



**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**

**Health System Accountability and  
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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**

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 23, 2014	2014_291552_0021	O-000466- 14	Complaint

**Licensee/Titulaire de permis**

MARYCREST HOME FOR THE AGED  
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

ST JOSEPH'S AT FLEMING  
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

MARIA FRANCIS-ALLEN (552)

**Inspection Summary/Résumé de l'inspection**



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

**This inspection was conducted on the following date(s): July 16, 17 & 18, 2014**

**Complaint log # 000466-14**

**During the course of the inspection, the inspector(s) spoke with Resident, Administrator, Director of Care (DOC), Unit Manager (UM), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW)**

**During the course of the inspection, the inspector(s) observed staff to resident interaction during the provision of care, reviewed clinical health records, reviewed the licensee policy related to Bowel Care**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Nutrition and Hydration**

**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. 6. Plan of care**

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

- 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,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
  - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
  - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**



1. The licensee failed to 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, care set out in the plan has not been effective.

Regarding log # 000466-14

Clinical records indicate Resident # 002 has a chronic medical condition,

Review of clinical health records indicated

- For 7 months, the resident exhibited symptoms related to this medical condition on 12 occasions. On each occasion, medical treatment was initiated. The effectiveness of the treatment was documented on two occasions.

- For a separate 5 months, the resident exhibited symptoms related to this medical condition on 10 occasions. The effectiveness of the treatment was documented on one occasion

Interview with the Unit Manager indicated:

- Resident # 002 has a chronic medical condition

- The front line staff were not always able to monitor the status of the resident's medical condition as the resident was independent with some of their personal health habits

- Documentation of the status of the resident's medical condition was based on the resident's response - the resident has some cognitive impairment.

- On an identified date, the resident was admitted to the hospital for further assessment and treatment of the medical condition. Since returning from the hospital, the procedure for monitoring the resident's condition has been re evaluated.

Interview with staff # 101 and 102 indicated:

- The staff follow a protocol that has been developed specifically for this chronic medical condition.

- Resident # 002 was independent with some of their personal health habits, hence staff was not always able to monitor the status of the resident's medical condition.

Review of written care plan does not address that the resident is at risk for an altered health status related to their chronic medical condition and needs to have interventions in place to monitor and prevent further episodes.

The plan of care was not reviewed and revised when care set out in the plan had not been effective as evidenced when on an identified date the resident experienced a medical emergency. [s. 6. (10) (c)]



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**Issued on this 23rd day of July, 2014**

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