



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
 Performance Improvement and Compliance Branch
 Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jul 11, 12, 16, 22, 23, 24, Aug 1, 9, 15, 30, 2012	2012_071159_0011	Complaint

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF PEEL
 10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9

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

SHERIDAN VILLA
 2460 TRUSCOTT DRIVE, MISSISSAUGA, ON, L5J-3Z8

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Registered Nurses(RN), Personal Support Workers (PSWs)

During the course of the inspection, the inspector(s) reviewed residents' records, home's investigation notes, reviewed licensee's policy and procedure related to continence and bowel program, Skin and wound care and complaint log.

Log # H-000347-12

The following Inspection Protocols were used during this inspection:

Personal Support Services

Skin and Wound Care

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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to comply with O.Reg. 79/10,s.8.

The licensee did not ensure that where the Act or regulation requires the licensee to have institute or otherwise put in place any policies, procedures or strategies that those policies, procedures or strategies are complied with, in regards to the following: [8(1)(b)]

The licensee did not ensure that their Continance Care and Bowel Management Policy LTC9-05. 07.01 was complied with. This policy directs staff regarding the bowel protocol and documentation of bowel movement, patterns and tracking of the resident's response to health interventions.

The policy states the role of personal support worker (PSW) is to document bladder and bowel functioning of resident in the PSW documentation record. This policy was not complied with for resident #5. The specified resident's bowel movement record was found incomplete, several entries were missing for July 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10, 2012.

The home's policy/protocol for bowel function directs staff that the bowel protocol will be initiated when a resident has not had a bowel movement for two days and if no bowel movement on third day give a glycerine/dulcolax suppository x 1 early morning on the fourth day.

The home was not complying with this protocol for resident # 6 and resident # 7. Resident # 6 bowel function recorded identifies resident had no bowel movement 4 days (July 1, 2, 3, 4, 2012) without interventions.

Resident # 7 had no bowel movement for 4 days on multiple occasions (January 11, 12, 13, 14, February 4, 5, 6, 7, 26, 27, 28, 29, 2012), there were no interventions given to resident.

Issued on this 7th day of September, 2012



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

ASH Selgo