



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
May 1, Jun 13, 14, 15, 2012	2012_088135_0016	Complaint

Licensee/Titulaire de permis

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

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

RITZ LUTHERAN VILLA
PART LOT 16, CON 2, LOGAN TWN, R.R. #5, 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 Complaint Inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Assistant Director of Care, Registered Nurse, 2 Registered Practical Nurses, 2 Personal Support Workers, Nutrition Services Director and residents.

During the course of the inspection, the inspector(s) reviewed resident's health records and documentation, policies and procedures, and observed lunch service in the home.

Log# L-000371-12 L-000574-12

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Critical Incident Response

Dignity, Choice and Privacy

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours



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Findings of Non-Compliance were found during this Inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN - Written Notification, VPC - Voluntary Plan of Correction, DR - Director Referral, CO - Compliance Order, WAO - Work and Activity Order. Legendé includes WN - Avis écrit, VPC - Plan de redressement volontaire, DR - Aiguillage au directeur, CO - Ordre de conformité, WAO - Ordres : travaux et activités. The table also contains text explaining non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) and the corresponding non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD).

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care Specifically failed to comply with the following subsections:

- 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; (b) the goals the care is intended to achieve; and (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. In the Critical Incident report, the follow up analysis by the Director of Care to prevent re-occurrence was "Resident will be removed from room during the day when resident becomes agitated and is hitting out and also taken on more walks and taken to other activities during the day".

In review of resident's plan of care there is no reference to these interventions when resident becomes agitated and is hitting out.

In interviews, two Personal Support Workers were not aware on the interventions to take resident out of the room and take resident on walks when resident is agitated and hitting out.

Homes' Administrator confirmed his expectation the plan of care needs to set out clear directions to staff and others who provide direct care to the resident. [LTCHA, 2007 S.O. 2007, c.8, s. 6. (1) (c)]

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 ensuring plans of care set out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following subsections:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. During lunch May 1, 2012, in first floor Dining room routine, preventative and remedial maintenance schedules and procedures were not evidenced as being in place when the following was observed:

- Walls were scraped and paint chipped
- Walls were splattered with food
- Floors were gouged and streaked black where floor surface was damaged.
- Finish worn off of dining table edges

In interview the homes' Administrator confirmed these maintenance issues were not being addressed as part of the homes' remedial maintenance program. [O.Reg. 79/10, s.90 (1)(b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring routine, preventative and remedial maintenance schedules and procedures are in place and implemented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following subsections:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. Resident's plan of care identified resident is to receive two baths/week.

In review of the resident's Point of Care bathing Documentation for February and March 2012, the following baths were not provided to the resident as per the plan of care:

February 4, 18 and 25, or 37.5 % of the resident's baths for the month of February, 2012 were not provided.

March 17, 28 and 31, or 33 % of the resident's baths for the month of March, 2012 were not provided.

In interview, May 1, 2012, Assistant Director of Care confirmed her expectation baths not provided to residents on their bath days be rescheduled as residents are to be bathed by the method of their choice, at a minimum, twice a week.

[O.Reg. 79/10, s.33 (1)]



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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 ensuring residents are bathed at minimum, twice a week by the method of their choice, to be implemented voluntarily.

Issued on this 15th day of June, 2012

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

Bonnie MacDualet