



**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  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
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## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 21, 2014	2014_355588_0020	L-004151-14	Complaint

### **Licensee/Titulaire de permis**

SOUTHAMPTON CARE CENTRE INC  
689 YONGE STREET, MIDLAND, ON, L4R-2E1

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

SOUTHAMPTON CARE CENTRE  
140 Grey Street, P.O. Box 790, Southampton, ON, N0H-2L0

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

CHRISTINE MCCARTHY (588)

### **Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): November 12, 18, 19, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, 1 Registered Nurse, 1 Personal Support Worker, 2 Family members.**

**During the course of the inspection, the inspector(s) observed residents and staff, conducted family/staff interviews, reviewed resident's clinical records, and relevant policies and procedures and other related documents.**

**The following Inspection Protocols were used during this inspection:**



Dignity, Choice and Privacy
Pain
Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains text describing non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) and the corresponding findings in French under the Loi de 2007 sur les foyers de soins de longue durée (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. (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).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident is reassessed and the plan of care reviewed and revised at any time when the resident's care needs change, as evidenced by:

A review of Resident #001's plan of care on dates of Admission, and Discharge indicated:

-the provision of the same level of assistance for care, regardless of the residents declining health. The plan of care was not updated to reflect the change to total assistance for care, as indicated in the Progress Notes.

-that a Pain Assessment was completed on Admission, but was not completed again when resident #001 developed a painful condition. The plan of care was not updated to reflect the change in the residents condition and need for an updated Pain Assessment.

An interview with the Administrator confirmed that the plan of care entries were not updated as based upon the residents change in condition and stated that the expectation of the Home was to ensure that when the resident's care needs change, the resident is reassessed, the plan of care is reviewed and revised at least every six months and at any other time. [s. 6. (10) (b)]

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**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).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that any policy instituted or otherwise put in place is complied with, as evidenced by:

A review of the Policy relating to Resident Rights-Pain Management revealed that:

"The pain management program shall provide for:

- Screening for pain in residents, regardless of level of cognition, on admission, readmission, with change in condition, and daily during the provision of care."

A review of resident #001's plan of care, and Progress Notes revealed that a Pain Assessment was completed on Admission. Prior to discharge, Resident #001 developed a painful condition. There was no documentation to indicate that a Pain Assessment was completed when resident #001's condition changed.

An interview with the Director of Care verified that the Pain Assessment had not been completed when the Residents condition changed. The Director of Care stated that the expectation of the Home was to ensure that any policy instituted is complied with.  
[s. 8. (1) (a),s. 8. (1) (b)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care**



Specifically failed to comply with the following:

**s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,**

**(a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).**

**(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).**

**(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident receives oral care to maintain the integrity of the oral tissue, including mouth care in the morning and evening, as evidenced by:

A review of the Clinical Record, Oral Care Report, revealed that on three occasions the oral care was documented as having been provided only once daily.

An interview with the Administrator confirmed that the documentation was not complete in relation to the Personal Care - Oral Care report. The Administrator stated that it is the expectation of the Home to provide twice daily oral care for the Residents.

[s. 34. (1) (a)]

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**Issued on this 21st day of November, 2014**

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