Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

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Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité
Bureau régional de services de Ottawa

347, rue Preston, 4iém étage
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Ontario

January 10, 2011

Mr. Mike MacDonald
Administrator
Community Nursing Home/Pickering
1955 Valley Farm Road
Pickering ON L1V 3R6

Dear Mr. MacDonald:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on December 9, 2010 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely

Amanda Nixon
LTC Home Inspector – Dietary

c President, Resident's Council
President, Family Council

Ontario

Inspection Report under the *Long-Term Care Homes Act, 2007*

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

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☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**

Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
December 9, 2010	2010_148_2693_06Dec121654	Complaint Log #O-002326

Licensee/Titulaire
Community Lifecare Inc., 1955 Valley Farm Road, 3rd Floor Pickering, Ontario L1V 1X6
Fax 905-831-1802

Long-Term Care Home/Foyer de soins de longue durée
Community Nursing Home –Pickering, 1955 Valley Farm Road Pickering Ontario L1V 3R6
Fax 905 420 6030

Name of Inspector(s)/Nom de l'inspecteur(s)
Amanda Nixon, ID#148

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to the care and services provided to an identified resident.

During the course of the inspection, the inspector spoke with the Administrator, both Assistant Directors of Care, Registered Care Associate Manager, Registered Dietitian, Registered Practical Nurse, Personal Support Workers and the resident.

During the course of the inspection, the inspector reviewed the identified resident's health record including plan of care, physician orders, Medication Administration Records, flow sheets and the policy titled "Hypoglycemia Protocol".

The following Inspection Protocols were used during this inspection:
Nutrition and Hydration

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN
1 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O 2007, c.8, s. 6

(c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. The plan of care for an identified resident does not reflect his/her needs related to abnormal blood glucose levels.
2. As ordered by the physician, the resident's capillary blood glucose is measured four times daily. The document titled "Glucose Monitoring Record" indicates that between the dates of November 23, 2010 and December 1, 2010, the resident had four blood glucose readings below 4.0mmol/L.
3. On December 9, 2010, interview with Anne-Christin, Registered Practical Nurse responsible for the resident's care, stated that the resident does not exhibit any symptoms when blood glucose levels are abnormal.
4. The plan of care, printed December 9, 2010 for the resident indicates that registered staff are to monitor him/her for symptoms of hyperglycemia and hypoglycemia; there is no indication in the plan of care that the resident is asymptomatic to abnormal blood glucose levels.

Inspector ID #:	148

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 plan of care for the resident reflects the his/her care needs in respect to monitoring hyperglycemia and hypoglycemia, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** Amanda Nixon
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). December 22, 2010