



**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
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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 6, 2013 | 2013_206115_0018 | L-000179-13 | Resident Quality Inspection |

Licensee/Titulaire de permis

**OMNI HEALTHCARE (COUNTRY TERRACE) LIMITED PARTNERS
161 Bay Street, Suite 2430, TD Canada Trust Tower, TORONTO, ON, M5J-2S1**

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

**COUNTRY TERRACE
10072 Oxbow Drive, R.R. #3, Komoka, ON, N0L-1R0**

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

TERRI DALY (115), BONNIE MACDONALD (135), ELISA WILSON (171)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): April 2, 3, 4, 5, 8, 9, 10, 11, & 12, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Clinical Care Coordinator, Office Manager, Environmental Services Manager, Resident Services Coordinator, Leisure Enrichment Coordinator, RAI Coordinator, Nutrition Manager, Registered Dietitian, Physiotherapist, Dietary Aides, Laundry and Housekeeping Aides, Registered Nurses(RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), residents and family members.

During the course of the inspection, the inspector(s) toured the home, observed meal services, medication administration, medication storage area and care provided to residents, reviewed clinical records and plans of care for identified residents, reviewed policies and procedures of the home, reviewed meeting minutes pertaining to the inspection and observed general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Food Quality

Hospitalization and Death



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Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Sufficient Staffing

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 |



| | |
|--|---|
| <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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Findings/Faits saillants :

1. A review of the quality improvement program revealed that there is no evidence to support that the home has fully implemented a system that analyzes, evaluates and improves the quality of the accommodation, care services, programs and goods provided to residents.

The home acknowledged that the quality improvement program is still evolving and they have not fully implemented the analysis, evaluation and improvement components of the program in all departments and programs. [s. 84.]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".



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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :

1. During the inspection, three residents that utilize bed side rails were identified as being at risk related to entrapment issues.

Staff indicated that an assessment was completed last fall and entrapment issues were identified, and beds retrofitted to fix the problems. The home recognized that several beds needed to be replaced but due to budgetary issues, they were not replaced. The home was unable to produce the entrapment assessment from last fall, however had an assessment completed April 8, 2013 during the RQI. This report identified 7 beds that failed one or more zones of entrapment related to the bed rail(s). [s. 15. (1) (b)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3.
Residents' Bill of Rights**



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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:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee had not ensured that the resident's right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity was fully respected and promoted.

Four out of eight residents when asked the questions "Do you feel the staff treats you with respect and dignity?" or "Has staff yelled or been rude to you?" answered negatively. [s. 3. (1) 1.]

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 to ensure that resident's rights to be treated with courtesy and respect are fully respected and promoted, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



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Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee had not ensured the written plan of care provided clear direction to staff and others who provide direct care to a resident.

It was determined the Kardex for one resident had been printed in 2011 and contained old information regarding the resident.

Staff indicated they use the Kardex as the main source of information to determine resident needs. It was confirmed the expectation is that the Kardex be up-to-date.
[s. 6. (1) (c)]

2. The licensee had not ensured the written plan of care provided clear direction to staff and others who provide direct care to a resident.

The plan of care for a resident gives no direction regarding checking and repositioning.

Staff interviewed believe repositioning should be happening and staff should be aware, however there is no formal direction or documentation regarding this. Staff state they do not document repositioning for this resident.
[s. 6. (1) (c)]

3. The licensee had not ensured that the staff and others involved in the different aspects of care, collaborate with each other and that assessments are integrated, consistent and complement each other for a resident.
[s. 6. (4) (a)]

4. The licensee had not ensured that the care set out in three resident's plans of care is provided as specified in the plan.
[s. 6. (7)]



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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 to ensure that the written plan of care provides clear directions, that assessments are integrated, consistent and complement each other, and that the care set out in the plan is provided, to be implemented voluntarily.

WN #5: 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 Medication Pass policy dated February 2012, indicates: Empty strip pouches can be destroyed with water to remove information and placed into garbage.

These cellophane strip packages contain resident names and medications that are prescribed per each medication pass.

This policy was not complied with when a staff member discarded the cellophane medication strip packages into the garbage bin.

The garbage bags are then discarded into a larger garbage bag or directly into the outside garbage storage bin.

Staff verified that the home is not currently following the Medication Pass policy and procedure, thus putting residents confidential information at risk. [s. 8. (1)]

2. The Nutrition Care Oral Supplementation policy, dated April 2010, states: Supplement intake for each resident will be recorded and monitored on the daily food and fluid record.

The Supplementation policy was not complied with when three high risk residents did not have their supplement intake recorded daily for the month of March 2013:

Staff confirmed the expectation is that resident's oral supplementation intake be recorded and monitored on the daily food and fluid record as per the home's Oral Supplementation policy. [s. 8. (1)]

3. The licensee had not ensured that all policies and procedures were complied with.

The home had a policy titled Progress Notes (e-notes) CS-9.9 that indicated a progress note shall be recorded electronically in the e-Incident/e-Notes module of Mede-Care for all resident transfers. The notes were to include the time, resident's destination, transportation used and physical assessment at the time of transfer.

