



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

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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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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
Feb 5, 2014	2014_207147_0002	H-000038-14 AND H-000710-13	Critical Incident System

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9

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

PEEL MANOR
525 MAIN STREET NORTH, BRAMPTON, ON, L6X-1N9

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

LALEH NEWELL (147)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 21, 22, 23, 24 and 27, 2014

**H-000710-13
H-000038-14**

During the course of the inspection, the inspector(s) spoke with Administrator, Supervisor of Care (SOC), Registered staff, Personal Support Workers (PSW), Resident Assessment Instrument (RAI) Coordinator, residents and family.

During the course of the inspection, the inspector(s) reviewed clinical records, home's internal investigation notes, staff personnel files, home's policy and procedure related to Medication - Narcotic Control, Medication - Administration, medication reorder binder and Bed Entrapment Prevention Program.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Medication**

Findings of Non-Compliance were found during this inspection.



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement



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Specifically failed to comply with the following:

s. 33. (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care. 2007, c. 8, s. 33. (3).

s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:

1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).
2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).
3. The use of the PASD has been approved by,
 - i. a physician,
 - ii. a registered nurse,
 - iii. a registered practical nurse,
 - iv. a member of the College of Occupational Therapists of Ontario,
 - v. a member of the College of Physiotherapists of Ontario, or
 - vi. any other person provided for in the regulations. 2007, c. 8, s. 33 (4).
4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 33 (4).
5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).

Findings/Faits saillants :



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1. Not all Personal Assistance Service Devices (PASD) described in subsection (1) were used to assist a resident with a routine activity of living only if the use of the PASD was included in the resident's plan of care.

Review of the home's Bed Entrapment Prevention Program dated April 2013 confirmed that "bed rails of any size is used for the purpose of assisting a resident with a routine activity of living (such as turning themselves independently), the device is considered a personal assistance service device (PASD)".

Resident #101 was observed to have one half rail up on the right side of the bed. Staff confirmed the use of the half rail is to assist the resident to turn and position while in bed. The current plan of care reviewed did not include the use of bed rail that were considered to be a PASD. [s. 33. (3)]

2. Not all of the following were satisfied prior to including the use of a PASD to assist in routine activities of daily living: the use of the PASD was reasonable given the resident's condition, consent had been obtained, the device was approved and the plan of care provides for everything required under subsection (5).

Resident #101 used one half rail when in bed as a PASD to assist with bed mobility. Review of the resident's health records did not include an assessment identifying the use of the bed rail for the purpose of a PASD. Interview with the registered staff and the Supervisor of Care confirmed an assessment was not completed prior to the application of the PASD. The health record did not include the approval of the PASD by an appropriate person as defined in the legislation nor was consent documented as being obtained from the resident or Substitute Decision Maker (SDM) for the use of the PASD. [s. 33. (4)]



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Issued on this 5th day of February, 2014

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

Laleh Newell