



**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
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
Jan 2, 2014	2013_292553_0002	000985-13	Other

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

MATTHEW STICCA (553)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): November 26 2013

**The purpose of this inspection was to conduct a Service Area Office Initiated
Inspection**

Log # 0-000985-13

**During the course of the inspection, the inspector(s) spoke with The
Administrator/Director of Care, Clinical Care Coordinator, Life Enrichment
Coordinator, Environmental Services Manager (ESM), Food Service Manager
(FSM), 1 Registered Nurse (RN), 1 Registered Practical Nurse (RPN), 2 Personal
Support Workers (PSW), 9 Residents and 1 family member.**

**During the course of the inspection, the inspector(s) Reviewed clinical health
records of residents identified during the tour of the facility, toured facility,
observed lunch service, reviewed facilities policies on restraint, reviewed
resident council minutes.**

The following Inspection Protocols were used during this inspection:

Dining Observation

Minimizing of Restraining

Residents' Council

Findings of Non-Compliance were found during this inspection.



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. 31. Restraining by physical devices

Specifically failed to comply with the following:

**s. 31. (3) If a resident is being restrained by a physical device under subsection (1), the licensee shall ensure that,
(d) the resident's condition is reassessed and the effectiveness of the restraining evaluated, in accordance with the requirements provided for in the regulations; 2007, c. 8, s. 31 (3).**

Findings/Faits saillants :



1. The licensee failed to comply with LTCHA, 2007 s.31.(3)(d) when the effectiveness of the restraint for Resident #4 and #5 were not evaluated in accordance with the requirements.

On November 26 2013, Resident #4 was observed in a wheelchair wearing a seat belt. It was observed that Resident #4 was playing with the seat belt, tightening and loosening it. Resident #4 was unable to unfasten the device completely.

The current plan of care indicated that Resident #4 is to be wearing a forward facing seat belt. The plan of care also indicated there was to be a "Trunk restraint" in use for Resident #4

On November 26 2013 Resident #5 was observed in a wheelchair. It was noted that their seat belt twisted on itself, and loose. POA stated that they had requested the seat belt for fall prevention.

The current plan of care indicated that Resident #5 was to have a forward facing seat belt, which is a restraint. The plan of care also identifies that Resident #5 will fiddle with the applied lap belt frequently during the day.

Interview with RN #103 stated that both Resident #4 and #5 are known to fiddle with their seat belts and loosen them. RN #103 is aware of the behaviours and ensures that the belts are tightened during informal checks of seat belts that RN #103 completes.

The evaluation of the restraints for Residents #4 and #5 are not effective as it was observed on November 26th 2013 that those Resident's restraints were loose and not properly applied. [s. 31. (3) (d)]

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 ensuring that the resident's conditions are reassessed and the effectiveness of the restraining evaluated in accordance with the requirements provided for in the regulations., 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. 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 comply with LTCHA, 2007 s.85(3), when the Residents' Council was not consulted in development of the annual satisfaction survey.

The Residents' Council President stated that the Residents' Council was not involved in the development of the annual satisfaction survey.

The Administrator and Life Enrichment Coordinator confirmed that Residents' Council does not help with the development of the annual satisfaction survey. [s. 85. (3)]

Issued on this 2nd day of January, 2014

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