



**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**

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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
Nov 1, 2, 4, 15, 16, 2011	2011_029134_0012	Complaint

Licensee/Titulaire de permis

CENTRE D'ACCUEIL ROGER SEGUIN

435 Lemay Street, Clarence Creek, ON, K0A-1N0

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

CENTRE D'ACCUEIL ROGER SEGUIN

435 Lemay Street, Clarence Creek, ON, K0A-1N0

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

COLETTE ASSELIN (134)

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 Director of care, the Registered Nurse (RN), three Personal Support Workers (PSW), the resident, the physiotherapist and the Assistant Physiotherapist.

During the course of the inspection, the inspector(s) reviewed the resident's health record, inspected the tub room, reviewed the bath flow sheet and bath assignment sheets, reviewed a "memo to file" from Lynne Joly-Crichton, dated April 2011, reviewed the letter to Charles Lefebvre from the Occupational Health and Safety Committee, dated April 27, 2011, related to the resident's request to have showers.

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	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
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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 68. Nutrition care and hydration programs
Specifically failed to comply with the following subsections:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;
(b) the identification of any risks related to nutrition care and dietary services and hydration;
(c) the implementation of interventions to mitigate and manage those risks;
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The licensee has failed to comply with section 68 (2) (e) (i)(ii) in that, the identified resident has not been weighed monthly and the body mass and height were not measured annually after admission.

There is an entry in the plan of care indicating it is impossible to weigh the resident due to being overweight. Based on the resident's plan of care the resident is on a weight loss program and the expected outcomes read as follows: "the resident's weight loss will be visible to the eye". There are no clinical interventions or approaches identified, to measure the weight loss.

The PSWs who were interviewed, reported the resident had not been weighed on a monthly basis because the home lacks the appropriate equipment.

The Director of Care reported to the inspector that no request was made to the High Intensity Needs Funds (HINF) to obtain approval for Bariatric equipments to weigh and transfer this resident.

Based on the weight monitoring sheet, the resident weight has not been measured in two years and the licensee has failed to order the equipment necessary to weigh the resident.

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 the resident is weighed monthly or more frequently and ensure the body mass and height are measured annually, to be implemented voluntarily.

WN #2: 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. The Licensee has failed to comply with section 33 (1) in that the resident is not bath twice a week by the method of the resident's choice.

The resident reported to the inspector that only one "Bed Bath" per week was provided.

The unit bath list was reviewed and there is an indication that the identified resident was assigned to have 2 "Bed Baths" per week.

A full time PSW, who is assigned to the resident reported that the identified resident is getting one "Bed Bath" per week and it takes 30 to 45 minutes to wash the resident in bed. The PSW stated "the resident has a right to request a second "Bed Bath" but we have no time to provide it. Most other residents will take 15 to 20 minutes for a bath in the tub or shower".

The resident reported to the inspector that the preferred method of bathing is to be showered and this request has not been respected in the last two years.

The identified resident's medical orders were reviewed and there are no orders related to the fact the resident cannot be showered due to a medical condition.

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 the resident is bathed at a minimum twice a week by the method of choice and more frequently as determined by the resident's hygiene requirements, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 32. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis. O. Reg. 79/10, s. 32.

Findings/Faits saillants :



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1. The Licensee has failed to comply with section 32 of the O. Reg 79/10 in that the resident does not receive hygiene care on a daily basis.

One identified resident reported to the inspector that several staff members are not providing thorough hygiene on a daily basis.

One full-time evening PSW, assigned to the resident has confirmed the above information and reported to the inspector that during the resident's bedtime care, it has been observed that the resident had not been washed properly on the previous shift.

The PWS, assigned to provide hygiene to the resident on day shift indicated that the resident washes own face and that staff do not normally wash neck and ears, thinking that the resident has done it by self.

Issued on this 16th day of November, 2011

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

Paulette Asseli, LTCH Inspector #134