



**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**

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Performance Improvement and
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**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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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
Sep 23, 2014	2014_270531_0021	O-000894- 14	Resident Quality Inspection

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

THE VILLAGE GREEN NURSING HOME
166 Pleasant Drive, P.O. Box 94, Selby, ON, K0K-2Z0

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

SUSAN DONNAN (531), BARBARA ROBINSON (572), JESSICA PATTISON (197),
PAUL MILLER (143)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): September 15, 16, 17, 18,19, and 22, 2014

During the course of the inspection, the inspector(s) spoke with Residents, resident family members, Personal Support Workers, Registered Practical Nurses, Registered Nurses, a Physician, the Life Enrichment Manager, the Environmental Service Manager, the Maintenance Supervisor, the RAI Co-ordinator, the Nutritional Care Manager, the Director of Care and the Administrator.

During the course of the inspection, the inspector(s) conducted a tour of the home, observed resident dining and reviewed the diet roster and therapeutic menus, reviewed medication administration including drug storage areas, observed resident care, the home's infection control practices including hand hygiene for staff and residents, reviewed Resident and Family Council meeting minutes, reviewed resident health care records and relevant home policies.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Contenance Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Family Council

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Reporting and Complaints

Residents' Council

Skin and Wound Care

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>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. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
- (b) each resident’s linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 15 (2) (c) whereby the home, furnishings, and equipment are not maintained in a good state of repair.

During the course of the inspection room #5,7,23, 25, 28, 30, 31, 32, were observed and the following identified:

- room #30 a three inch diameter hole in ceiling tile above a resident's bed and a section of drywall which was patched and left unfinished above the over bed light.
- door frames in the resident rooms and bathrooms heavily marked, paint chipped, peeled, scarred and areas where the steel corner beads were exposed.
- wooden bathroom doors are worn in areas, wood heavily scarred along the bottom the inside by the hinges.
- entrance doors in to the activity room and dining areas are scarred and paint chipped along the bottom.
- wooden railings along both sides of the hall and in the dining area are heavily worn and chipped.
- holes in bathroom walls from an area where hand sanitizers were previously located.

On a specified date in an interview with #S107 confirmed that approximately five rooms per week are allocated for painting and that most of the residents' bedrooms require painting and repairs. [s. 15. (2) (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 that the home is maintained in a good state of repair., 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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).



Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA 2007, s. 6(7) in that the care set out in a resident's plan of care was not provided as specified in the plan.

Resident #45's care plan states the following:

- Moderate nutritional risk
- Total minced texture

During observation of the lunch meal on a particular date, staff member #S111 was heard saying "that's ok for minced I guess" as she picked up a bowl of regular pineapple tidbits. The staff member then delivered them to Resident #45. The resident appeared to be trying to break up the pineapple pieces with her spoon and as she was doing so, spilled the pineapple on the floor.

The OMNI Summer/Fall 2014 Week 3 Regular Minced menu was reviewed and it stated that Resident #45 should get crushed pineapple. [s. 6. (7)]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA 2007, s. 57(2) in that they do not always respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations.

The July 31, 2014 Resident Council Meeting Minutes identified the following concern:

1. Ran out of meal, had to take something else.

A written response to the above concern could not be found and an interview with S108 confirmed that she did not provide a written response to the Residents' Council.

The August 27, 2014 Resident Council Meeting Minutes identify the following concerns/recommendations:

1. Chicken is salty
2. Residents enjoyed NCM's custard and would like again.
3. Resident is missing three blouses

During an interview with staff member #S105, she confirmed that there was no written response to the Residents' Council regarding the above concerns/recommendations.
[s. 57. (2)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

**s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.
O. Reg. 79/10, s. 73 (2).**

Findings/Faits saillants :



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1. The licensee has failed to comply with O. Reg. 73(2)(b) in that a resident who requires assistance with eating was served part of a meal before someone was available to provide assistance.

Resident #44's care plan states the following:

- High nutrition risk
- Resident requires ++ assistance and encouragement at meal times

On specified date, Resident #44 was observed to get her soup at approximately 1210 hours.

Staff did not approach or encourage the resident until 1225 hours, at which time staff member #S109 sat with the resident and started to assist her. The resident stated to the staff member that she did not want her soup and started eating her main meal. [s. 73. (2) (b)]

Issued on this 24th day of September, 2014

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