



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{iem} étage
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**Ministère de la Santé et des Soins de
longue durée**

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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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
February 1, 3, 4, 6-10, 2011	2011_103_2681_31Jan094124	Annual Log# O-000313
Licensee/Titulaire Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. As General Partner, 1840 Lansdowne Street West, Unit 12, Peterborough, Ontario K9K 2M9 Fax #1-705-742-9197		
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 Fax #1-613-388-2694		
Name of Inspector(s)/Nom de l'inspecteur(s) Darlene Murphy (#103), Lynda Hamilton (#124), Linda Harkins (#126), Kathleen Smid (#161)		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct an annual inspection.

During the course of the inspection, the inspectors spoke with Residents, Resident Council President, Family members, Family council representative, Volunteers, Personal Support Workers, Registered Nurses, Registered Practical Nurses, the Director of Care, the Administrator, the Physiotherapist, a Physiotherapy aide, the RAI Coordinator, the Clinical Care Coordinator, Housekeeping and Maintenance staff, Office Manager/Environmental Services Manager, Life Enrichment Coordinator, Life Enrichment aide, Nutritional Manager, Cook and Dietary aides.

During the course of the inspection, the inspectors conducted resident and family interviews, staff interviews, observed resident care and the environment, and reviewed resident health care records.

The following Inspection Protocols were used during this inspection:

- Accommodation Services Laundry
- Accommodation Services Housekeeping
- Accommodation Services Maintenance
- Admission Process
- Quality Improvement
- Resident Charges
- Dining Observation
- Medication
- Infection, Prevention and Control
- Hospitalization and Death
- Prevention of Abuse, Neglect and Retaliation
- Family Council
- Resident Council
- Responsive Behaviors
- Safe and Secure Home
- Nutrition and Hydration
- Continence Care and Bowel Management
- Personal Support Services
- Dignity, Choice and Privacy
- Minimizing Restraints
- Pain
- Recreation and Social Activities

Findings of Non-Compliance were found during this inspection. The following action was taken:

- 10 WN's
- 4 VPC's
- 1 CO: CO # 001



NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans la loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN#1 The Licensee has failed to comply with O.Reg. 79/10, s.110

(1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

1. Staff apply the physical device in accordance with any manufacturer's instructions.

Findings:

1. A resident was observed to be sitting upright in a wheelchair with a lap belt that was applied loosely around his/her legs. There was an approximate 6 inch gap between the resident's legs and the belt.
2. Another resident was observed to be agitated in his/her tilt wheelchair with a lap belt that was applied loosely around his/her abdomen. The lap belt was twisted and the front of the buckle faced the resident's abdomen. There was an approximate 4 inch gap between the resident's abdomen and the belt.

Compliance Order #001 was faxed to the licensee on February 9, 2011

Inspector ID #: 126

WN#2: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.31

(1) A resident may be restrained by a physical device as described in paragraph 3 of subsection 30(1) if the restraining of the resident is included in the resident's plan of care.

(2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied

4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.

Findings:

1. A resident was observed to be sitting upright in a wheelchair with a lap belt that was applied loosely around his/her legs. There was an approximate 6 inch gap between the resident's legs and the belt.
2. Another resident was observed to be agitated in his/her tilt wheelchair with a lap belt that was applied loosely around his/her abdomen. The lap belt was twisted and the front of the buckle faced the resident's

- abdomen. There was an approximate 4 inch gap between the resident's abdomen and the belt.
3. Neither resident had a physician or registered nurse in the extended class order for the lap belt restraint.
 4. A third resident was observed with a lap belt in place and was unable to undo or identify the reason for the lap belt.
 5. The care plan of the third resident does not include any type of restraint but indicates the resident utilizes the lap belt as a Personal Assistive Safety Device.
 6. The third resident does not have a physician ordered or registered nurse in the extended class order for the lap belt restraint.

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 a physician or registered nurse in the extended class has ordered the restraining device prior to applying the restraint to a resident, to be implemented voluntarily.

Inspector ID #: 126

WN #3 The Licensee has failed to comply with O.Reg. 79/10, s.110

(7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. The circumstances precipitating the application of the physical device.
4. Consent.
6. All assessment, reassessment and monitoring, including the resident's response.

Findings:

1. Three residents were observed wearing front lap belts and there was no evidence of documentation related to the circumstances precipitating the application of the restraint, obtaining consent and monitoring.

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 when a physical restraint is applied that all requirements listed under O. Reg. 79/10, s.110 (7) are documented, to be implemented voluntary.

Inspector ID #: 126

WN #4 The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.29

(1) Every licensee of a long-term care home,

(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and

(b) shall ensure that the policy is complied with.

Findings:

1. The Home policy (#5.3) requires that prior to the application of a physical restraint there is: Assessment of alternative interventions, physician's order, active consent from Resident, family or substitute decision maker and restraint monitoring documentation. The home has failed to comply with this policy by applying a physical restraint (front lap belt) on two residents without:
 - completing any assessment,
 - obtaining consent
 - obtaining an order from the physician for the type of restraint, and
 - documenting the reason for its application and the duration of use.

Inspector ID #: 126

WN#5 : The Licensee has failed to comply with O. Reg. 79/10, s.134

Every licensee of a long-term care home shall ensure that,

- a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

Findings:

1. A resident was prescribed pain medication.
2. Over a period of time the resident required forty-two doses of pain medication. The effectiveness of his/her pain medication was not documented thirty-five out of forty-two times during this time period.
3. A second resident was prescribed pain medication.
4. Over a period of time, the second resident required one hundred and twenty-eight doses of pain medication. The effectiveness of his/her pain medication was not documented fifty-seven of one hundred and twenty-eight times during this time period.
5. The home did not consistently monitor and document the residents' response to and effectiveness of their prescribed analgesics.



