



**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
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 3, 2015	2015_355588_0003	001267-15	Complaint

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF HURON
77722A London Rd R R 5 CLINTON ON N0M 1L0

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

HURONVIEW HOME FOR THE AGED
R. R. #5, LOT 50, CON 1 MUNICIPALITY OF HURON EAST CLINTON ON N0M 1L0

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

CHRISTINE MCCARTHY (588)

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): January 27, 28, 2015

Rhonda Kukoly, Long Term Care Home Inspector #213 participated in this inspection.

During the course of the inspection, the inspector(s) spoke with the Resident, Administrator, Director of Care, Resident Assessment Instrument(RAI)Coordinator, 3 Registered staff, Nutrition/Housekeeping Manager, Food Service Worker, 3 Personal Support Workers, and 2 Housekeepers.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Dignity, Choice and Privacy
Prevention of Abuse, Neglect and Retaliation
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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of the care set out in the plan of



care is documented, as evidenced by:

Review of Point of Care (POC) documentation for Resident's #001, and #002 revealed that the documentation was incomplete, inconsistent, and unclear regarding Scheduled Toileting Plan, and ADL's completed as per resident's care plan, Mouthcare, a.m. and h.s., and Toilet Use.

a) Point of Care (POC) documentation for Resident #001 revealed:

- On 1/20/2015 no documentation was found for the day shift
- On 1/24/2015 no documentation was found for the evening shift.
- On 1/25/2015 no documentation was found for the evening shift.
- On 1/26/2015 no documentation was found.
- On 1/27/2015 no documentation was found for the evening shift.

b) "ADL's completed as per resident's care plan".

- On 1/23/2015 no documentation was found for the night shift,
- On 1/24/2015 documentation indicating "yes" was noted for nights, days, and evenings,
- On 1/25/2015 documentation indicating "yes" was noted for nights, days, and evenings,
- On 1/26/2015 documentation indicating "yes" was noted for nights, days, and evenings,
- On 1/27/2015 no documentation was found for the night shift,
- On 1/28/2015 documentation indicating "yes" was noted for nights, and days.

c) "Mouthcare am and hs"

- On 1/16/2015 no documentation was found for the evening shift.

d) "ADL Toilet Use - Self Performance-How resident uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes."

- Documentation revealed "No data found."

Review of Policy: "Huron County, Section: Resident Care, Documentation in Resident's Record, #A09 NA 004 10", dated September 2014 revealed:

"The PSW will: 1. Record all pertinent resident care delivery information prior to the end of their shift on the resident's Point of Care (POC) documentation tool which includes:

- ADL interventions, including Nursing Restorative Care if applicable
- Food and Fluid Intake following each meal and nourishment pass.
- All applicable resident tasks i.e. restraint and/or repositioning if applicable."



Interview with a Registered staff confirmed that the Task portion of Point of Care charting for Personal Support Worker (PSW) in relation to toileting or ADL's, does not identify any tasks in particular, is missing dates, and is difficult to interpret what was actually completed.

Interview with the Administrator, the Director of Care, and the RAI Coordinator RN, confirmed that the documentation in Tasks section of Point of Care is incomplete, and unclear, that the Scheduled Toileting Routines are absent and the documentation does not provide clear information in relation to the care that was provided. They confirmed that the expectation of the home is that the provision of the care set out in the plan of care is documented. [s. 6. (9) 1.]

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15.
Accommodation services**

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the home, furnishings and equipment are kept clean and sanitary, as evidenced by:

Observations of various Resident's rooms revealed:

In one of the rooms a strong odour was noticeable, and the floor had a sticky residue. This observation was confirmed at this time by a Personal Support Worker.

On subsequent observations, the same floor was found to be cleaner in the center of the room, though the floor in one area remained sticky. These observations were confirmed by the Nutrition/Housekeeping Manager, and Housekeeping staff.

A review of Policy "Huron County, Section Housekeeping & Laundry, Daily Resident Room Cleaning-Housekeeping, #A09 HK 014-11", dated December 2014 revealed: "Procedure: #7. Dry/damp mop the resident room starting at the back of the room working your way out towards the doorway, leave the mop outside of washroom door."

The Nutrition/Housekeeping Manager confirmed that the floor in the center part of the room was clean, with the exception of one area, which they agreed was sticky to walk on and had not been cleaned. The Nutrition/Housekeeping Manager stated that the expectation of the home is that the floor needs to be clean and non-sticky in all areas of the resident rooms.

The Administrator and the Director of Care (DOC), confirmed that the expectation of the home is that the home, furnishings and equipment are kept clean and sanitary. [s. 15. (2) (a)]

Issued on this 4th day of February, 2015

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



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Original report signed by the inspector.