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
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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
Oct 25, 2013	2013_109153_0025	T-414-13	Critical Incident System

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF SIMCOE
1110 Highway 26, Midhurst, ON, L0L-1X0

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

SIMCOE MANOR HOME FOR THE AGED
1110 Highway 26, Midhurst, ON, L0L-1X0

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

LYNN PARSONS (153)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): October 7, 8, 9, 2013

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Nurse Manager(NM), Registered Nurse(RN), Registered Practical Nurse (RPN) Personal Support Workers(PSW).

During the course of the inspection, the inspector(s) reviewed clinical health records, staff training records and home policies related to Fall Prevention and Head Injury Routine.
Completed observations of provision of care and staff to resident interactions.

The following Inspection Protocols were used during this inspection:
Falls Prevention

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
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 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 did not ensure the written plan of care sets out clear directions to staff and others who provide direct care to the resident.
The written plan of care for Resident #1 did not address the following areas identified during staff interviews and record review related to fall prevention:
- commode at the bedside
- walker within reach
- night light at bed side and in bathroom
- encourage resident to use call bell to alert staff to assist with toileting
When interviewed the Nurse Manager confirmed the written plan of care did not provide clear directions. [s. 6. (1) (c)]

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 the written plan of care sets out clear directions to staff and others who provide direct care to the residents, to be implemented voluntarily.

WN #2: 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:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee did not ensure that any policy or procedure put in place is complied with.

The home's policy titled Head Injury NPC F-40 dated February 2011 indicates under the procedure section the Charge Nurse will:
Assess the resident's level of consciousness, pulse, respirations, blood pressure, pupil size and reaction, limb and /or involuntary body movement, evidence of nausea, vomiting, headache, change in mental status whenever a head injury is suspected according to the following head injury routine:
- every 15 minutes for 1 hour
- every hour for 4 hours
- every 4 hours for 24 hours.

Resident #1 was found lying on the floor outside the bathroom. When assessed Resident #1 was noted to touch an area on the back of the head and indicated it was sore.
The registered staff initiated a head injury routine for Resident #1.
A review of the Neurological Observation Record revealed entries on 3 separate occasions but there were no times recorded to identify when the Head Injury Routine was completed.
When interviewed registered staff provided information regarding the procedure for completing Head Injury Routine that was inconsistent with the Home's policy/procedure.
According to the Home's policy a Head Injury Routine should have been completed 8 times from 03:20h to 08:20h.when it was completed only 3 times.
When interviewed the Nurse Manager confirmed the Head Injury Routine was not completed as per home policy. [s. 8. (1)]

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 the Home's Head Injury policy is complied with, to be implemented voluntarily.

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Issued on this 18th day of November, 2013

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

Lynn Parsons