



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
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**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>
Feb 13, 2014	2013_261522_0004	L-000990-13	Complaint

**Licensee/Titulaire de permis**

COUNTY OF OXFORD  
300 Juliana Drive, WOODSTOCK, ON, N4V-0A1

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

WOODINGFORD LODGE - WOODSTOCK  
300 Juliana Drive, WOODSTOCK, ON, N4V-0A1

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

JULIE LAMPMAN (522), DEBORA SAVILLE (192)

**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): December 13 and 18,  
2013**

**During the course of the inspection, the inspector(s) spoke with the  
Administrator, Resident Care Coordinators, Resident Assessment Instrument  
(RAI) Coordinator, Registered Practical Nurses, Personal Support Workers,  
Physiotherapist, Physiotherapy Support Personnel, Supervisor of PT Health,  
Occupational Therapist, resident and families.**

**During the course of the inspection, the inspector(s) reviewed medical records,  
Policies and Procedures, written communication to families related to  
physiotherapy changes, Physiotherapy Service Agreements, Resident  
Admission Agreement, List of Occupational Therapy Providers, training related  
to restorative care and staff training records. Toured the home and observed  
resident care.**

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

**Personal Support Services  
Quality Improvement  
Resident Charges**

**Findings of Non-Compliance were found during this inspection.**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 O.Reg 79/10, s. 30. General requirements**



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Specifically failed to comply with the following:

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

**1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**

**2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**

**3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**

**4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

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**Findings/Faits saillants :**



1. The licensee failed to ensure that the following is complied with in respect of the restorative care program: There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

The home has no formal restorative care program and was unable to provide inspectors with policies, procedures or protocols related to the provision of restorative care in the home.

Interview with the Administrator confirmed that no policy, procedure or protocols related to restorative care are available. [s. 30. (1) 1.]

2. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

A) Interview and documentation review confirmed that interventions completed by the Physiotherapy Support Personnel (PSP) were not documented in Point Click Care beyond the amount of time spent with the resident. The type of intervention and the resident's response to the intervention are recorded in Chartworks2, a documentation system accessible only by ptHealth staff. The resident's medical record did not include information documented in Chartworks2.

B) Documentation review identified that physiotherapy assessments were not documented using the identified Point Click Care assessment form for all residents of the home.

Interview confirmed that full physiotherapy assessments had been completed on almost all residents of the home, however due to workload concerns, documentation that included the full physiotherapy assessment was completed only for residents who were to remain on the physiotherapy program. All residents received a full physiotherapy assessment, however for residents who had been assessed to no longer qualify for the physiotherapy program, a full assessment was not completed and a note containing only the significant findings was made in a Point Click Care progress note.

The full physiotherapy assessment completed for each resident of the home was not documented. [s. 30. (2)]





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***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 ensuring that there is a written description of the restorative care program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. Ensuring that assessments, reassessments, interventions and the residents responses to interventions by the Physiotherapist and Physiotherapy Support Personnel are documented and accessible to all staff providing care to residents, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 64. Designated lead**

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

**s. 64. (1) Every licensee of a long-term care home shall ensure that the home's restorative care program, including the services of social workers and social service workers, are co-ordinated by a designated lead. O. Reg. 79/10, s. 64 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the home's Restorative Care Program, including the services of social workers and social service workers, are co-ordinated by a designated lead.

Interview with the Administrator and Resident Assessment Instrument (RAI) Coordinator confirmed that the home has no designated lead for the Restorative Care Program. [s. 64. (1)]



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***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 ensuring that the home's Restorative Care Program is co-ordinated by a designated lead, to be implemented voluntarily.***

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**WN #3: 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).**

**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).**

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**Findings/Faits saillants :**



1. The licensee did not ensure that there was a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident.

Review of the resident's care plan indicated the use of a non-pharmacological intervention to relieve pain. The plan of care did not indicate the frequency and length of application of the intervention.

During a continuous two hour observation period, the resident was observed to have the intervention applied for forty minutes.

The Registered Practical Nurse confirmed that the frequency and length of application of the intervention was not included in the resident's care plan and that the intervention should only be applied for ten minutes.

2. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change.

Review of the resident's plan of care did not include the use of a specified wheelchair nor did it indicate the frequency in which the resident must be repositioned. The Registered Practical Nurse (RPN) confirmed that the resident should be repositioned every two hours.

During a continuous two hour observation of the resident, the resident was observed in the wheelchair. The resident was not repositioned during the observation period. This was confirmed by the RPN who indicated that a progress note entry noted that the resident was to be repositioned every hour while in the wheelchair.

Resident's plan of care was not updated to include the use of a specified wheelchair and the frequency of repositioning. [s. 6. (10) (b)]





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**Issued on this 13th day of February, 2014**

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

*Julie Lampman*