

**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**

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<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>
Sep 14, 2021	2021_873602_0028	013489-21	Complaint

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**Licensee/Titulaire de permis**

AON Inc.  
307 Aylmer Street Peterborough ON K9L 7M4

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

Moirs Place Long-Term Care Home  
415 River Street West P.O. Box 200 Tweed ON K0K 3J0

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

WENDY BROWN (602)

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**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): September 9 & 10, 2021**

**Log #013489-21 - regarding pain management.**

**During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the Director of Care (DOC)/ Infection Prevention & Control (IPAC) management lead, the Medical Director/physician, environmental service staff, family and the Administrator.**

**In addition, the inspector reviewed resident health care records: including plans of care & progress notes, medication administration records, relevant policies and procedures, and made resident care & services, environmental services and IPAC practice observations.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Pain**

**Safe and Secure Home**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**0 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 the pain management program policies and procedures were complied with:  
O. Reg. 79/10, s. 48 (1). requires that there is pain management program that identifies pain in residents and manages pain

A resident had a progressive illness causing pain that was addressed with multiple medications. Review of the health record revealed that the resident's pain changed regularly from pain free to that of significant concern. The physician and the Director of Care advised that assessment of this resident's pain was challenging given the interplay between their cognitive status and progression of the illness.

The licensee's pain assessment protocol indicated that registered staff are to document the resident's pain under the pain management guideline at least once every twelve hours. A review of progress notes revealed that the resident's pain assessment was not documented as per policy.

**SOURCES: Pain Assessment Protocol Policy, Pain Management Program Policy, resident health record reviews, and interviews with the Medical Director, the Director of Care, a Registered Nurse and other staff. [s. 8. (1)]**

**Issued on this 15th day of September, 2021**

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

**Original report signed by the inspector.**