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 sous la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 15, 2018	2018_625133_0003	029324-17, 000511-18	Complaint

Licensee/Titulaire de permis

0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

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

Woodland Villa
30 Milles Roches Road, R.R. #1 Long Sault ON K0C 1P0

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): February 20, 21,22,23 and 26, 2018

This complaint inspection was in relation to two complaints. Log # 029324-17 was related to the transfer of a resident with a mechanical lift. Log #000511-18 was related to the linen supply during a specified time period and the treatment of residents related to two specified conditions.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Physician Assistant, the Nursing Administrative Services Manager, the Physiotherapist, registered and non registered nursing staff and a resident.

During the course of the inspection, the inspector observed an identified resident, reviewed an identified resident's health care record, reviewed the Operating and Product Care Instructions manual for an identified type of mechanical lift, reviewed identified policies related to mechanical lifts, reviewed training records for identified staff members, reviewed a flowchart provided by the Physiotherapist related to the assessment of residents in relation to lifts, transfers and carries. The Inspector also reviewed laundry department time schedules, housekeeping and laundry department sign in/out records and payroll records, reviewed a Ministry of Labour field visit report, reviewed an infection control surveillance report, and reviewed lab reports for two identified residents.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Training and Orientation

During the course of this inspection, Non-Compliances were issued.
2 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l’article 152 de la LFSLD.

WN #1: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

The licensee has failed to ensure that the written plan of care for resident #001 sets out clear direction to staff and others who provide direct care to the resident.

This finding of non-compliance is related to log #029324-17.

As described by Personal Support Worker (PSW) #101 during an interview with the Inspector, PSW #101 and PSW #102 used a specified type of mechanical lift to lift and transfer resident #001, on an identified date in 2017. PSW #101 indicated that during the transfer process, an incident occurred and resident #001 had to be lowered down to the floor, in a specified way and position, with no apparent injury at the time of the incident. PSW #101 indicated that resident #001 was then transferred from the floor, into their wheelchair, with a different type of mechanical lift. PSW #101 indicated that specified safety accessories on the first mechanical lift had not been applied to resident #001 during the initial transfer process. PSW #101 indicated that they were unsure what the expectations were with regards to the application of the specified safety accessories for resident #001. PSW #101 indicated that in general, they did not apply the specified safety accessories for resident #001 when using the first specified type of mechanical lift to transfer resident #001.

Resident #001's written plan of care that was in place at the time of the transfer incident on an identified date in 2017 was reviewed. Related to transferring, resident #001's written plan of care indicated that staff could use the first and the second specified types of mechanical lifts. The written plan of care did not provide direction with regards to the need to apply the specified safety accessories for resident #001 if a transfer was performed with the first specified type of mechanical lift.

The Physiotherapist indicated that resident #001 was most recently assessed on an

identified date in 2017, to require either the first or second specified types of mechanical lift. The Physiotherapist indicated that it was not identified that the specified safety accessories were to be applied for resident #001 when the first specified type of mechanical lift was used as it was understood that the specified safety accessories were to be applied for all residents. The Physiotherapist indicated that they had never been made aware that the specified safety accessories were not being applied, for any resident.

The Administrator provided the Inspector with the licensee's policy related to the first specified type of mechanical lift, and with the licensee's policy related to safety and mandatory lift and transfer procedures. The Administrator indicated that as per the licensee's policies, safety accessories, including the specified safety accessories on the first specified type of mechanical lift, were to be securely fastened around a resident at all times. The Administrator indicated that going forward, if a determination was made that the application of the specified safety accessories was not required for a resident, it would be identified in the resident's written plan of care.

The licensee has failed to ensure that the written plan of care for resident #001 sets out clear direction to staff and others who provide direct care to the resident, specifically related to the need to apply specified safety accessories when using a specified type of mechanical lift.

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 with section 6 (1)(c) of LTCHA, 2007, to ensure that the written plan of care, for any resident who requires a mechanical lift for transfers, sets out clear direction to staff and others who provide direct care to the resident, with specific reference to the application of safety accessories, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 219. Retraining

Specifically failed to comply with the following:

s. 219. (1) The intervals for the purposes of subsection 76 (4) of the Act are annual intervals. O. Reg. 79/10, s. 219 (1).

Findings/Faits saillants :

The licensee has failed to ensure that training is provided annually to staff in the area of safe and correct use of mechanical lifts.

This finding of non-compliance is related to log #029324-17.

As per LTCHA, 2007, S.O. 2007, c.8, s. 76 (2) 11 and O. Reg. 79/10, s. 218. 2, training is to be provided to staff in the area of safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.

As per LTCHA, 2007, S.O. 2007, c.8, s.76 (4) and O. Reg. 79/10, s. 219 (1), the training referenced above is be provided annually.

As described by Personal Support Worker (PSW) #101 during an interview with the Inspector, PSW #101 and PSW #102 used a specified type of mechanical lift to lift and transfer resident #001, on an identified date in 2017. PSW #101 indicated that during the transfer process, an incident occurred and resident #001 had to be lowered down to the floor, in a specified way and position, with no apparent injury at the time of the incident. PSW #101 indicated that resident #001 was then transferred from the floor, into their wheelchair, with a different type of mechanical lift. PSW #101 indicated that specified safety accessories on the first specified type of mechanical lift had not been applied to resident #001 during the initial transfer process.

Related to the first specified type of mechanical lift, PSW #101 indicated to the Inspector that they were unsure what the expectations were with regards to the application of the specified safety accessories when lifting and transferring a resident. PSW #101 indicated that they use the specified safety accessories with some residents, and not others. PSW #101 indicated that in general, they did not apply the specified safety accessories for resident #001 when using the first specified type of mechanical lift. PSW #101 indicated that they had received training on the use of the first specified type of mechanical lift "a long time ago", when the lift was first put into use. PSW #101 indicated that during the

training provided they had been shown how to use the specified safety accessories. PSW #101 indicated that they did not know if they were trained that the specified safety accessories were supposed to be applied for all residents. PSW #101 indicated that there was no annual training provided about the use of mechanical lifts.

The Administrator indicated to the Inspector that the annual training program in place for nursing staff on the safe and correct use of mechanical lifts was in the form of a self-directed online review of the licensee's policy related to safety and mandatory lifts and transfer procedures. The Administrator indicated that completion of the policy review resulted in a certificate of completion for the course entitled “Omni Lifts and Transfers”. The Administrator indicated that as per the licensee's policy, safety accessories, including the specified safety accessories on the first type of mechanical lift, were to be securely fastened around a resident at all times.

The Administrator was asked to provide the Inspector with training records for the “Omni Lifts and Transfers” course for PSW #101, #102 and #103. The most recent training records located by the Administrator for PSW #101 and PSW #102 dated back to September 2015. The Administrator was unable to locate any training records for PSW #103.

The Administrator confirmed that in the absence of the training records, it was concluded that the three PSWs did not receive the required annual training.

The licensee has failed to ensure that staff are trained annually in the area of safe and correct use of mechanical lifts.

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 with section 219 (1) of O. Reg. 70/10, to ensure that all staff are trained annually in the area of safe and correct use of mechanical lifts, that is relevant to the staff member's responsibilities, to be implemented voluntarily.

Issued on this 15th day of March, 2018

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

Original report signed by the inspector.