



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 prévue
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 # / No de registre	Type of Inspection / Genre d'inspection
Jan 31, 2019	2019_729615_0002	028606-17, 001022-18, 001127-18, 007162-18, 020127-18, 023300-18, 026894-18, 027464-18, 028564-18, 029958-18, 030087-18, 030207-18, 030725-18, 031166-18, 031534-18, 031630-18, 033283-18, 033717-18	Critical Incident System

Licensee/Titulaire de permis

Ritz Lutheran Villa
16 Lot Road 164 5# R.R. #5 MITCHELL ON N0K 1N0

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

Ritz Lutheran Villa
4118A Road 164, R.R. #5 MITCHELL ON N0K 1N0

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

HELENE DESABRAIS (615), CHRISTINA LEGOUFFE (730), MEAGAN MCGREGOR (721), NATALIE MORONEY (610)

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): January 7, 8, 9, 10 and 11, 2019.

The following Critical Incident (CI) reports were inspected during the course of this inspection:

CI #C555-000015-17/Log #028606-17 related to prevention of falls;
CI #C555-000039-18/Log #033717-18 related to prevention of falls;
CI #C555-000008-18/Log #001127-18 related to prevention of falls;
CI #C555-000008-18/Log #020127-18 related to prevention of falls;

CI #C555-000017-18/Log #026894-18 related to medication management;

CI #C555-000002-18/Log #001022-18 related to infection prevention and control;
CI #C555-000007-18/Log #007162-18 related to infection prevention and control;

CI #C555-000011-18/Log #023300-18 related to prevention of abuse and neglect;
CI #C555-000020-18/Log #027464-18 related to prevention of abuse and neglect;
CI #C555-000023-18/Log #028564-18 related to prevention of abuse and neglect;
CI #C555-000026-18/Log #029958-18 related to prevention of abuse and neglect;
CI #C555-000027-18/Log #030087-18 related to prevention of abuse and neglect;
CI #C555-000028-18/Log #030207-18 related to prevention of abuse and neglect;
CI #C555-000031-18/Log #030725-18 related to prevention of abuse and neglect;
CI #C555-000032-18/Log #031166-18 related to prevention of abuse and neglect;
CI #C555-000034-18/Log #031534-18 related to prevention of abuse and neglect;
CI #C555-000035-18/Log #031630-18 related to prevention of abuse and neglect;
CI #C555-000037-18/Log #033283-18 related to unexpected death.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care, one Registered Nurse, three Registered Practical Nurses, one Housekeeping staff and three Personal Support Workers.

During the course of the inspection, the inspector(s) also observed the resident home areas and common areas, observed residents' care provisions, resident/staff



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interactions, reviewed
relevant resident clinical records, relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Medication

Pain

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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

4 WN(s)

2 VPC(s)

1 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>Légende</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 O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

On a specific date, the home submitted Critical Incident (CI) report #C555-000003-18/Log #001127-18 to the Ministry of Health and Long Term Care (MOHLTC) related to a resident's injury of an unknown cause.

A review of the home's policy #RC-201-64 titled "Pain & Symptom – Assessment & Management Protocol" last reviewed October, 2018, stated in part that the Registered Staff will conduct and document a pain assessment on initiation of pain medication or analgesic as needed, when there was a change in condition with pain onset, when resident reported pain or symptoms of greater than 4/10 for 24 to 48 hours, or when receiving pain medication for greater than 72 hrs. The policy also stated that when a resident, family, staff/volunteer reports that pain was present Registered Staff should determine the type of pain utilizing the PCC pain assessment.

A review of the home's policy #RC-201-65 titled "Pain Assessment & Management" last reviewed October, 2018, stated in part that Nursing (RN and RPN) team members should conduct and document a pain assessment with initiation of pain medication or analgesic as needed, behaviours are exhibited by resident that may herald the onset of pain, a resident had a change in condition with onset of pain, or when a resident stated pain severity was a 4/10 or greater.

A review of the clinical record of a resident included the following documentation for a specific month:

-A nursing progress note in Point Click Care (PCC) on a specific date stated that a resident was experiencing a considerable amount of pain in their body, the resident was given an analgesic and a warm blanket, a communication was written to the physician to assess the resident, and a Treatment Administration Record (TAR) for pain was initiated.

-A nursing progress note in PCC on a different date stated that the resident was again experiencing pain to their body and a warm blanket was applied and analgesic routine "at supper. Pls monitor pain" and a physician progress notes stated that the resident was experiencing pain in their body for the last couple of days.

-A nursing progress note in PCC on a specific date stated that the resident "continues to



have pain”.

-A nursing progress note in PCC on a specific date stated the resident complained of significant pain when providing care and that the pain medication was given as ordered.

