



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 2, 2017	2017_633577_0007	005855-17	Resident Quality Inspection

Licensee/Titulaire de permis

North of Superior Healthcare Group
20B Cartier Road TERRACE BAY ON P0T 2W0

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

WILKES TERRACE
208 Cartier Road TERRACE BAY ON P0T 2W0

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

DEBBIE WARPULA (577), JULIE KUORIKOSKI (621)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): April 3, 4, 5, 6, 2017

During the course of the inspection, the inspector(s) conducted a tour of resident home areas and various common areas, observed provision of care and services to residents, observed staff to resident interactions, reviewed health care records for several residents and various policies and procedures.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Long Term Care (LTC) Supervisor, Registered Practical Nurse (RPN), Personal Support Workers (PSW), residents and family members

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Medication

Minimizing of Restraining

Pain

Prevention of Abuse, Neglect and Retaliation

Residents' Council

Responsive Behaviours

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

2 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>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. 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 has failed to ensure that any plan, policy, protocol, procedure, strategy or system put into place was complied with.

During Stage one of the inspection, resident #005 and #002 had been identified as requiring additional inspection for daily moderate pain.

Inspector #577 conducted an interview on April 05, 2017, with PSW #102 who reported that resident #005 suffered pain and received pain medication both at scheduled times and as needed. They further reported that resident #002 suffered pain.

During an interview with RPN #103, they reported that resident #002 had a scheduled medication for pain and also received another medication at scheduled times and as needed.

Inspector #577 conducted a record review of resident #005's chart for quarterly pain assessments and found completed assessments for July 2016, and January 2017. The inspector could not find a quarterly pain assessment for October 2016. The resident's most recent pain assessment dated January 2017, indicated that the resident's pain was controlled with medication.

Inspector #577 conducted a record review of resident #002's chart for quarterly pain assessments and found completed assessments for May 2016, and March 2017. The inspector could not find a quarterly pain assessment for August 2016, and November 2016. The resident's most recent pain assessment dated March 2017, indicated that the resident had pain and it was treated with pain medication.

A record review of the home's policy titled "Pain Management Program - B3-17" last revised April 2016, indicated that a pain assessment was to be conducted for each resident quarterly.

During an interview with RPN #103, they reported to the inspector that the electronic pain assessment was required to be done quarterly and when the resident's pain has increased or changed.

During an interview with the Long Term Care (LTC) Supervisor #104, they reported that a pain assessment was required to be done every quarter and when a resident had a



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change in pain. They confirmed that resident #005's quarterly pain assessment was not completed in October 2016, and resident #002's quarterly pain assessment was not completed in August 2016, and November 2016. [s. 8. (1) (a),s. 8. (1) (b)]

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79.
Posting of information**



Specifically failed to comply with the following:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
 - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
 - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
 - (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
 - (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
 - (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :



1. The licensee has failed to ensure that copies of the inspection reports from the past two years for the long-term care home were posted in the home, in a conspicuous and easily accessible location.

During a tour of the home on April 3, 2017, Inspector #621 reviewed copies of the home's public inspection reports which were found posted on the wall across from the nursing station. It was identified by the Inspector at the time of review that the 2016 Resident Quality Inspection report #2016_463616_0023 was missing.

On April 6, 2017, the Inspector reviewed the public inspection reports which were posted on the wall and across from the nursing station, and observed that the 2016 Resident Quality Inspection report #2016_463616_0023 continued to be missing.

During an interview with LTC Supervisor #104 on April 6, 2017, they reported to Inspector #621 that it was their expectation that public copies of the home's inspection reports were posted as required by legislation on the wall across from the nursing station for visible and easy access to residents, their families and visitors of the home.

On April 6, 2017, LTC Supervisor #104 reviewed the public inspection reports as posted across from the nursing station and confirmed to the Inspector that the 2015 Resident Quality Inspection (RQI) report was posted as required, but that the 2016 RQI report #2016_463616_0023 was missing. [s. 79. (3) (k)]

Issued on this 3rd day of May, 2017

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

Original report signed by the inspector.