

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

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 2, 2019	2019_680687_0026	014871-19, 014873- 19, 014874-19	Follow up

Licensee/Titulaire de permis

Anson General Hospital
58 Anson Drive IROQUOIS FALLS ON P0K 1E0

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

South Centennial Manor
240 Fyfe Street IROQUOIS FALLS ON P0K 1E0

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

LOVIRIZA CALUZA (687), RYAN GOODMURPHY (638)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): September 23 to 27, 2019.

The Follow up Inspection was related to:

- One log related to CO #001 from Inspection #2019_782736_0015 related to LTCHA, 2007 S.O. 2207, c. 8, s. 6 (7) providing care to the resident as set out in the plan of care;

- One log related to CO #003 from Inspection #2019_782736_0015 related to LTCHA, 2007 S. O. 2007, c. 8, s. 20. (1) complying with the zero tolerance of abuse and neglect policy; and,

- One log related to CO #004 from Inspection #2019_782736_0015 related to O. Reg 79/10, s. 49 (2) a post fall assessment conducted.

In addition, a Complaint Inspection #2019_680687_0027 was conducted concurrently.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Acting Director of Care (Acting DOC), Behaviour Support Officer (BSO) Lead, Food and Nutrition Manager, Housekeeping & Laundry Manager, Registered Dietician, Resident Assessment Instrument (RAI) Coordinator, Registered Nurses (RNs), Registered Practical Nurses (RPNs), BSO Recreation Therapist, Administrative Assistant, Maintenance Staff, Personal Support Workers (PSWs), Housekeeping (HSK) staff and residents.

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to the residents, observed staff to resident interactions and reviewed relevant health care records.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Personal Support Services

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

**2 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 20. (1)	CO #003	2019_782736_0015	687
O.Reg 79/10 s. 49. (2)	CO #004	2019_782736_0015	638
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2019_782736_0015	638

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>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Findings/Faits saillants :

1. The licensee has failed to ensure that they complied with every order made under the LTCHA, 2007.

Compliance Order (CO) #004 from inspection report #2019_782736_0015 was issued to the home on July 11, 2019, which had a compliance due date on September 10, 2019. Compliance order #004 was related to Fall Prevention and Management, section 49 subsection 2 of the O. Reg. 79/10, and directed the home to ensure that:

“a) all residents who have fallen are assessed, and if required, a post-fall assessment is conducted using a clinically appropriate assessment tool specifically designed for falls;

b) ensure that RPN (Registered Practical Nurse) #116 receives re-training related to the home’s Fall Prevention and Management Program; and,

c) create and implement and audit tool, which includes the dates of the audits, who completed the audits, and what actions taken to correct deficiencies, related to post-fall assessments being completed for residents who have fallen.”

Although the home complied with part “a)” and “c)”); part “b)” regarding RPN #116’s re-training was not completed.

Inspector #638 requested RPN #116’s re-training records related to the home’s Fall Prevention and Management Program.

In an interview with Inspector #638, the Director of Care (DOC) indicated that they had reviewed the Surge Training Records and were unable to identify any record to demonstrate that RPN #116 had completed re-training on the program since the specified date. The DOC indicated that since the compliance order was issued, they had held team huddles and sent out memos to identify the requirements of post falls assessments, which included RPN #116. However, the RPN did not complete their formal re-training on the Fall Prevention and Management Program. [s. 101. (3)]

2. CO #003 from inspection report #2019_782736_0015 was issued to the home on July 11, 2019, which had a compliance due date of September 10, 2019. Compliance order #003 was related to Zero Tolerance of Abuse and Neglect of residents, section 20 subsection 1 of the LTCHA, 2007, and directed the home to ensure that:

“a) all staff comply with the “Zero Tolerance of Abuse and Neglect” policy related to reporting allegations of abuse and/or neglect;

b) staff comply with the section of the policy, specifically related to staff accused of abuse or neglect of a resident;

c) retrain all direct care staff, including the management team, on the policy related to Zero Tolerance of Abuse and Neglect policy; and,

d) keep records related to staff training, including the date the training was provided, who provided the training, what was covered, and who attended the training.”

Although the home complied with part “a)”, “ b)”, and “d)”; part “c)” regarding direct care staff and management team re-training was not completed.

Inspector #687 requested the direct care staff and the management re-training records related to the home’s Zero Tolerance of Abuse and Neglect from the DOC.

In an interview conducted by Inspector #687 with the DOC, the DOC indicated that management staff member #105, #115, #120, #121 and #122 had not completed their re-training for “Zero Tolerance of Abuse and Neglect” since the compliance order was issued. In addition, all of the dietary and housekeeping staff and four nursing staff members had not completed their re-training. The DOC further indicated that they should have notified the departmental managers and their staff to complete the re-training but they did not. [s. 101. (3)]

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 that the licensee complied with every order made under the LTCHA, 2007, to be implemented voluntarily.

**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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident was reassessed and the plan of care revised when the resident's care needs changed or the care set out in the plan was no longer necessary.

A Follow-up Inspection on CO #001 was initiated and part "a)" related to ensuring that resident #001 was provided a specified intervention identified as intervention A in their plan of care, was reviewed.

Inspector #638 reviewed resident #001's health care records and identified in the care plan a specified action that required intervention A but had been changed to provide intervention B and intervention C for the resident.

Inspector #638 reviewed resident #001's physician orders in the paper chart and identified that on a specified date, intervention B and C were implemented when intervention A was discontinued. The Inspector noted an updated order which was identified as intervention D which gave new direction to the nurse or Personal Support Worker (PSW).

During an interview with Inspector #638, PSW #102 indicated that resident #001 no longer required intervention A.

The Inspector interviewed RPN #107, who indicated that resident #001 required monitoring once intervention A was discontinued. The RPN indicated that there was no specific direction once intervention A was discontinued.

In an interview with Inspector #638, RN #108 indicated that resident #001 required intervention D. The Inspector reviewed resident #001's care plan and physician's orders

and identified that intervention B and intervention C remained in the resident's care plan. The RN stated that this intervention should have been removed from the resident's care plan when the new physician's order to chart intervention D was implemented as this new direction would nullify the previous order.

In an interview with Inspector #638, the DOC indicated that registered staff were in charge of updating the resident's care plan when the resident care needs had changed. The Inspector reviewed resident #001's care plans that were discontinued with the DOC. Upon reviewing the findings, the DOC indicated that the registered staff should have updated the care plan to identify that staff should be initiating intervention D at that time.
[s. 6. (10) (b)]

Issued on this 3rd day of October, 2019

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

Original report signed by the inspector.