

**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**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Public Copy/Copie du rapport public**

---

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 8, 2022	2022_898541_0006	003362-22	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**

AMBER LAM (541)

**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 22, 23, 24, 28, March 1, 2, 3, 2022.**

**During this inspection, concerns related to pain management, falls and change in condition were inspected.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), a registered nurse, registered practical nurses and personal support workers. In addition the inspector reviewed residents' health care records and relevant licensee policies.**

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

**Falls Prevention**

**Hospitalization and Change in Condition**

**Infection Prevention and Control**

**Pain**

**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**

<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 failed to ensure that the Pain Assessment policy included in the required Pain Management Program was complied with for three residents.

O. Reg 79/10 s. 48(1)(4) requires a pain management program to identify pain in residents and manage pain.

O. Reg 79/10 s.30(1)(1) requires a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols.

Specifically the licensee did not comply with policy "Pain Assessment OTP-PM-6.3" dated May 2017.

The licensee's Pain Assessment policy states that an electronic pain assessment titled "Clinical Pain or Abbey Pain scale" shall be completed quarterly and annually as well as during the seven day look back period in preparation for the minimum data set (MDS) scheduled assessment.

Three residents' annual and quarterly assessment dates were reviewed and there were no associated electronic pain assessments completed. The Director of Care indicated that it is the expectation pain assessments be completed annually and quarterly.

Sources: e-assessments and quarterly/annual MDS assessments for three residents, interview with the DOC, policy Pain Assessment OTP-PM-6.3. [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 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 is complied with, to be implemented voluntarily.***

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**

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

**s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure when resident #001's pain was not relieved by initial interventions that the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

A resident sustained a fall and was sent to hospital, returning the following day with no report of injury. Upon return from hospital the resident verbalized pain and two PSWs indicated although the resident had some pain prior to the fall, the pain the resident was experiencing after return from hospital was worse. The resident's progress notes indicated a progressive increase in pain starting upon return from hospital. During this time the resident's pain medication was increased and the resident continued to exhibit signs of pain. Two PSWs stated the resident's pain caused a decrease in appetite. Approximately a week and a half later, the resident was sent back to hospital due to the pain not being managed with medications.

A review of the resident's assessments indicated that no pain assessments were completed from the time the resident returned from hospital after the fall and when the resident was sent back to the hospital. An RPN and the Administrator stated that pain assessments should have been completed for the resident during this time.

Not completing pain assessments for a resident can prevent staff from being able to see trends and progression of pain in order to provide appropriate treatment to the resident.

Sources: A resident's progress notes, assessments, e-MAR, food and fluid intake records, interviews with the Administrator, an RPN and two PSWs. [s. 52. (2)]

***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 when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.***

**Issued on this 9th day of March, 2022**

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

**Original report signed by the inspector.**