Ontario

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

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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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
Feb 20, 2014	2014_198117_0005	O-000044-14 + 2 OTHER LOGS	Complaint

Licensee/Titulaire de permis

BRUYERE CONTINUING CARE INC.
43 BRUYERE STREET, OTTAWA, ON, K1N-5C8

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

RESIDENCE SAINT- LOUIS
879 CHEMIN PARC HIAWATHA, OTTAWA, ON, K1C-2Z6

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

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 14, 18 and 19, 2014

It is noted that three complaint inspection logs were conducted during this inspection : # O-O-000044-14, # O-000124-14 and #O-000125-14

During the course of the inspection, the inspector(s) spoke with Senior Director of Long Term Care Resident Services, Director of Care, several Registered Nurses (RN), several Registered Practical Nurses (RPNs), several Personal Support Workers (PSWs), the home's financial clerk and to several residents.

During the course of the inspection, the inspector(s) reviewed several residents health care records; observed medication pass of February 18, 2014; observed resident care and services; reviewed correspondence related to internal transfers.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Falls Prevention
Infection Prevention and Control
Medication

Findings of Non-Compliance were found during this inspection.

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 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 :

1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c. 8, s. 6 (1) (a) in that a resident's written plan of care does not set out the planned care for a resident who is at risk of infections.

Resident #1 is incontinent of bladder. Resident #1's health care record documents that between November 2013 and February 2014, the resident was diagnosed and treated for 5 infections. The resident's plan of care was reviewed with the home's DOC on February 14, 2014. No information related to the residents risk of infection was identified in the plan of care. The DOC stated to Inspector #117 that all care provided to residents are to be identified in their plan of care and she confirmed that Resident #1's plan of care did not contain any information related to the resident's risk of infections.

On February 14, 2014, interviewed staff member S#102 stated to Inspector #117 that Resident #1 is closely monitored for signs and symptoms of infection and that staff are aware to monitor for one of the resident's main symptoms of infection, and that PSW staff need to report any symptoms/ changes in the resident's health status to registered staff. On February 18, 2014, staff members S#108 and S#109 stated to Inspector #117 that they were aware of resident's risk for infections and that they need to report any symptoms to registered nursing staff.

Although registered and non-registered nursing staff are aware of Resident #1's risk for infections, the resident's plan of care does not identify the resident's risk of infections, what signs and symptoms are to be monitored and it does not identify any nursing interventions related to the resident's recurrent infections. [s. 6. (1) (a)]

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Issued on this 5th day of March, 2014

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

Lyne Duchesne RN #117