VPC-pursuant to LTCHA, 2007, S.O.2007 c.8, s.152(2) the licensee is hereby requested to prepare a written plan of corrective action for achieving compliance to ensure the two residents' response to and effectiveness of their prescribed as needed analgesics are monitored and documented, to be implemented voluntarily.

Inspector ID #: 103 and 124

WN# 6: The Licensee has failed to comply with LTCHA 2007, S.O.2007, c.8, 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,
(b) the resident's care needs change or care set out in the plan is no longer necessary;

Findings:

1. A resident was prescribed pain medication.
2. Over a period of time the resident required forty-two doses of pain medication. The effectiveness of his/her pain medication was not documented thirty-five out of forty-two times during this time period.
3. The resident's use of the pain medication had increased over this period of time.
4. The most recent MDS assessment for the resident indicates that he/she is having daily pain and the resident reports that the medication makes the pain bearable at times but the pain is never completely relieved.
5. There is no evidence that the resident's pain has been reassessed or that his/her plan of care has been reviewed or revised in relation to his/her pain.

VPC-pursuant to LTCHA, 2007, S.O.2007 c.8, s.152(2) the licensee is hereby requested to prepare a written plan of corrective action for achieving compliance to ensure the resident's pain is reassessed and his/her plan of care revised to meet his/her changing needs, to be implemented voluntarily.

Inspector ID #: 103 and 124

WN #7: The Licensee has failed to comply with O.Reg. 79/10, 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,
(b) is complied with.

Findings:

1. #4.8 Pharmacy Policy and Procedure Manual; subject-Medication Pass (Revised January 2006) states medications must be administered to the resident followed by the registered staff's signature on the Medication Administration Record.
2. Registered nursing staff was observed on several occasions throughout the review pre-signing for medications on the Medication Administration Record prior to the administration of medications to



residents.

3. The home's policy #4.8 Pharmacy Policy and Procedure Manual; subject-Medication Pass (Revised January 2006) is not being complied with.

Inspector ID #:	103, 124, 126 and 161
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WN #8: The Licensee has failed to comply with LTCHA, 2007, S.O 2007, c.8, 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.

Findings:

1. Review of the September 13, 2010 Residents' Council minutes identified a concern regarding noise in the halls in the evening.
2. The written response from the Administrator in reference to the September 13, 2010 concern is dated Dec. 22, 2010.

Inspector ID #:	124
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WN #9 The Licensee has failed to comply with LTCHA, 2007, S.O 2007, c.8, s.85
(3)The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results.

Findings:

1. The home sent out the satisfaction survey in January 2011.
2. A member of Family Council reported that the home did not consult with Family Council regarding the development of the satisfaction survey.
3. Review of the Family Council minutes from July 2010-January 2011 does not reflect consultation with Family Council regarding the satisfaction survey.

Inspector ID #:	124
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WN #10: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.15

- (2) Every licensee of a long-term care home shall ensure that,
 - (c)the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Findings:

1. The following items presented with deep scarring and a lack of finish in a wide spread manner in the home: door frames around resident entrance doors and resident bathroom doors had large areas of



bare, scraped and unpainted surfaces; wooden hand rails had widespread incidence where the varnish had been worn away and resulted in a rough finish.

Inspector ID #: 103 and 161

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Feb. 22/11 Darlene Murphy

Title: Date:

Date of Report: (if different from date(s) of inspection).



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Linda Harkins	Inspector ID # 126
Log #:	Log #O-000313	
Inspection Report #:	2011_126_2681_01Feb090030	
Type of Inspection:	Annual	
Date of Inspection:	February 9, 2011	
Licensee:	Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. as General Partner 1840 Lansdowne Street West, Unit 12 ON, K9K 2M9 Fax: 705.742.9197	
LTC Home:	Village Green 160 Pleasant Drive Selby, ON KOK 2Z0 Fax: 613.388.2694	
Name of Administrator:	Linda Pierce	



To Village Green, Ontario you are hereby required to comply with the following orders by the dates set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: The Licensee has failed to comply with O. Reg. 79/10, s. 110			
(1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:			
1. Staff apply the physical device in accordance with any manufacturer's instructions.			
Order: The Licensee will ensure that the application of all physical devices are done in accordance with the manufacturer's instructions.			
Grounds:			
1. A resident was observed to be sitting upright in a wheelchair with a lap belt that was applied loosely around his/her legs. There was an approximate 6 inch gap between the resident's legs and the belt.			
2. Another resident was observed to be agitated in his/her tilt wheelchair with a lap belt that was applied loosely around his/her abdomen. The lap belt was twisted and the front of the buckle faced the resident's abdomen. There was an approximate 4 inch gap between the resident's abdomen and the belt.			
3.			
This order must be complied with:			Immediately

REVIEW/APPEAL INFORMATION

TAKE NOTICE:



Ministry of Health and Long-Term Care
 Health System Accountability and Performance Division
 Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
 Division de la responsabilisation et de la performance du système de santé
 Direction de l'amélioration de la performance et de la conformité

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 Ministry of Health and Long-Term Care
 55 St. Clair Ave. West
 Suite 800, 8th floor
 Toronto, ON M4V 2Y2
 Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
 Attention Registrar
 151 Bloor Street West
 9th Floor
 Toronto, ON
 M5S 2T5

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 55 St. Claire Avenue, West
 Suite 800, 8th Floor
 Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 9 th of February, 2011.	
Signature of Inspector:	
Name of Inspector:	Linda Harkins
Service Area Office:	Ottawa

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