

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

Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 31, 2021	2021_563670_0022	008096-21, 008543- 21, 009039-21, 009179-21, 011344- 21, 012218-21	Critical Incident System

**Licensee/Titulaire de permis**

The Corporation of the County of Essex  
360 Fairview Ave West Essex ON N8M 1Y6

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

Sun Parlor Home for Senior Citizens  
175 Talbot Street East Leamington ON N8H 1L9

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

DEBRA CHURCHER (670), CASSANDRA TAYLOR (725)

**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): August 23, 24, 25, 26 and 30, 2021.**

**The purpose of this inspection was to inspect the following:**

- Log# 008096-21 CIS #M579-000013-21 related to a fall with injury.**
- Log# 008543-21 CIS #M579-000014-21 related to hospitalization and change in condition.**
- Log# 009039-21 CIS #M579-009039-21 related to alleged resident to resident abuse.**
- Log# 011344-21 CIS #M579-000020-21 related to a fall with injury.**
- Log# 009179-21 CIS #M579-000021-21 related to a fall with injury.**
- Log# 012218-21 CIS #M579-000022-21 related to a fall with injury.**

**Complaint inspection #2021\_563670\_0021 was completed concurrently with this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Director of Nursing Care, one Assistant Director of Nursing Care, one Assistant Director of Care Infection Prevention and Control Lead, one Environmental Services Manager, three Registered Nurses, four Personal Support Workers, one Housekeeper, one Visitor/Witness and residents.**

**During the course of this inspection the Inspectors observed the overall cleanliness and maintenance in the home, observed Infection Prevention and Control Practices in the home, observed staff to resident interactions, observed the provision of care, reviewed relevant clinical records, reviewed relevant policies and procedures and reviewed relevant internal documentation.**

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

**Falls Prevention  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Minimizing of Restraining  
Pain  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours  
Safe and Secure Home**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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 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 has failed to ensure that they followed their policy related to pain management to complete a pain assessment for resident #002 after a significant change in condition.

O.Reg 79/10 Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: 4. A pain management program to identify pain in residents and manage pain.

Resident #002 experienced an incident resulting in a specific condition. The resident was noted to have increased pain on a specific date and a pain assessment was not completed until five days later as it was triggered the Minimum Data Set (MDS).

Review of the homes policy Section: Nursing Services, Subject: Pain Management Program last revised April 29, 2015; the policy stated “Each resident must have a pain assessment on admission and be reassessed on readmission, quarterly and at significant condition changes.”

Not following the homes policy relating to completing a pain assessment for a significant change in status placed resident #002 at risk for uncontrolled pain.

Sources: Resident #002’s records and the homes Policy - Subject “Pain Management Program”. [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 that 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, to be implemented voluntarily.***

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Issued on this 31st day of August, 2021

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

**Original report signed by the inspector.**