



**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**

**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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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 26, 2016	2016_254610_0014	003405-16	Complaint

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**Licensee/Titulaire de permis**

THE CORPORATION OF THE COUNTY OF ELGIN MUNICIPAL HOMES  
39262 Fingal Line RR #1 ST. THOMAS ON N5P 3S5

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

BOBIER VILLA  
1 BOBIER LANE DUTTON ON N0L 1J0

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

NATALIE MORONEY (610)

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**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): April 20, 2016**

**This complaint inspection was related to Pain and Hospitalization and Change in Condition.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, one Personal Support work, one Registered Practical Nurse, and one Resident Care Coordinator/Social Worker.**

**The inspector observed resident care areas, completed interviews, reviewed relevant policy and procedures and health care records.**

**The following Inspection Protocols were used during this inspection:  
Hospitalization and Change in Condition  
Pain**

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

**1 WN(s)**

**1 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. (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 licensee failed to ensure that the resident was reassessed and the plan of care 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.

Resident # 001 had a change in health condition.

A specific policy and procedure dated November 2015, showed that the care plan would be adjusted when there are changes in health status and in collaboration and with all resident's health care team and that each resident would have a formal pain assessment on admission and be reassessed on readmission, quarterly and at a significant condition change.

A review of the resident plan of care showed that the resident did have discomfort and did not have comfort measures in place.

The Nurse # 103 confirmed that the care plan should show if the resident required comfort measures and assessments should have been completed.

The Administrator # 101 and the Director of Care # 100 revealed that resident # 001 should have had an assessment completed and should have had a plan of care for comfort measures for staff that provide direct care to the resident.

The licensee failed to ensure for Resident # 001 was reassessed and the plan of care reviewed and revised when the resident's care needs changed. [s. 6. (10) (b)]

### ***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 that the resident was reassessed and the plan of care 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, to be implemented voluntarily.***



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**Issued on this 26th day of April, 2016**

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

**Original report signed by the inspector.**