



**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
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 11, 2015	2015_289550_0011	O-002120-15	Complaint

Licensee/Titulaire de permis

TAMINAGI INC.
05 Loiselle Street CP Box 2132 Embrun ON K0A 1W1

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

SARFIELD COLONIAL HOME
2861 Colonial Road P.O. Box 130 Sarsfield ON K0A 3E0

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

JOANNE HENRIE (550)

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): June 8, 2015.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, a Registered Nurse, several Personal Support Workers, the Activity Coordinator, a resident and a family member. The Inspector also reviewed several resident's health records, the home's bathing list, the foot care list and the Wellness Maintenance Program/Consent of Treatment form for a resident.

**The following Inspection Protocols were used during this inspection:
Personal Support Services
Resident Charges**

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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
<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. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of the care for nail care set out in



the plan of care is documented.

Upon revision of Resident #001's health records, it was observed by Inspector #550 that Resident #001 was receiving specialized foot care by a foot care nurse until May 2015 when the foot care service was re-assigned to the Personal Support Workers (PSWs) for Resident #001.

During an interview, the Director of Care indicated to Inspector #550 the PSWs provide nail care to all residents who do not receive specialized foot care treatment by the foot care nurse. In the tub and shower room on each floor, there is a bath list titled "Activity Assistant/Day Float/Day PSW's bath list" revised May 26th, 2015. On this list it is indicated "FC" beside the name of each resident who receive specialized foot care by the foot care nurse and all the residents who do not have that marking beside their name will receive regular nail care by the home's PSWs. There is also a "Diabetic nails" list at the nursing station which is located on the 2nd floor with the names of all diabetic residents who require nail care to be done by the home's Registered Nurses. The Director of Care indicated PSWs and Registered Nurses have to document the nail care in the resident's flow sheets when the care is provided.

Inspector #550 reviewed the resident's flow sheets for different months for 5 residents who are to receive nail care by the home's PSWs or registered staff and observed there was no documentation for nail care as follows:

Resident #002 for the months of January and June (1 to 7), 2015,
Resident #003 for the months of February, March, May and June (1 to 7), 2015,
Resident #004 for the months of February (1, 25 to 29), March, April and June (1 to 7), 2015,
Resident #005 for the months of April, May and June (1 to 7), 2015, and
Resident #006 for the months of May and June (1 to 7), 2015.

PSWs staff #S101 and #S102 both indicated to Inspector #550 they regularly provide nail care to all residents who are not marked with "FC" beside their names on the "Activity Assistants/Day Float/Day PSW's Bath List" on their scheduled bath days as part of their bath routine. They indicated not many residents require nail care by PSWs as most of them are done by the foot care nurse. Both PSWs indicated to Inspector #550 they do not document nail care anywhere as there is no space provided to document this on the resident's flow sheet. The Activity Coordinator showed PSW staff #S102 there is space provided in the residents' flow sheets to document the trimming of nails. PSW staff



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#S102 indicated she was not aware of this provision therefore she has never documented nail care of residents.

As such, the provision of care set out in the plan regarding nail care for residents #002, #003, #004, 005 and #006 was not documented. [s. 6. (9) 2.]

Issued on this 11th day of June, 2015

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

Original report signed by the inspector.