



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
Mar 8, Apr 25, May 11, 31, 2012	2012_090172_0021	Critical Incident

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

SUMAC LODGE
1464 BLACKWELL ROAD, SARNIA, ON, N7S-5M4

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

JOAN WOODLEY (172)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care and the assigned Coroner.

During the course of the inspection, the inspector(s) reviewed health care records, policies and other relevant documents.

The following Inspection Protocols were used during this inspection:

- Falls Prevention
- Hospitalization and Death
- Pain
- Responsive Behaviours

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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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. Chart review of the Pain Flow Sheet for a resident revealed abbreviations used that are not included in the legend for that section. For example under "current pain" the score is coded as "A" which is a description of pain according to the legend. Description of Pain appears to be more a reference to the location of the pain .
2. Chart review revealed no Pain Flow Assessment was completed on a certain resident on admission. Email received from the Executive Director of the home, confirmed the home was "unable to find the Pain Flow Sheet for that resident.
3. Policy review revealed :
 - a) Fall assessments as per Policy "Fall Interventions Risk Management Program", LTC-N-75, revised May 2010.
 - b) A Resident Fall Documentation Form (LTC-N-75-10)
 - c) The Resident Fall Incident Report (LTC-N-75-15)
 These Policies were not consistently applied.

Staff interview with Executive Director, and Director of Care (DOC) and per email, "the nursing staff have been instructed to complete the fall documentation in the electronic progress notes in PCC and the report to the DOC which is signed off by the Physician is still to be completed manually (Policy LTC-N-75)".

The DOC was not able to provide completed fall assessments as per the home's policies for all of a certain resident's falls.

[O.Reg. 79/10,s.8(1)(b)]

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 a policy is complied with, to be implemented voluntarily.



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Homes Act, 2007

Ministère de la Santé et des
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Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

Issued on this 31st day of May, 2012

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

Jean L. Stodley