



**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
Jun 23, 2017	2017_624196_0008	008355-17	Complaint

Licensee/Titulaire de permis

AUTUMNWOOD MATURE LIFESTYLE COMMUNITIES INC.
130 ELM STREET SUDBURY ON P3C 1T6

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

CEDARWOOD LODGE
860 GREAT NORTHERN ROAD SAULT STE. MARIE ON P6A 5K7

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

LAUREN TENHUNEN (196), JULIE KUORIKOSKI (621)

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): May 1 - 5, 2017

A complaint related to resident care concerns was inspected during this inspection.

A Follow Up inspection #2017_624196_0007 was conducted concurrently. As a result, some findings of non-compliance from the Complaint inspection #2017_624196_0008 are contained within the Follow Up inspection report.

During the inspection, the Inspectors conducted a walk through of resident care areas, observed staff to resident interactions and the provision of care and services to residents, reviewed various home policies and procedures, and resident health care records.

During the course of the inspection, the inspector(s) spoke with the Interim Administrator, Operations Manager, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Resident Assessment Instrument (RAI) Coordinator, Physician's Assistant (PA), Registered Dietitian (RD), and the complainant.

**The following Inspection Protocols were used during this inspection:
Nutrition and Hydration**

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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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 has failed to ensure that resident #001 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 changed or the care set out in the plan was no longer necessary.

Inspector #621 reviewed a complaint submitted to the Director in the spring of 2017, regarding concerns about the care provided to resident #001. During an interview with the complainant, they identified to the Inspector that resident #001 had difficulties with an activity of daily living that required the assistance of staff members and that the assistance was not being provided. As a result, the resident required additional medical treatment.

The Inspector reviewed the resident's current care plan, which identified an activity of daily living with the type of staff assistance required and noted a specific restriction. During an interview with the Inspector, PSW #111 reported that resident #001 was not on a specific restriction. In addition, they reported that with the resident's change in their condition, approximately one week prior to specific medical care, they had progressed to require a specific type of assistance with an activity of daily living.

During an interview with RN #112, they reported to the Inspector that resident #001 required a specific type of assistance with an activity of daily living and they were unaware of a specific restriction.

During an interview with the Physician's Assistant (PA) #101 they reported to the Inspector that resident #001 had been prescribed a specific restriction in the fall of 2016, related to a medical condition. They went on to state that in the past month the resident had a change in their condition and required additional specific medical care and had a potential medical diagnosis. PA #101 then reported that the resident was provided specific medical care and on return to the home, the PA ordered for staff to implement a specific treatment as part of their revised plan of care.

During an interview, PSW #111 and RN #112 identified to the Inspector that the resident's current care plan documented the required assistance with a particular activity of daily living and a specific restriction. Both PSW #111 and RN #112 reported that this information was inconsistent with the changes in this residents care needs from at least one week prior to the specific medical care.



During an interview with the Operations Manager and the Interim Administrator, they reported to Inspectors #196 and #621 that it was their expectation that residents were reassessed and the plan of care reviewed and revised as the resident care needs changed or the care set out in the plan of care was no longer required. Additionally, the Operations Manager confirmed to Inspector #621 that resident #001's care plan had not been updated after the last review in spring of 2017, when the resident's care needs changed related to a specific activity of daily living and a specific restriction, and should have been. [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 ensures resident #001 is 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 changed or the care set out in the plan was no longer necessary, to be implemented voluntarily.

Issued on this 5th day of July, 2017

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

Original report signed by the inspector.