A review of the Assessment section in PCC for the resident showed that no pain assessment was completed for the resident during the period the resident was experiencing ongoing pain.

2. On a specific date, the home submitted CI #C555-000039-18/Log #033717-18 to the MOHLTC related to the fall of a resident that resulted in an injury.

A review of the clinical record for the resident included the following documentation for a specific month:

-A nursing progress note in PCC on a specific date stated that the resident complained of significant pain and that the resident was given an analgesic for pain as needed.

-A nursing progress note in PCC on a different day stated that the resident was complaining of pain, the resident was offered pain medication and a TAR was initiated to apply an ice pack every six hours and as needed.

-A nursing progress note in PCC on two different days stated that the resident was complaining of pain and one part of their body was swollen and analgesic and ice pack was administered.

A review of the Assessment section of PCC for the resident showed that no pain assessment was completed for the period the resident was experiencing ongoing pain.

During an interview, a registered staff stated that when a resident was experiencing pain, it would be documented under the progress notes and pain assessments would be documented under the assessments section in PCC. The registered staff said that when a resident had unrelieved pain, communication would be sent to the resident's physician to notify them that the pain relief was not effective and requested an assessment. The registered staff reviewed the two residents' assessments on PCC and stated that pain assessments were not completed during the period where the residents were expressing ongoing and unrelieved pain.



During an interview, the Director of Care (DOC) stated that the homes expectation was that anytime a resident complained of pain a progress note was completed to document their pain scale. The DOC said that registered staff were expected to complete a pain assessment on admission and when a resident experienced increased pain or long-term pain. They also stated that with the current process in place, staff often didn't know when to complete a pain assessment. The DOC agreed that both residents' pain assessments were not completed during a period where the residents were expressing ongoing and unrelieved pain and that the homes expectation was that registered staff should have assessed the two residents using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee has failed to ensure that when residents' pain was not relieved by initial interventions, the residents were assessed using a clinically appropriate assessment instrument specifically designed for this purpose. [s. 52. (2)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 55. Behaviours and altercations

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

(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

(b) all direct care staff are advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk to the resident or others. O. Reg. 79/10, s. 55.

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures and interventions were developed and implemented to assist residents and staff who were at risk of harm or who were



harmed as a result of a resident's behaviours, including responsive behaviours, and that minimized the risk of altercations and potentially harmful interactions between and among residents.

On a specific date CI #C555-000011-18/Log #023300-18 was submitted to the MOHLTC related to resident to resident alleged physical abuse;
On a specific date CI #C555-000020-18/Log #027464-18 was submitted to the MOHLTC related to resident to resident alleged physical abuse;
On a specific date CI #C555-000023-18/Log #028564-18 was submitted to the MOHLTC related to resident to resident alleged physical abuse;
On a specific date CI #C555-000027-18/Log #030087-18 was submitted to the MOHLTC related to resident to resident alleged physical abuse;
On a specific date CI #C555-000026-18/Log #029958-18 was submitted to the MOHLTC related to resident to resident alleged physical abuse;
On a specific date CI #C555-000028-18/Log #030207-18 was submitted to the MOHLTC related to resident to resident alleged physical abuse;
On a specific date CI #C555-000031-18/Log #030725-18 was submitted to the MOHLTC related to resident to resident alleged physical abuse;
On a specific date CI #C555-000034-18/Log #031534-18 was submitted to the MOHLTC related to resident to resident alleged physical abuse.

A review of the home's policy #RC-201-87 "Responsive behaviours" last reviewed October 2018, stated in part "Policy: The needs of residents will be met using an interdisciplinary approach to screening, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other. Procedure: All members of the interdisciplinary team will: 1. Work together to identify possible triggers for responsive behaviours; 2. Develop and implement strategies individualized to the resident into the care plan; 3. Evaluate the effectiveness of the of the and plan and revise if needed".

A review of a resident's progress notes in Point Click Care (PCC) indicated that the resident had verbal and/or physical altercation with other residents and/or staff 91 times in the period of one year.

A review of the resident Agitation Assessment on three different time indicated the resident's verbal and physical behaviours.

A review of the resident Assessment Protocols (RAPs) in the Minimum Data Set (MDS)



assessment on a specific stated the following:

Behavioral Symptoms: Will be addressed in the care plan? not applicable; If care planning for this problem, what is the overall objective? No objective specified.

Review of the RAPS in MDS assessment on a different date stated the following:
Behavioral Symptoms: Referral has been sent to Behavioural Support Ontario (BSO) and SMH.

Will be addressed in the care plan? Yes.
Referral has been sent to BSO.

Review of the RAPS in MDS assessment on a specific date, revealed:
Responsive behaviours: Is this problem/need: not applicable.
Nature of the problem/condition: not applicable.
Will be addressed in the care plan? not applicable.
If care planning for this problem, what is the overall objective? No objective specified.

