



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

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

**Health System Accountability and  
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**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

**Public Copy/Copie du public**

| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b>   | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|----------------------------------|--|
| Sep 11, 2013                                   | 2013_179103_0043                              | O-000509-<br>13, O-<br>000609-13 | Complaint  |

**Licensee/Titulaire de permis**

SHERWOOD PARK MANOR  
1814 County Road #2 East, BROCKVILLE, ON, K6V-5T1

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

SHERWOOD PARK MANOR  
1814 County Road #2 East, BROCKVILLE, ON, K6V-5T1

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

DARLENE MURPHY (103)

**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): September 3, 4, 5, 10, 2013**

**Two complaints were completed during this inspection.**

**During the course of the inspection, the inspector(s) spoke with Residents, Personal Support Workers (PSW), Registered Practical Nurses (RPN), the Assistant Director of Care (ADOC) and the Administrator.**

**During the course of the inspection, the inspector(s) made resident observations related to care, reviewed resident health care records, reviewed the home's complaint process and written complaints received by the home in the year 2013.**

**The following Inspection Protocols were used during this inspection:  
Minimizing of Restraining**

**Pain**

**Personal Support Services**

**Reporting and Complaints**

**Responsive Behaviours**

**Findings of Non-Compliance were found during this inspection.**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

| <b>Legend</b>                      | <b>Legendé</b>                        |
|------------------------------------|---------------------------------------|
| WN – Written Notification          | WN – Avis écrit                       |
| VPC – Voluntary Plan of Correction | VPC – Plan de redressement volontaire |
| DR – Director Referral             | DR – Aiguillage au directeur          |
| CO – Compliance Order              | CO – Ordre de conformité              |
| WAO – Work and Activity Order      | 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. 134. Residents' drug regimes**

Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

**Findings/Faits saillants :**



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1. The licensee has failed to comply with O. Reg 79/10 s. 134 (a) whereby there was no monitoring and documentation of a resident's response and effectiveness of prescribed analgesics.

Resident #1 receives both regular and breakthrough analgesics for pain control. During an identified time frame, Resident #1 received analgesics for breakthrough pain forty eight times. The effectiveness of this medication was not documented on twenty six occasions.

Resident #2 receives regular and breakthrough analgesics for pain control. During an identified time frame, Resident #2 received analgesics for breakthrough pain twenty six times. The effectiveness was not documented on twelve occasions.

Resident #3 receives analgesics for pain control. During an identified time frame, the analgesic was administered twenty six times. The effectiveness of the medication was not documented eight times. [s. 134. (a)]

***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 to ensure there is documentation of resident response and effectiveness for the prescribed analgesics for Resident's #1, 2 and 3, to be implemented voluntarily.***

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**WN #2: 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).**

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**Findings/Faits saillants :**



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1. The licensee has failed to comply with LTCHA, 2007 s. 6 (1) (c) whereby the written plan of care for a resident did not provide clear directions to staff.

Resident #4 has documented responsive behaviour's including resistance to personal care. PSW staff S101, S102 and S103 were interviewed to determine this resident's needs related to oral care. All three staff members stated they had recently been reassigned to Resident #4's unit and advised they were still becoming familiar with the resident.

S103 stated Resident #4 is walked to the bathroom when cooperative with care and is capable of brushing his/her own teeth with staff set up. The staff member advised this occurs two to three times a week. When the resident is uncooperative with care, S103 stated staff attempt to complete the care for the resident, but often with no success.

S101 and S102 were unsure if Resident #4 was capable of doing his/her own oral care, were aware he/she was resistant to care at times and stated he/she often refused care. The white communication board in the main nursing station indicated Resident #4 needs "help to brush teeth".

Resident #4's plan of care for Hygiene states staff are to provide total care for oral care. The plan of care does not include the resident's ability to brush his/her own teeth when cooperative with care and fails to provide clear directions to staff in the area of dental/oral care. [s. 6. (1) (c)]

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints**

**Specifically failed to comply with the following:**

**s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).**

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**Findings/Faits saillants :**



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1. The licensee has failed to comply with LTCHA, 2007 s. 22 (1) whereby a written complaint concerning the care of a resident was not forwarded to the Director.

Written complaints received by the home during 2013 were reviewed. The home received one written complaint during this time frame. The home failed to forward this complaint to the Director. [s. 22. (1)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

**Specifically failed to comply with the following:**

- s. 101. (3) The licensee shall ensure that,**
- (a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).**
  - (b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).**
  - (c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).**

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**Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg 79/10 s. 101 (3) whereby there is no written record of the reviews of verbal and written complaints which are to be analyzed for trends at least quarterly.

Administrator, Alfred O'Rourke, was interviewed and confirmed the home is currently not analyzing complaints for trends at least quarterly. O'Rourke did state the management team does discuss all complaints and strives to resolve problems as quickly as possible, but at this time does not have a written record or formal process of these reviews. [s. 101. (3)]



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**Issued on this 11th day of September, 2013**

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

*Darlene Murphy*