



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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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
Dec 2, 2013	2013_198117_0028	O-001039- 13	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

LYNE DUCHESNE (117), JOANNE HENRIE (550), SUSAN WENDT (546)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): November 26, 27 and 28, 2013

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Activation Director, several Registered Nurses, several Registered Practical Nurses, several Personal Support Workers, several activation aides, several housekeeping aides, to several residents and to several resident family members.

During the course of the inspection, the inspector(s) reviewed an identified resident's health care record, observed resident care and services, observed activity programs on November 26 and 27, 2013, reviewed the home's policy on abuse #ADM DG 1217 "Prevention des abus et/ou mauvais traitements", revised July 2013 and training for staff, reviewed the November 2013 activity calendar and resident activity participation list, reviewed the Residents' Bill of Rights, in addition reviewed a critical incident report.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Prevention of Abuse, Neglect and Retaliation

Recreation and Social Activities

Responsive Behaviours

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.)

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.

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:

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

Findings/Faits saillants :



1. The licensee failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6.(1) (c) in that a resident's written plan of care related to activities did not give clear directions to staff and others who provide direct care to the resident.

Plan of care does not set out clear directions for activation staff as to how and when to involve Resident 002 in activities. Resident's care plan records that Resident 002 is involved in activities more than two thirds of the time. When speaking with activity staff and when reviewing the documentation, this is not evident and there is no documentation to indicate that Resident 002 has been or not been involved, nor participated in the activity or activities for said day.

As confirmed by activation staff (s118), activation staff do not monitor (via presence list) nor document any resident participation to activities. Activation Director only provided a printed list of resident names for 2 activities for which Resident 002 is involved or is a participant.

Care plan does not record that Resident 002 walks with a family member on the unit, rocks in the rocking chair while watching TV, takes a siesta in his/her room in the afternoon. Care plan does not make recommendations to decrease resident agitation or anxiety, other than not to take him/her off the unit. [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 to ensure that the residents' plan of care are revised and dated when the residents' care needs change, including activity participation and documentation of the monitoring of said participation involvement. When resident changes arise, plans of care must be duly communicated to all active staff members involved in residents' care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training



Specifically failed to comply with the following:

s. 76. (1) Every licensee of a long-term care home shall ensure that all staff at the home have received training as required by this section. 2007, c. 8, s. 76. (1).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10 s. 76 (1) in that the home did not ensure that all staff at the home have received training as required under this section.

Under O.Reg s. 76 (2) (3) the licensee is to ensure that all staff receive training on the home's policy to promote zero tolerance of abuse and neglect of residents. As per O.Reg s. 219 (1) training and retraining on the home's policy to promote zero tolerance of abuse and neglect is to be done on an annual basis.

The home has a policy on the prevention of abuse and neglect. The policy # ADM DG 1217 "Prévention des abus et / ou mauvais traitements" has in been in place at the home since June 2000. It was last revised in July 2013. This policy is posted in the home's front entrance and is visible and accessible to staff, residents and visitors.

On November 27, 2013, the home's Administrator and Director of Care stated to Inspectors #117, #546 and #550 that the last staff retraining on the home's prevention of abuse and neglect policy was done in February 2010. Retraining of staff was to have been done earlier in 2013. However this was postponed and was not rescheduled in 2013.

Therefore, the home has not retrained their staff on the home's prevention of abuse and neglect policy, an annual basis, as per legislative requirements. [s. 76. (1)]

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 in ensuring that annual training of its policies and procedures and any revisions must be scheduled and completed within the next two (2) months and annually thereafter, to be implemented voluntarily.



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Issued on this 2nd day of December, 2013

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

Joanne Linnai
Deudt

Lynne Dochow