

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 27, 2021	2021_621755_0006	000942-21, 001177-21	Complaint

Licensee/Titulaire de permis

United Counties of Prescott and Russell
59 Court Street Box 304 L'original ON K0B 1K0

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

Residence Prescott et Russell
1020 Cartier Boulevard Hawkesbury ON K6A 1W7

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

MANON NIGHBOR (755), LYNE DUCHESNE (117)

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): February 25,26, March 1-5, 8-12, 15-19, 22-26, 29-31, April 1, 2021.

The following intakes were completed in this complaint inspection:

logs #: 000942-21 and 001177-21 were related to infection prevention and control (IPAC), plan of care, dignity and privacy, abuse, staffing, continent care, exercise, pain and minutes of the Residents Council (RC) meetings.

During the course of the inspection, the inspector(s) spoke with several residents and their family members, the Administrator, Physician, Director of Care (DOC), Assistant Director of Care (ADOC),Registered Nurses (RN), Physiotherapist (PT), Physiotherapist Assistant (PTA), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Activities/Restorative Care Manager, Eastern Ontario Health Unit (EOHU) Nurse, Environmental Service Manager, housekeeping staff, Scheduling Administrator and COVID Screener.

During the course of the inspection, the inspectors observed resident and staff interactions, reviewed relevant clinical health records, policies and procedures: "Programme de la gestion de la douleur" (Pain Management Program), no 345.01, revised 12/2019; "Exercices de rechange en position assise et au lit" (Sitting in Bed, Repositioning Exercises) , no 120.14, revised 03/2021; "Rencontres multidisciplinaires" (Multidisciplinary Meetings) no. 315.01, revised 03/2021; "Evaluation des résidents et planifications de soins", (Residents and Plan of Care Evaluation) no 315.02. Correspondence and other pertinent documents.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Dignity, Choice and Privacy
Infection Prevention and Control
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Sufficient Staffing**

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

**1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

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. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
- (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
- (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :

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The licensee has failed to ensure that in the resident's written plan of care, the planned care, goals the care is intended to achieve and clear directions to staff and others who provide direct care to the resident, related to their spasms, stiffness, discomfort and/or pain was indicated. The resident has a disease which specific interventions provides them with some relief.

The nursing staff, DOC and the Administrator, were aware the resident was experiencing pain and discomfort. In the resident's written plan of care, for a number of months there was no nursing diagnosis (“Étiologie”) or goals of care (“Objectif”) entered in the written plan of care to address the resident’s specific symptoms. A pain assessment evaluation was completed on a specified day which indicated that the resident was experiencing discomfort and no other pain assessment was completed for a several weeks prior to that assessment nor for several weeks afterwards. A manual entry was made a few weeks ago, that included a pain assessment evaluation that was to be completed to assess the resident’s discomfort.

The resident’s plan of care identifies that the resident requires staff assistance for the provision of care, repositioning and transfers as well as therapy services for range of motion exercises. RPNs report that nursing staff provided some interventions to address the resident’s symptoms prior to repositioning the resident. They also report that PSWs also attended to the resident’s symptoms prior to their care and transfers. The Administrator and Director of Care report that these interventions are being done by nursing and PSW staff as part of the resident’s daily care routine, but this is not identified in the resident’s written plan of care.

As such, there is a potential risk that staff may not provide required interventions prior to the provision of care, repositioning and transfer, as these are not identified in the written plan of care. Resident was at risk of experiencing discomfort, as their planned care, goals of care and clear directions to staff who are involved in providing them with direct care was not included in their written plan of care for a number of months.

Sources: Resident Health Care Record and the written Plan of Care, Interviews with RPNs , DOC, Administrator, Resident and their family member. [s. 6. (1)]

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 there is a written plan of care that sets out, the planned care, the goals the care is intended to achieve; and clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

Issued on this 4th day of May, 2021

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

Original report signed by the inspector.