A resident was transferred to the hospital. There were no e-notes in the progress note section of Mede-Care to indicate the resident had left.

Staff confirmed there were no notes regarding the resident's transfer to hospital. Staff confirmed the expectation that transfer notes be included as well as daily notes indicating each day the resident remained in hospital. [s. 8. (1) (b)]



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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 to ensure that the home's policies and procedures are complied with, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 29. Policy to minimize restraining of residents, etc.

Specifically failed to comply with the following:

- s. 29. (1) Every licensee of a long-term care home,**
(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and 2007, c. 8, s. 29 (1).
(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).

Findings/Faits saillants :

1. The licensee had not ensured their policy regarding minimizing restraints was complied with.

The policy Least Restraint, Last Resort indicated documentation was required:

- when a PASD was applied and by whom and
- each release and repositioning.

There was no documentation completed for a resident using a PASD regarding when the device was applied and released or if repositioning occurred.

Staff confirmed the expectation that residents using a restraint or PASD that restricts their movement in a wheelchair should be repositioned on a regular basis, and that this should be care planned and documented.

[s. 29. (1) (b)]



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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 to ensure the policy to minimize restraining of residents is complied with, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).



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Findings/Faits saillants :

1. A review of the Life Enrichment policy and procedure manual revealed that it has not been updated to reflect the LTCHA and Regulations. There are no policies and procedures related to monitoring outcomes and ensuring that residents are reassessed with resident's responses to interventions documented. Staff confirmed that the policy and procedure manual has not been reviewed and updated to meet the new legislative requirements, in effect since July 2010. Staff confirmed that not all resident's responses to interventions were being documented. The home confirmed the expectation that the recreation policy and procedure manual be updated to reflect program outcomes and residents be reassessed based on resident responses to interventions. [s. 30. (1) 1.]

2. A residents activity plan of care was not current, and the resident's responses to interventions are not being documented.

Staff confirmed the expectation that any actions taken with respect to a resident under a program, i.e. the resident's responses to interventions, are documented. [s. 30. (2)]

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 to ensure every program is evaluated and updated at least annually and that interventions and residents' responses to interventions are documented, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :



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1. The licensee has not ensured that concerns and recommendations from Resident Council have been responded to in writing within 10 days of receiving them.

Staff confirm that these concerns have not been consistently followed up in writing within 10 days of receiving the concerns/recommendations. [s. 57. (2)]

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 to ensure that Resident Council's concerns or recommendations are responded to within 10 days, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records

Every licensee of a long-term care home shall ensure that,

**(a) a written record is created and maintained for each resident of the home;
and**

(b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.

Findings/Faits saillants :

1. The licensee had not ensured a resident's written record was kept up-to-date at all times.

Staff confirmed that the expectation is that resident records are kept up-to-date at all times.

[s. 231. (b)]



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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 to ensure that resident written records are kept up-to-date at all times, to be implemented voluntarily.

WN #10: 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. During the initial home tour of the home and an additional walk through with staff, the home was observed to have housekeeping and maintenance concerns related to the organized program of maintenance services for the home.
[s. 15. (2) (c)]**

**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

- s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**
- 15. Skin condition, including altered skin integrity and foot conditions. O. Reg. 79/10, s. 26 (3).**

Findings/Faits saillants :



1. The licensee had not ensured that the plan of care for a resident was current and based on a recent assessment.

A staff member verified that the current plan of care is not up to date to reflect the residents current condition. [s. 26. (3) 15.]

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee had not ensured that a resident's skin and wound areas had been assessed weekly.

Staff confirmed that wound assessments whether the resident has refused treatment or not, should have been consistently documented on a weekly basis. [s. 50. (2) (b) (iv)]

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs



Specifically failed to comply with the following:

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**
 - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**
 - (e) a weight monitoring system to measure and record with respect to each resident,**
 - (i) weight on admission and monthly thereafter, and**
 - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).**
-

Findings/Faits saillants :

1. The licensee had not ensured that resident's height was recorded annually.

A review of 14 resident clinical records revealed that 9 residents or 62.34 % of those reviewed did not have their height taken annually.

Staff confirmed resident's heights are not all taken annually.

[s. 68. (2) (e) (ii)]



WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes

Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

1. The licensee had not ensured that a resident with weight changes was assessed using an interdisciplinary approach, and that actions were taken and outcomes evaluated: a change of 5% of body weight or more in one month.

This was confirmed by two staff members. [s. 69.]

WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

- s. 72. (2) The food production system must, at a minimum, provide for, (d) preparation of all menu items according to the planned menu; O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. The licensee had not ensured that all menu items are prepared according to the planned menu.

Staff confirmed the expectation is that all menu items, are prepared according to the planned menu.

[s. 72. (2) (d)]



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**WN #16: 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)**



Ministry of Health and
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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

Findings/Faits saillants :

1. The licensee had not ensured that required information was posted and communicated.

Staff confirmed the expectation that the name and telephone number of the licensee be posted and communicated to residents and families. [s. 79. (3) (h)]

WN #17: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (2) A licensee shall make every reasonable effort to act on the results of the survey and to improve the long-term care home and the care, services, programs and goods accordingly. 2007, c. 8, s. 85. (2).

