Ontario

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

Rapport d'inspection prevue le *Loi de 2007 les foyers de soins de longue durée*

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

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002
Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair ouest, 8e étage
Toronto ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002
Télécopieur: 416-327-4486

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 5, 2010	2010_146_2975_04Aug122813	Critical incident C566-000025-10 H - 00334

Licensee/Titulaire
St Joseph Health System, 56 Governor's Road, Dundas, On L9H 5G7

Long-Term Care Home/Foyer de soins de longue durée
St Joseph Villa, 56 Governor's Road, Dundas, L9H 5G7

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

Barbara Naykalyk-Hunt, LTC Homes Inspector #146

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with ; Acting DOC, nursing manager, administrative assistant

During the course of the inspection, the inspector(s): conducted a health record review and a telephone interview with the Acting DOC

The following Inspection Protocols were used during this inspection: pain

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN
1 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Réglsseur envoye
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activitiés

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'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O. Reg. 79/10, s. 107. 4

A licensee who is required to inform the Director of an incident under subsection (1) or (3) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

Findings:

1. The resident was sent to hospital in July 2010. On the following day, the home was notified that an x-ray showed an injury. A CIS was not submitted to the MOHLTC until 14 days later.

Inspector ID #:	146

Additional Required Actions:.

WN #2: The Licensee has failed to comply with: O. Reg. 79/10, s. 24(9)

The licensee shall ensure that the resident is re-assessed and the care plan is reviewed and revised when
(a) the resident's care needs change.

Findings:
1. The resident's progress notes reveal that:
Day 1 - resident cries out in pain when staff dress the resident (source of pain not assessed)
Day 10 -charted again the resident cries out in pain when dressed. Action suggested to give analgesic prior to dressing but source of pain not addressed
Day 13 - resident yelling out +++ and aggressive with staff
Day 18 - resident complaining of pain - analgesic given - source of pain not assessed

Day 22 – in afternoon resident groaning and stated in pain - analgesic given - source of pain not assessed
Day 22 - resident moaning all through supper
Day 23 - resident groaning
Day 26 - resident "looking very uncomfortable" in wheelchair, sliding out of chair, calling out stopped after resident was put back to bed
Day 27 - stayed in bed and seemed comfortable
Day 30 - yelling frequently and stopped when put to bed
Day 31 - resident disruptive when sitting up in dining room
Day 32 - "resident groaning" - still no evidence in notes that source of pain was assessed, analgesic given sent to hospital for urological problem where an injury was diagnosed

Inspector ID #:	146

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 for the re- assessment of changing needs, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee **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.** Barbara Maybaly L-Hurst Dec 6/10
Title: **Date:**	**Date of Report (if different from date(s) of inspection).**