



**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**

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

**Division des foyers de soins de
longue durée
Inspection de sions de longue durée**

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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
Apr 21, 2016	2016_291194_0006	000864-15, 021238-15, 026803-15	Complaint

Licensee/Titulaire de permis

PROVIDENCE HEALTHCARE
3276 St. Clair Avenue East TORONTO ON M1L 1W1

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

PROVIDENCE HEALTHCARE
3276 ST. CLAIR AVENUE EAST SCARBOROUGH ON M1L 1W1

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

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): April 04, 05, 06, 07 ,08, 11, 12, 14 & 15, 2016

Complaint inspection #000864-15 related to fall causing injury, Complaint inspection #026803-15 related to rest periods and continence, complaint inspection #021238-15 related to medication administration and continence care.

Non compliance under O.Reg s.51(2)b was identified for Log #021238-15 and will be issued under Inspection report # 2016_327570_0008. Non compliance under O.Reg s.107(3)4 for Log #000864-15 and will be issued under Inspection report # 2016_461552_0011.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care(DOC), Resident Care Coordinator(RCC), Continence Lead, Social Worker, Resident Assistant (RA), Registered Nurse(RN), Registered Practical Nurse (RPN) and Residents.

Completed observation of meal service, medication processes and provision of staff to resident care Reviewed relevant policies related to pain, continence and falls, clinical health records of identified residents and Continence program.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Medication

Pain

Personal Support Services

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
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 O.Reg 79/10, s. 48. Required programs



Specifically failed to comply with the following:

- 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. O. Reg. 79/10, s. 48 (1).**
 - 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. O. Reg. 79/10, s. 48 (1).**
 - 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
 - 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the pain management program developed in the home was implemented for resident #003 when the residents pain was not relieved by initial interventions and when resident #002 exhibited a change in health status.

Review of the "Pain Management" policy for the home was completed by the inspector and directs.

Each resident must have a formal pain assessment on admission and be reassessed on readmission, quarterly and if significant condition changes. Residents experiencing pain must be treated using non-pharmacological and pharmacological methods to optimally control pain, maximize function and promote quality of life.

Collaboration with resident/SDM, family and interdisciplinary team to conduct the pain assessment utilizing the pain assessment on Point click care.

-when the resident exhibits a change in health status or pain is not relieved by initial interventions.

-monitoring or residents' responses to and the effectiveness of the pain management strategies.

Pain assessment and management

-screen resident at least once a day or more often as indicated during routine assessments by asking the resident/SDM about the presence of pain, ache or



discomfort. A pain scale can be used as needed to determine pain intensity
-assess psychological and behavioural indicators in the non verbal, cognitively impaired person.
-document the effectiveness of the interventions.

During an interview, DOC indicated to inspector that the home clinically appropriate assessment instrument for pain was the pain assessment in the Point click care.

Log #026803-15 related to resident #003

Resident #003 is cognitively impaired. Resident #003 was assessed by the Behavioural Support outreach team (BSOT) for physical aggression/responsive behaviours. BSOT indicated during their assessment of the resident that pain may be a factor contributing to the responsive behaviours and suggested an increase in analgesia may benefit the resident. Resident #003 was also noted in progress notes and through staff interviews to refuse medications frequently.

On an identified date resident #003's narcotic was increased from twice daily to three times daily. Six days later the narcotic dose was changed to different administration route. Eleven days later the narcotic is changed back to Oral route but remained at three times daily.

During this period of time there is no clinically appropriate pain assessment in PCC completed for resident #003, when the narcotic twice daily was not effective and needed to be increased. The progress notes do not provide evidence of monitoring or effectiveness when the dose was increase or changed to a different administration route as directed in the home's "Pain Management" policy.

Log #000864-15 related to resident #002

Resident #002 is diagnosed with dementia and osteoporosis in the clinical health record. Resident #002 is assessed as high risk for falls and has a front closing seat belt in place to prevent falls. RCC #103 indicated that on an identified date the resident had attended exercises. Staff observed the resident over extending and the resident had been cautioned by staff not to do this. At supper time the resident complained of pain and when returned to bed the resident was assessed by staff with a potential injury.

On an identified date resident #002 was transferred to hospital for an increase in pain.



The following day resident #002 was diagnosed with an injury and returned to the home seven days later.

Resident #002 required one staff assist with toileting, transfer and bed mobility prior to injury and required two staff assist after injury.

On an identified date resident #002 returns to the home, with physician's order for narcotic analgesic, one tablet twice daily at 08:00 and 20:00 hours. When the pain was not relieved by initial interventions, PRN narcotic was administered on;

- Three days later
- Two days after above date.

Resident #002's narcotic analgesic is increased from one tablet to two tablets twice daily six days after return from hospital. When the pain was not relieved by initial interventions, PRN narcotic was administered on;

- day of increase
- the following day
- two days later
- two days after above date

Review of the clinical health record for resident #002 for the period of twelve days was completed. There was no evidence of a formal pain assessment being completed for resident #002 after a significant change in condition or when the pain was not relieved by the initial interventions on the six identified dates. [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 by ensuring that homes pain program is implemented related to completion of the formal pain assessment in PCC and monitoring the effectiveness of analgesics., to be implemented voluntarily.



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Issued on this 21st day of April, 2016

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

Original report signed by the inspector.