Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue 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
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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
Nov 28, Dec 8, 9, 2011; Feb 9, 13, 2012	2011_055154_0005	Critical Incident

Licensee/Titulaire de permis

WEST PARRY SOUND HEALTH CENTRE
6 ALBERT STREET, PARRY SOUND, ON, P2A-3A4

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

LAKELAND LONG TERM CARE
6 ALBERT STREET, PARRY SOUND, ON, P2A-3A4

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

GAIL PEPLINSKIE (154)

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 Administrator, Director of Care (DOC), Clinical Coordinator, Registered staff, Personal Support Workers (PSW) and some residents.

During the course of the inspection, the inspector(s) conducted the inspection in both the ELDCAP unit (Facility # 2966) and the Long Term Care unit (Facility #2958), conducted a walk-through of 2 resident areas and various common rooms, observed the care of residents, observed staff to resident interactions, reviewed various policies and procedures and some residents' health care records.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 15. Accommodation services

Specifically failed to comply with the following subsections:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. December 9, 2011 inspector 154 observed, on a resident care unit, scratched, chipped scuffed walls and some with black marks in the family room, den, corridors and in resident rooms. Doors to residents' rooms observed to be heavily scratched.[LTCHA, 2007 S.O. 2007, c.8, s.15.(2) (c)]
2. December 8, 2011 inspector 154 observed, on a resident care unit, scratch marks on lower wall outside dining room and across from nursing station. A resident room has scuffed, scratched lower walls with pieces of plaster missing, another resident room has large chunks of plaster off lower walls with some metal corners exposed and long black scuff marks to lower walls in the corridor. The family room has some areas of walls that are scuffed with long black marks and the walls in two resident rooms have numerous black scuff marks.[LTCHA, 2007 S.O. 2007, c.8, s.15.(2) (c)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following subsections:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. A resident had a fall on September 25, 2011 and was transferred to hospital for sutures to laceration on forehead. No post falls assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.
Clinical Coordinator/RN was interviewed and stated that there is no actual tool used for a post falls assessment.
The DOC was interviewed and indicated that the home does not have a post fall assessment tool in place at this time.
The same resident had another fall on December 8, 2011 with haematoma and bruising to face and head and bruising to knee. The resident was not assessed post fall using a clinically appropriate assessment instrument that is specifically designed for falls.

Issued on this 13th day of February, 2012

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