



**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  
prévus 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  
Direction de l'amélioration de la performance et de la  
conformité

London Service Area Office  
291 King Street, 4th Floor  
LONDON, ON, N6B-1R8  
Telephone: (519) 675-7680  
Facsimile: (519) 675-7685

Bureau régional de services de London  
291, rue King, 4<sup>ème</sup> étage  
LONDON, ON, N6B-1R8  
Téléphone: (519) 675-7680  
Télécopieur: (519) 675-7685

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 12, 22, 2011	2011_087128_0018	Critical Incident

**Licensee/Titulaire de permis**

VISION '74 INC  
229 WELLINGTON STREET, SARNIA, ON, N7T-1G9

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

VISION '74 INC.  
229 WELLINGTON STREET, SARNIA, ON, N7T-1G9

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

RUTH HILDEBRAND (128)

**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 Assistant Administrator, Nurse Manager, 2 Registered Nurses, 1 Registered Practical Nurse and one resident.

During the course of the inspection, the inspector(s) reviewed the clinical record for one resident and policies and procedures pertinent to the inspection.

The following Inspection Protocols were used in part or in whole during this inspection:

Critical Incident Response

Falls Prevention

Pain

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

<p>Definitions</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Définitions</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. 107. Reports re critical incidents**

**Specifically failed to comply with the following subsections:**

- s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):**
- 1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.**
  - 2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours.**
  - 3. A missing or unaccounted for controlled substance.**
  - 4. An injury in respect of which a person is taken to hospital.**
  - 5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).**

**Findings/Faits sayants :**

1. On August 12, 2011, at 10:30 the Critical Incident Report submitted to the Ministry of Health and Long-Term Care was reviewed, in the Director of Care office, to determine compliance with expectations related to reporting of critical incidents. The critical incident was not submitted until June 13, 2011 at 11:33 even though the incident occurred on June 7, 2011 at 08:15. This does not meet the required submission of no later than one business day after the occurrence of the incident.

On August 12, 2011 at 16:06, a staff interview was conducted with the Assistant Administrator, in the Director of Care office, to query the expectations surrounding reporting of Critical Incidents to the Ministry of Health and Long-Term Care. She stated that "the home's expectation is that all critical incidents are reported within the expected time frames as set out by the Ministry" and acknowledged that this critical incident was not reported in the expected time frame.

**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 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 sayants :**

1. On August 12, 2011 at 15:40, the home's Pain Management policy # 500-VII-250, dated March 2006 was reviewed in the Director of Care office to determine compliance with the policy. The policy states that "all residents are screened on admission and when there is a change in condition" and "when pain is indicated a full pain assessment is completed". There is no evidence to support that the home's policy was complied with as a pain assessment was not completed for an identified resident post fall and return from hospital with a change in condition.

On August 12, 2011 at 16:20, a staff interview was conducted with the Nurse Manager, in the Director of Care office, to query the expectations related to staff following the home's Pain Management policy # 500-VII-250, dated March 2006. The Nurse Manager acknowledged that the home's policy was not complied with as the expectation is that pain assessments are completed as per the policy.

2. On August 12, 2011 at 15:50, the home's Prevention of Falls policy #550-F-01A , dated January 2009 was reviewed, in the Director of Care office, to determine compliance with the post fall assessment completed, June 8, 2011. There is no evidence to support that the home's policy was complied as a "Falls Risk Assessment Tool" was not utilized to complete the assessment as per the policy.

On August 12, 2011 at 16:10, a staff interview was conducted with the Nurse Manager, in the Director of Care office, to query the expectations related to staff following the home's Prevention of Falls policy #550-F-01A, dated January 2009. The Nurse Manager stated that "the policy was not followed based on our current practice for post falls assessments".

***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's policies are complied with, to be implemented voluntarily.***

---

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care**

Specifically failed to comply with the following subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

---

**Findings/Faits sayants :**

1. On August 12, 2011, at 11:30 a review of the clinical record for an identified resident was completed, in the Director of Care office, to determine if a pain assessment had been completed post fall and return from hospital with a change in condition. There was no evidence that a pain assessment was completed for this resident.

On August 12, 2011, at 11:45 staff interviews were conducted with registered nursing staff to determine if a pain assessment had been completed, for an identified resident, post fall and return from hospital with a change in condition. The staff could not find any evidence that a pain assessment was completed for this resident and acknowledged that pain assessment was not completed.

***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 plan of care is based on an assessment of pain, if required, to be implemented voluntarily.***

Issued on this 26th day of August, 2011



**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  
prévus le Loi de 2007 les  
foyers de soins de longue**

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