



**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**

**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**

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de
London
291, rue King, 4^{ième} étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

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
Sep 18, 2013	2013_183135_0047	L-0005000-13	Critical Incident System

Licensee/Titulaire de permis

RITZ LUTHERAN VILLA
R.R. #5, MITCHELL, ON, N0K-1N0

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

MITCHELL NURSING HOME
184 NAPIER STREET, S.S. #1, MITCHELL, ON, N0K-1N0

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

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): September 12, 2013.

During the course of the inspection, the inspector(s) spoke with Acting Administrator, Assistant Director of Care, Registered Nurse, RAI Coordinator, 2 Registered Practical Nurses, 2 Personal Support Workers, Maintenance Worker and 2 Residents.

During the course of the inspection, the inspector(s) reviewed the critical incident, related internal investigations, resident clinical records, policies and procedures for Bowel and Continence Care. Observations of residents were conducted in resident home area.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management

Critical Incident Response

Prevention of Abuse, Neglect and Retaliation

Safe and Secure Home

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



**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**

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 O.Reg 79/10, s. 9. Doors in a home



Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

i. kept closed and locked,
ii. equipped with a door access control system that is kept on at all times, and
iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system,
or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency. O. Reg. 79/10, s. 9. (1).

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Findings/Faits saillants :



1. The Licensee failed to ensure that all residents are kept safe by ensuring that all doors leading to the outside of the home are equipped with a door access control system that is on at all times when the following occurred:

Resident was found outside the home.

Record review revealed that the home's investigation determined the resident was able to leave the home by the laundry/kitchen exterior door without activating the alarm as the alarm can be turned off at point of access using a key kept inside the door, that is easily accessible to both staff and residents.

During an interview the Assistant Director of Care confirmed her expectation that the doors leading to the outside of the home are equipped with a door access control system that is on at all times. [s. 9. (1) 1. ii.]

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 so that all residents are kept safe by ensuring that all doors leading to the outside of the home are equipped with a door access control system that is on at all times, to be implemented voluntarily.

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. (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).

Findings/Faits saillants :



1. The Licensee failed to ensure the resident's plan of care sets out clear directions to staff and others who provide direct care to the resident when the following occurred:

Resident's most recent plan of care has a number of interventions in place to help reduce any acts of verbal and physical aggression.

Record review revealed the resident's plan of care did not provide clear direction to staff as the Visual/Bedside Kardex Report referenced by staff for resident's care did not reference some of the interventions to help reduce aggression by the resident.

During an interview, the Assistant Director of Care confirmed her expectation that the plan of care set out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :



**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**

1. The licensee failed to ensure that the resident who is incontinent had an individualized plan of care to promote and manage bowel and bladder continence based on an assessment, and that the plan was implemented when the following occurred:

During an interview with a resident and record review revealed that resident had a history of wandering during the night looking for the washroom.

Review of resident's plan of care revealed that resident did not have an individualized toileting routine as part of the plan of care to promote bladder continence.

During an interview the Assistant Director of Care confirmed her expectation that residents who are incontinent have an individualized plan of care to promote and manage bowel and bladder continence based on an assessment, and the plan is to be implemented. [s. 51. (2) (b)]

Issued on this 18th day of September, 2013

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

Bonnie MacDonald