



**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
Mar 26, 27, 28, 29, Apr 2, 3, 4, 10, 11, 12, 13, 16, 17, 18, 20, 25, 27, 2012	2012_031194_0016	Resident Quality Inspection

Licensee/Titulaire de permis

COMMUNITY LIFECARE INC
1955 Valley Farm Road, 3rd Floor, PICKERING, ON, L1V-1X6

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

COMMUNITY NURSING HOME (PICKERING)
1955 VALLEY FARM ROAD, PICKERING, ON, L1V-3R6

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

CHANTAL LAFRENIERE (194), CAROLINE TOMPKINS (166), PATRICIA POWERS (157)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

During the course of the inspection, the inspector(s) spoke with Residents, family members, volunteers, Administrator, Clinical and Administrative Directors of Care, Environmental Manager, Food Service Manager, Dietary Manager, Dietitian RAI Coordinator, Physio Therapist, Program Manager, Program Assistants, Social Service Worker, Attending Physician, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW),

During the course of the inspection, the inspector(s) reviewed resident clinical health records, relevant policies, staff education records, resident charges and administrative records, committee minutes. Observation of storage and supply areas, meal services and resident care and programs.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management



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Critical Incident Response

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Sufficient Staffing

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.
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WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following subsections:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

- (a) procedures are developed and implemented to ensure that,**
 - (i) residents' linens are changed at least once a week and more often as needed,**
 - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**
 - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**
 - (iv) there is a process to report and locate residents' lost clothing and personal items;**
- (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;**
- (c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and**
- (d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that linens are maintained in a good state of repair;

Interview with Administrator and Environmental Manager confirms that the licensee is aware of this issue and has undertaken steps to rectify.

Previous issue of Written Notification was noted in September 2011 for ripped and frayed linens.

- A blanket on resident's bed was found to have a hole in it as well as the incontinent (bed) pad being very frayed and worn
- Two identified rooms were noted to have incontinent (bed) pads frayed
- An identified room was noted to have a large tear at the top corner of the bed spread
- Two identified rooms were noted to have bed spreads being frayed
- An identified room had two holes noted in bed spread [r.89(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 linens are maintained in a good state of repair., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that every resident is cared for in a manner consistent with his/her needs as evidenced by;

Resident #150 plan of care directs that staff transferring the resident are to push the resident's wheelchair down the middle of the hallway, so that the resident's hands do not become entangled in the hand rails. The resident's clinical health record states that in March 2012 the resident was being transferred to the dining room by staff in the wheelchair and the resident sustained a bruise on right thumb and "scratched hand on hallway rails when transported". There is no evidence of further intervention until 5 days later, when it is identified that the resident has sustained an injury that required treatment.

2. Resident #150 plan of care directs that the resident requires two + persons assist for transfer - lifted mechanically with a full sling. Transfer code posted at the resident's bedside directs two person assist with a mechanical lift. Staff confirm that they assist resident up every morning. RPN confirms that the ceiling lift in the resident's room was malfunctioning for four days and staff did not get the resident out of bed for that period of time. [s3.(1)4]

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 requiring lifts or transfers is cared for in a manner consistent with his/her needs, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices

Specifically failed to comply with the following subsections:

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:

1. There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained.

2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1.

3. The method of restraining is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable methods that would be effective to address the risk referred to in paragraph 1.

4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.

5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.

6. The plan of care provides for everything required under subsection (3). 2007, c. 8, s. 31 (2).

Findings/Faits saillants :

1. The Administrator has indicated that two full bed rails are not considered to be a restraint, under the home's definition. (Restraint Policy, RSL-SAF-035, January 2010)

The following residents were observed by inspectors to have two full bed rails in place. Registered Staff confirmed the use of two full bed rails and that the residents identified were physically incapable of getting out of bed on their own.

- residents #183, #164, #176, #276, #278, #310

Plan of care for resident #183 directs the use of two full bed rails;

-no written consent was available (written consent is required by licensee's restraint policy)

-no physician's order was obtained

-no evidence that alternatives to restraining were considered. (written documentation required by the licensee's restraint policy, for alternatives to restraints.)[s.31.(2)2,4,5]

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 restraining of a resident by two full bed rails, is included in a resident plan of care, only if alternative to the restraint have been considered, a physician has ordered or approved the restraining, and the restraining of the resident has been consented to by the resident or the Substitute Decision Maker (SDM), to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.

Findings/Faits saillants :

1. A number of resident rooms occupied by more than one resident were observed to not have sufficient privacy curtains to provide privacy;

Administrator and Environmental Manager verified that velcro had been previously tried to close the gaps, but had not been successful. The licensee is currently adapting privacy curtains with magnets to ensure privacy where curtains do not meet. The missing curtain sections had not been identified to the management of the home.

