



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

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Inspection Report under the LTC Homes Act, 2007 <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée <input type="checkbox"/> Copie du Titulaire <input type="checkbox"/> Copie de la Publique	
Date(s) of inspection/Date de l'inspection August 17 & 18, 2010		Inspection No/ d'inspection 2010_167_9616_16Aug115803	Type of Inspection/Genre d'inspection Complaint
Licensee/Titulaire The Regional Municipality of Peel, 10 Peel Centre Drive, Suite B, 4 th Floor, Brampton, Ontario L6T0E5			
Long-Term Care Home/Foyer de soins de longue durée Tall Pines Long Term Care Centre, 1001 Peter Robertson Blvd., Brampton, Ontario L6R2Y3			
Name of Inspector(s)/Nom de l'inspecteur(s) Marilyn Tone # 167			
Inspection Summary/Sommaire d'inspection			
<p>The purpose of this inspection was to conduct a complaint inspection</p> <p>The inspection was conducted by Marilyn Tone # 167.</p> <p>The inspection occurred on August 17 & 18, 2010.</p> <p>During the course of the inspection, the inspector(s) spoke with: The Administrator, the Director of Care, the resident involved in this complaint, the registered staff (RN, RPN)</p> <p>The following Inspection Protocols were used during this inspection:</p> <p>Personal Support Services Reporting and Complaint Skin and Wound</p> <p>Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.</p> <p>Findings of Non-Compliance were found during this inspection. The following action was taken: 3 WN 2 VPC</p>			

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'exigences 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 le 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.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

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

WN#1: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8,s. 6(5)

The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

ACTION/ORDER:
 WN VPC

Findings:

1. As documented on the identified resident's health record, the Substitute Decision Maker requested that the resident be given assistance to tighten their shoes because the resident does not get them tight enough and that this would result in increased risk for falls. The Substitute Decision Maker also requested that the treatment cream prescribed for the resident not be left in the room for self application. Neither of these requests was communicated in the resident's plan of care to staff providing care.

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 be implemented voluntarily.

Inspector ID#: 167

WN#2: The Licensee has failed to comply with: O. Reg. 79/10,s.101(2)(a)(c) (e)

(a) The licensee shall ensure that a documented record is kept in the home that includes, the nature of each verbal or written complaint;

(c) The licensee shall ensure that a documented record is kept in the home that includes, the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

(e)The licensee shall ensure that a documented record is kept in the home that includes, every date on which any response was provided to the complainant and a description of the response

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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'exigences 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 le 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.

ACTION/ORDER:

WN

Findings:

1. At the present time, there is no formal record of verbal complaints documented, including investigation, action taken and follow up with the complainant as per the home's policies and procedure # LTC1-5.5 or # LTC1-5.6 and current legislation.

Inspector ID#: 167

WN#3: The Licensee has failed to comply with: O. Reg. 79/10, 131(5)

The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident.

ACTION/ORDER:

WN VPC

Findings:

1) A registered staff member who was interviewed stated that the identified resident often refuses to have the treatment cream applied and that staff will leave the treatment cream with the resident so that the resident can apply it independently. It was noted on the Treatment Administration Record for the month of July 2010 that the treatment cream was not available 17 times that month. The staff member who was interviewed explained that the reason that staff were unable to locate the treatment cream was because the resident would put the cream away in the resident's room and it could not be located by staff.

2) There is no physician's order present on the identified resident's health file giving direction for the resident to self administer the treatment cream prescribed.

3) The identified resident's Substitute Decision Maker requested that the treatment cream not be left in the resident's room. This request was documented in the progress notes on the resident's health file.

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 be implemented voluntarily.

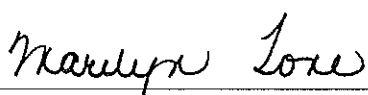
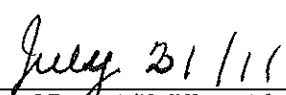
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Le suivant constituer un avis d'écrit de l'exigences prévue le paragraph 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le 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.

Signature of Licensee of Designated Representative 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.	
			
Title:	Date:	Date of Report (if different from date(s) of inspection).	
		September 16, 2010	