involvement of the Resident's Council in development the satisfaction survey due to limited experience in the role. An interview was conducted with Office Manager who reported that the Family Quality of Care satisfaction survey is developed corporately and issued by the corporate head office.

The licensee was issued non compliance in this area in November 2013 under inspection 2013_292553_002. [s. 85. (3)]

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 by ensuring that the licensee seek the advice of the Residents' Council in developing and carrying out the satisfaction survey, to be implemented voluntarily.



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Issued on this 8th day of July, 2014

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