



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
prévus le Loi de 2007 les
foyers de soins de longue

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
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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
Aug 1, Sep 28, 2012	2012_105130_0022	Complaint

Licensee/Titulaire de permis

THE THOMAS HEALTH CARE CORPORATION
490 Highway #8, STONEY CREEK, ON, L8G-1G6

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

ARBOUR CREEK LONG-TERM CARE CENTRE
2717 KING STREET EAST, HAMILTON, ON, L8G-1J3

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

GILLIAN HUNTER (130)

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 The Administrator, Registered Staff, personal support workers and an identified resident.

During the course of the inspection, the inspector(s) interviewed staff, observed residents, reviewed clinical records and policies and procedures related to H-001504-12.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legende
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

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.
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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).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

The licensee did not ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed or the care set out in the plan was no longer necessary. Resident #1 was declared palliative by the physician in 2012. According to staff and family interviewed, the resident was bedridden, taking little amounts of fluids by mouth and receiving comfort care measures only. The resident was observed in bed wearing a hospital gown and had two bed rails raised. According to the plan of care, the resident was still to be assisted with activities of daily living such as dressing, bathing, toileting and eating. The plan did not identify the comfort care measures to be implemented. It was noted the resident had a bandage to an affected area, however, the plan of care did not identify the affected area nor treatment interventions in place.

2. The licensee did not ensure that the plan of care set out clear directions to staff and others who provided direct care to the resident. The plan of care for Resident #1 indicated the resident had impaired toileting abilities and that staff were to toilet the resident before breakfast, lunch and dinner and at bed time, however the plan also indicated "no toileting, used incontinent products, change before and after meals as needed". The plan indicated staff were to encourage the resident to walk in the dining room in order to empty the bladder and decrease risk of urinary retention and turn and reposition every 2 hours when seated in wheelchair, however, the plan also indicated the resident was bedridden. Staff verified the resident did not ambulate, was not toileted and was in fact bedridden.

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 every resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or the care set out in the plan is no longer necessary and to ensure that the plan of care sets out clear direction 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. 8. Policies, etc., to be followed, and records



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Specifically failed to comply with the following subsections:

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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee did not ensure that and plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with. According to the home's policy: RC-05-07-22D Wound/Skin Reporting And Treatment #5, every wound must be assessed by Registered staff on a daily basis for wound condition, change dressing as required/needed and documented: what treatment was ordered and how the condition was identified (on admission, on return from hospital or in-house). Resident #1 was observed with a clear dressing applied to an affected area. The affected area could not be seen due to the collection of blood noted under the bandage. Staff interviewed and documentation reviewed, verified the dressing had not been changed daily nor had the area been assessed by the registered staff daily. According to the home's policy: NA-05-07-01 Resident Client Incident Report and staff interviewed, an incident report was not completed when Resident #1 sustained an injury of unknown origin to the affected area.

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

Issued on this 28th day of September, 2012

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