A review of the resident's care plan later that year still did not include responsive behaviour interventions for verbal and physical aggression.

During interviews, a registered staff and two personal support workers all stated that the resident had been demonstrating verbal and physical abuse for some time. The registered staff reviewed the resident's chart and agreed that the resident's verbal and physical behaviours were captured with assessment tools early that year but there were no interventions addressed in the resident plan of care until late that year.

During an interview, the DOC stated that the home's expectation was that any indication of behaviours in residents resulted in staff having to send a BSO referral to be assessed and reflected in the plan of care.

The licensee has failed to ensure that interventions were developed and implemented to assist residents and staff who were at risk of harm or who were harmed as a result of the resident's behaviours, including responsive behaviours, and that minimized the risk of altercations and potentially harmful interactions between and among residents. [s. 55. (a)]



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 procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and that minimized the risk of altercations and potentially harmful interactions between and among residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).

Findings/Faits saillants :

1. The licensee has failed to ensure that no resident administered a drug to himself or herself unless the administration was approved by the prescriber in consultation with the resident.

On a specific date the home submitted CI #C555-000017-18/Log #026894-18 to the MOHLTC related to controlled substance missing for a resident. The resident's medication was left on a table by a registered staff to the resident. The resident suffered from an adverse effect as a result of this incident.

During an interview, the resident stated that their medication was left by the registered staff on a table for them to take because they were capable of taking them on their own and had forgotten to take them.

A review of the home's pharmacy Pack4U policy #3-7 titled "Medication Pass" dated 2018 stated in part "Note: Medications are not to be left at resident's bedside unless there is a completed self administration form".



A review of the resident's progress notes in PCC on a specific date stated in part that the registered staff had not witnessed the resident taking their medications and was notified by the resident that they had forgotten to take them and upon returning to take them the resident said they were gone from the table.

A review of the physician's orders and care plan for the resident did not include that the resident could administer medication on their own.

A review of the resident paper chart did not include a completed "self administration form".

During an interview two registered staff said that when administering medication they had to observe the resident take the medication and would not leave the medication unattended.

During an interview, the DOC said that residents needed to complete the home's self-administration assessment to be able to self administer drugs and that the resident's medication should not have been left to the resident to self administer.

The licensee has failed to ensure that no resident administered a drug to himself or herself unless the administration was approved by the prescriber in consultation with the resident. [s. 131. (5)]

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 no resident administer a drug to himself or herself unless the administration is approved by the prescriber in consultation with the resident, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control program.

On a specific date the home submitted CI #C555-000002-18/Log #001022-18 related to a declared acute respiratory infection (ARI) outbreak.

On a specific date the home submitted CI #C555-000007-18/Log #007162-18 related to a declared ARI outbreak.

On a specific date inspector #610 observed a resident in their room resting in bed and dressed in a blue gown, with a specific treatment.

During an interview, the registered staff stated that the resident had been diagnosed with an infection and had been unwell for a few days. There was no personal protective equipment (PPE) or signage that indicated that droplet/contact precautions were in place for staff, residents and visitors before entering the resident's room.

A review of the home's infection control policy #ICP-600-21 titled "Droplet Precautions" with a revision date of December 2018, stated in part "residents presenting with symptoms of an illness that can be transmitted via droplet will be placed on Droplet Precautions until 24 hours after their symptoms have disappeared. Staff caring for resident who are on Droplet Precautions will wear personal protective equipment as required."

During an interview, the DOC and a registered staff stated that the resident had an infection and would expect contact precautions to be in place for this resident for at least 48 hours for someone diagnosed with an infection. The DOC also said that it was the home's expectation that they followed the infection prevention and control program.

The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control program. [s. 229. (4)]



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Issued on this 6th day of February, 2019

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

Original report signed by the inspector.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : HELENE DESABRAIS (615), CHRISTINA LEGOUFFE
(730), MEAGAN MCGREGOR (721), NATALIE
MORONEY (610)

Inspection No. /

No de l'inspection : 2019_729615_0002

Log No. /

No de registre : 028606-17, 001022-18, 001127-18, 007162-18, 020127-
18, 023300-18, 026894-18, 027464-18, 028564-18,
029958-18, 030087-18, 030207-18, 030725-18, 031166-
18, 031534-18, 031630-18, 033283-18, 033717-18

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Jan 31, 2019

Licensee /

Titulaire de permis : Ritz Lutheran Villa
16 Lot Road 164 5#, R.R. #5, MITCHELL, ON, N0K-1N0

LTC Home /

Foyer de SLD : Ritz Lutheran Villa
4118A Road 164, R.R. #5, MITCHELL, ON, N0K-1N0

Jeff Renaud



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O. 2007, chap. 8

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

To Ritz Lutheran Villa, you are hereby required to comply with the following order(s)
by the date(s) set out below:



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Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
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l'article 154 de la *Loi de 2007 sur les
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O. 2007, chap. 8

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Order / Ordre :

The licensee must be compliant with O. Reg 79/10, s. 52 (2).
The licensee shall ensure that residents #001, #003 and any other residents exhibiting pain are assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Specifically, the home will ensure to:

a) Educate all registered staff and personal support workers to comply with the home's policy #RC-201-64 titled "Pain & Symptom – Assessment & Management Protocol".

