



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 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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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 17, 18, 19, 20, Nov 1, 13, 29, Dec 14, 21, 2012	2012_027192_0046	Complaint

Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH SYSTEM
99 Wayne Gretzky Parkway, BRANTFORD, ON, N3S-6T6

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

ST JOSEPH'S LIFECARE CENTRE
99 WAYNE GRETZKY PARKWAY, BRANTFORD, ON, N3S-6T6

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

DEBORA SAVILLE (192)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, and residents related to H-001585-12, H-00524-12 and H-001058-12

During the course of the inspection, the inspector(s) reviewed policy and procedure, incident reports and medical records and observed the provision of care and interactions between staff and residents.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Falls Prevention

Personal Support Services

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

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>Legendé</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. 30. General requirements

Specifically failed to comply with the following subsections:

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).

Findings/Faits saillants :

1. 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. [O. Reg. 79/10, s. 30 (2)]

Residents 001, 004, 005, 006, did not consistently have documentation completed related to bathing.

Resident 001 had one documented bath/shower during the week of August 25-31, 2012 with documented refusals of bathing.

Resident 004 had only one documented bath each of 5 of 6 weeks reviewed. Resident interview indicates that he received two baths per week.

Resident 005 had only one documented bath each week of 7 of 10 weeks reviewed. Resident interview indicates that they received two baths per week. During interview the resident indicated they do not refuse to go for baths yet the documentation indicates that 7 of 10 weeks reviewed the resident refused bathing.

Resident 006 was to be bathed on a specified date in 2012, there is no documentation of a bath being completed, however the "Skin Integrity Checklist" is completed for a specified date in 2012 indicative of the resident having been bathed on that day.

Resident 002's medical record was reviewed and it was identified that during 2 of 6 weeks reviewed the resident had only one documented bath.



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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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #2: 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 subsections:

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;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee failed to ensure that the resident is reassessed and the plan of care is reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary. [s. 6. (10) (b)]

Resident 002 is observed to be dependent for all care needs. Interview confirms that the resident is dependent for all care and is incontinent of bowel and bladder. The plan of care currently in effect conflicts with the Kardex available for staff in that it indicates under urinary incontinence that the resident is to be taught to empty the bladder completely, and is on an incontinence program which includes toileting before and after meals, and at bedtime. The Kardex and staff interview indicate the resident is incontinent and requires changes of the incontinence product.

Resident 007 was noted to complain of pain and received analgesic to manage this pain in July and August 2012. The plan of care was not updated to include the presence or potential of the specified pain. The resident developed concerns related to continence and interventions were initiated. The resident complained of pain on several occasions through August and September 2012. The plan of care was not revised to include the presence or potential of the specified pain.

Issued on this 21st day of December, 2012

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

Debra Saville