



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**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
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Public Copy/Copie du public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|--|---|--------------------------------|--|
| May 6, 2013 | 2013_140158_0006 | S-000074-13 | Complaint |

Licensee/Titulaire de permis

**ST. JOSEPH'S HEALTH CENTRE OF SUDBURY
1140 South Bay Road, SUDBURY, ON, P3E-0B6**

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

**ST.GABRIEL'S VILLA OF SUDBURY
4690 Municipal Road 15, , Chelmsford, ON, P0M-1L0**

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

KELLY-JEAN SCHIENBEIN (158)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): April 25, 26 and 29, 2013

Log # S-0074-13 was reviewed.

During the course of the inspection, the inspector(s) spoke with the Vice President of Nursing Services, the home's Service Site Manager (administrator), the Director of Nursing (DON), the Assistant Director of Care (ADOC), the Social Worker, the admission co-ordinator, Registered Nursing Staff (RN/RPN), Personal Support Workers/Personal Care Assistants (PCA), Residents and Families.

During the course of the inspection, the inspector(s) conducted a walk through of resident care areas, observed staff to resident interactions, reviewed residents' health care records and reviewed various policies and procedures.

The following Inspection Protocols were used during this inspection:

Admission Process

Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| Legend | Legendé |
|------------------------------------|---------------------------------------|
| WN – Written Notification | WN – Avis écrit |
| VPC – Voluntary Plan of Correction | VPC – Plan de redressement volontaire |
| DR – Director Referral | DR – Aiguillage au directeur |
| CO – Compliance Order | CO – Ordre de conformité |
| WAO – Work and Activity Order | 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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

19. Every resident has the right to have his or her lifestyle and choices respected. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



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1. The licensee did not ensure that the resident's right to have his or her lifestyle and choices was respected.

Resident # 01 family member wrote a letter of complaint to the Ministry of Health and Long Term Care indicating that a meeting was held with management in September 2012. At this meeting, the family member stated it was identified that residents were not allowed to leave the building after the doors are locked at 2100hr. Three other residents confirmed and adamantly stated to the Inspector that they are not allowed to leave the building after 2100hr. Four front-line staff echoed this same understanding when interviewed by the Inspector on April 25, 2013. These staff members further indicated to the Inspector their understanding that residents could not leave the building after 2100hr because of outdoor safety threats, including bears, icy conditions and interruptions to their work routine each time they had to go to the front door and let residents back into the building.

The home did not ensure that four resident's lifestyle and choice were respected. [s. 3. (1) 19.]

**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:

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).

Findings/Faits saillants :

1. The home did not ensure that the resident is reassessed and the plan of care reviewed and revised at least every 6 months and at any other time when the resident's care needs change or the care set out in the plan of care is no longer necessary.

Resident # 01 was admitted in 2011. A smoking assessment, identifying that the resident was a level one (independent) smoker was completed at that time.

The Inspector reviewed the progress notes for resident # 01 and it is noted that the resident started to become weak and lethargic in November 2012. It is also documented that the resident who was having difficulty holding onto materials such as cups and cans and spilling liquids on themselves continued to smoke independently. An assessment to determine the resident's safety with smoking was not found. Staff # S-100 and staff # S-101 identified that the only smoking assessment completed was when the resident was admitted. They added that a reassessment of a resident's smoking ability is done when the resident's condition changes and he or she is observed to be at risk.

The home did not ensure that resident # 01 was reassessed and the plan of care reviewed and revised when their care needs change. [s. 6. (10) (b)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program



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Specifically failed to comply with the following:

s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,

(a) the provision of supplies and appropriate equipment for the program; O. Reg. 79/10, s. 65 (2).

(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends; O. Reg. 79/10, s. 65 (2).

(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests; O. Reg. 79/10, s. 65 (2).

(d) opportunities for resident and family input into the development and scheduling of recreation and social activities; O. Reg. 79/10, s. 65 (2).

(e) the provision of information to residents about community activities that may be of interest to them; and O. Reg. 79/10, s. 65 (2).

(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).

Findings/Faits saillants :



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1. The licensee did not ensure that recreation and social activities included a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and to reflect their interests.

Resident # 02, # 03 and # 04 approached the Inspector on April 26, 2013 and stated that they used to enjoy playing pool but the pool table formerly in High Falls unit had been removed.

Activity assessments and interventions related to leisure/recreational interests for resident # 02, # 03 and # 04 were not found after the pool table had been removed.

Resident # 02 and resident # 03 stated that they "missed playing pool and that there are no activities for us younger people".

The home did not ensure that recreation and social activities reflected the interests of these residents. [s. 65. (2) (c)]



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Issued on this 6th day of May, 2013

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

A handwritten signature in cursive script, appearing to read "Schreiber", is written in the signature box.