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :



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1. The licensee had not ensured that the home made a reasonable effort to act on the results of the 2012 satisfaction survey to improve the long term care home and the care, services, programs and goods.

Staff verified that 2012 surveys were sent out based on the dates of the residents' annual care conferences, results were reviewed however the home was unable to produce the results of the survey or an improvement plan. [s. 85. (2)]

2. The licensee had not ensured that the advice of the Resident Council was sought in the development and carrying out of the satisfaction survey.

A review of the Residents' Council meeting minutes and discussion with staff reveals that the advice of the Resident Council was not sought in the development and carrying out of the satisfaction survey.

[s. 85. (3)]

3. The licensee had not ensured that the results of the satisfaction survey were made available to the resident Council in order to seek the advice of the Council about the survey.

This was confirmed by two staff.

[s. 85. (4) (a)]

WN #18: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service



Specifically failed to comply with the following:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(a) procedures are developed and implemented to ensure that,

(i) residents' linens are changed at least once a week and more often as needed,

(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,

(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and

(iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

1. The licensee had not ensured that there is a process in place to report and locate residents' lost clothing and personal items.

The home's staff was not aware of a home policy for locating residents' lost items and confirmed the expectation is that there be a process in place to report and locate residents' lost clothing and personal items.

[s. 89. (1) (a) (iv)]

WN #19: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.

2. Access to these areas shall be restricted to,

i. persons who may dispense, prescribe or administer drugs in the home, and
ii. the Administrator.

3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.



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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

Findings/Faits saillants :

1. The licensee had not ensured that all areas where drugs are stored was kept locked at all times, when not in use. Topical medications prescribed to residents were found in an unlocked cupboard. There were four residents noted to be in the area at the time the cupboard was found unlocked. Two staff explained that this cupboard is to be locked at all times. [s. 130. 1.]

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

Table with 4 columns: REQUIREMENT/ EXIGENCE, TYPE OF ACTION/ GENRE DE MESURE, INSPECTION # / NO DE L'INSPECTION, INSPECTOR ID #/ NO DE L'INSPECTEUR. Row 1: O.Reg 79/10 s. 49. (2), CO #001, 2012_183135_0001, 115

Issued on this 16th day of May, 2013

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs. [Handwritten signature: Terri DeG...



**Ministry of Health and
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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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**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**

Public Copy/Copie du public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** TERRI DALY (115), BONNIE MACDONALD (135),
ELISA WILSON (171)

**Inspection No. /
No de l'inspection :** 2013_206115_0018

**Log No. /
Registre no:** L-000179-13

**Type of Inspection /
Genre d'inspection:** Resident Quality Inspection

**Report Date(s) /
Date(s) du Rapport :** May 6, 2013

**Licensee /
Titulaire de permis :** OMNI HEALTHCARE (COUNTRY TERRACE) LIMITED
PARTNERS
161 Bay Street, Suite 2430, TD Canada Trust Tower,
TORONTO, ON, M5J-2S1

**LTC Home /
Foyer de SLD :** COUNTRY TERRACE
10072 Oxbow Drive, R.R. #3, Komoka, ON, N0L-1R0

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** KAREN DANN



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section 154 of the *Long-Term Care
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de l'article 154 de la *Loi de 2007 sur les foyers
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Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure steps are taken to fully implement the quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home.

The written compliance plan shall include at a minimum the following:

1. How concerns and recommendations from Residents' Council will be incorporated into the home's Quality Improvement System.
2. How Life Enrichment, Environmental Services and Food Services will be incorporated into the home's Quality Improvement System.
3. How the other departments/programs will monitor, analyze, evaluate and improve quality in their respective areas. Include time lines.

The plan shall be submitted to Terri Daly, LTC Homes Inspector, either by mail or e-mail to 291 King Street, 4th Floor London, ON, N6B 1R8 or terri.daly@ontario.ca by June 14, 2013.

NOTE: if an extension of the compliance date is required, please contact the inspector at least one week before the original compliance date.

Grounds / Motifs :



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Order # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and

(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Order / Ordre :



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1. The licensee of the long term care home has not ensured that where bed rails are used,

(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment

During the inspection, three beds were noted to have a significant space between the mattress and the headboard.

The Administrator indicated that an assessment was completed last fall and entrapment issues were identified, and beds retrofitted to fix the problems. She recognized that several beds needed to be replaced but due to budgetary issues, they were not replaced. She was unable to produce the entrapment assessment from last fall, however had an assessment completed April 8, 2013 during the RQI. This report identified 7 beds that failed one or more zones of entrapment related to the bed rail(s).

(115)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 31, 2013



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section 154 of the *Long-Term Care
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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section 154 of the *Long-Term Care
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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 6th day of May, 2013

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

TERRI DALY

Service Area Office /

Bureau régional de services : London Service Area Office