Grounds / Motifs :

1. The licensee has failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

On a specific date, the home submitted Critical Incident (CI) report #C555-000003-18/Log #001127-18 to the Ministry of Health and Long Term Care (MOHLTC) related to a resident's injury of an unknown cause.

A review of the home's policy #RC-201-64 titled "Pain & Symptom – Assessment & Management Protocol" last reviewed October, 2018, stated in part that the Registered Staff will conduct and document a pain assessment on initiation of pain medication or analgesic as needed, when there was a change in condition with pain onset, when resident reported pain or symptoms of greater than 4/10 for 24 to 48 hours, or when receiving pain medication for greater than 72 hrs. The policy also stated that when a resident, family, staff/volunteer reports that



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pain was present Registered Staff should determine the type of pain utilizing the PCC pain assessment.

A review of the home's policy #RC-201-65 titled "Pain Assessment & Management" last reviewed October, 2018, stated in part that Nursing (RN and RPN) team members should conduct and document a pain assessment with initiation of pain medication or analgesic as needed, behaviours are exhibited by resident that may herald the onset of pain, a resident had a change in condition with onset of pain, or when a resident stated pain severity was a 4/10 or greater.

A review of the clinical record of a resident included the following documentation for a specific month:

-A nursing progress note in Point Click Care (PCC) on a specific date stated that a resident was experiencing a considerable amount of pain in their body, the resident was given an analgesic and a warm blanket, a communication was written to the physician to assess the resident, and a Treatment Administration Record (TAR) for pain was initiated.

-A nursing progress note in PCC on a different date stated that the resident was again experiencing pain to their body and a warm blanket was applied and analgesic routine "at supper. Pls monitor pain" and a physician progress notes stated that the resident was experiencing pain in their body for the last couple of days.

-A nursing progress note in PCC on a specific date stated that the resident "continues to have pain".

-A nursing progress note in PCC on a specific date stated the resident complained of significant pain when providing care and that the pain medication was given as ordered.

A review of the Assessment section in PCC for the resident showed that no pain assessment was completed for the resident during the period the resident was experiencing ongoing pain.

2. On a specific date, the home submitted CI #C555-000039-18/Log #033717-18



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Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

to the MOHLTC related to the fall of a resident that resulted in an injury.

A review of the clinical record for the resident included the following documentation for a specific month:

-A nursing progress note in PCC on a specific date stated that the resident complained of significant pain and that the resident was given an analgesic for pain as needed.

-A nursing progress note in PCC on a different day stated that the resident was complaining of pain, the resident was offered pain medication and a TAR was initiated to apply an ice pack every six hours and as needed.

-A nursing progress note in PCC on two different days stated that the resident was complaining of pain and one part of their body was swollen and analgesic and ice pack was administered.

A review of the Assessment section of PCC for the resident showed that no pain assessment was completed for the period the resident was experiencing ongoing pain.

During an interview, a registered staff stated that when a resident was experiencing pain, it would be documented under the progress notes and pain assessments would be documented under the assessments section in PCC. The registered staff said that when a resident had unrelieved pain, communication would be sent to the resident's physician to notify them that the pain relief was not effective and requested an assessment. The registered staff reviewed the two residents' assessments on PCC and stated that pain assessments were not completed during the period where the residents were expressing ongoing and unrelieved pain.

During an interview, the Director of Care (DOC) stated that the homes expectation was that anytime a resident complained of pain a progress note was completed to document their pain scale. The DOC said that registered staff were expected to complete a pain assessment on admission and when a resident experienced increased pain or long-term pain. They also stated that with the current process in place, staff often didn't know when to complete a pain



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O. 2007, chap. 8

assessment. The DOC agreed that both residents' pain assessments were not completed during a period where the residents were expressing ongoing and unrelieved pain and that the homes expectation was that registered staff should have assessed the two residents using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee has failed to ensure that when residents' pain was not relieved by initial interventions, the residents were assessed using a clinically appropriate assessment instrument specifically designed for this purpose. [s. 52. (2)] (721)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Feb 20, 2019



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

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

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:



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Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections 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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**Ministère de la Santé et des
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O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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foyers de soins de longue durée*, L.
O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 31st day of January, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Helene Desabrais

Service Area Office /

Bureau régional de services : London Service Area Office