- In an identified room there is a gap of approximately 48 inches at the foot of bed (B) without a privacy curtain
- In five identified rooms privacy curtains between bed A and B do not meet where the ceiling lift track is mounted, leaving a gap that does not provide privacy to the residents
- In five identified rooms privacy curtains are missing on short track at the head of the bed, between the ceiling lift and the wall

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 bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy., to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

Findings/Faits saillants :

1. As required by O.Reg 79/10, r.8(1)(a) The licensee of a long term care home shall have; plan, policy, protocol, procedure, strategy or system and ensure they are in compliance with and are implemented in accordance with all applicable requirements under the act;

As required by O.Reg 79/10, r.30(1) Every licensee of a long-term care home shall ensure that the policy for Dietary Services provides for monitoring of outcomes related to the provision of meal service.

The licensee policy DMS-NC-60 "Provision of Meal Service" (January 2009) does not provide for monitoring outcomes related to provision of meal service.

There is no evidence of monitoring of outcomes of meal service as evidenced by observation of the supper meal service.

- The supper meal service commenced at 1700 hours and the last meal provided to residents was served at 1745 hours
- Nursing staff were observed sitting at resident tables for 45 minutes waiting for food to be served by the dietary staff
- A resident's SDM voiced complaints during family interview about a an identified resident who is regularly required to wait 45 minutes prior to being served the supper meal
- Three residents were observed to be leaving the dining room, before supper was served, voicing concerns about the delay to meal service
- Several resident's observed leaving the dining room prior to dessert being served, complaining about the delay in service
- One resident complained that the food was served cold
- Resident's at several tables were being served and fed their meals, while table mates waited for their meal[r.30(1)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 to ensure policies for dietary services to provide for monitoring outcomes of the supper meal., to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 109. Policy to minimize restraining of residents, etc.

Every licensee of a long-term care home shall ensure that the home's written policy under section 29 of the Act deals with,

- (a) use of physical devices;**
- (b) duties and responsibilities of staff, including,**
- (i) who has the authority to apply a physical device to restrain a resident or release a resident from a physical device,**
- (ii) ensuring that all appropriate staff are aware at all times of when a resident is being restrained by use of a physical device;**
- (c) restraining under the common law duty pursuant to subsection 36 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others;**
- (d) types of physical devices permitted to be used;**
- (e) how consent to the use of physical devices as set out in section 31 of the Act and the use of PASDs as set out in section 33 of the Act is to be obtained and documented;**
- (f) alternatives to the use of physical devices, including how these alternatives are planned, developed and implemented, using an interdisciplinary approach; and**
- (g) how the use of restraining in the home will be evaluated to ensure minimizing of restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation. O. Reg. 79/10, s. 109.**

Findings/Faits saillants :

1. The home's policy RSL-SAF-035 "Restraint Policy" addresses the types of physical devices permitted to be used but does not identify the use of two full side rails as a restraint.[r.109.(d)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 12. Furnishings

Specifically failed to comply with the following subsections:

s. 12. (2) The licensee shall ensure that,

(a) resident beds have a firm, comfortable mattress that is at least 10.16 centimetres thick unless contraindicated as set out in the resident's plan of care;

(b) resident beds are capable of being elevated at the head and have a headboard and a footboard;

(c) roll-away beds, day beds, double deck beds, or cots are not used as sleeping accommodation for a resident, except in an emergency;

(d) a bedside table is provided for every resident;

(e) a comfortable easy chair is provided for every resident in the resident's bedroom, or that a resident who wishes to provide their own comfortable easy chair is accommodated in doing so; and

(f) a clothes closet is provided for every resident in the resident's bedroom. O. Reg. 79/10, s. 12 (2).

Findings/Faits saillants :

1. The home failed to provide a firm, comfortable mattress for two identified residents #145, #999.

A complaint from staff was received about the resident's comfort related to the the mattress for resident #145. Inspector observed the mattress to be sagging in the center providing poor support.

A family concern was received for resident #999 stating that the resident was not comfortable related to the mattress. Inspector observed the mattress to be sagging in the center providing poor support.

Concerns were reported to the licensee and both surfaces were immediately replaced.[r.12.(2)(a)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16.

Findings/Faits saillants :

1. On April 04, 2012 at 1100 hours it was observed that the bedroom window in an identified room on the ground floor, that opens to the outdoors and is accessible to residents, could be opened to 91 centimeters. There was no evidence that the resident would attempt to elope through the window. The licensee was notified and the window was fixed immediately.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following subsections:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The Clinical Director of Care confirmed that immunizations against diphtheria and tetanus are not offered to residents at the home. [r.229.(10)3.]

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 residents be offered immunization against Tetanus and Diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website., to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The president of the Residents' Council stated that Residents' Council does not review the meal and snack times in the home.[r.73.(1)2]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following subsections:

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:

- 1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class.**
- 2. That staff apply the physical device in accordance with any instructions specified by the physician or registered nurse in the extended class.**
- 3. That the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose.**
- 4. That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition himself or herself.)**
- 5. That the resident is released and repositioned any other time when necessary based on the resident's condition or circumstances.**
- 6. That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances. O. Reg. 79/10, s. 110 (2).**

Findings/Faits saillants :

- 1. Resident #183 was noted to have two full bed rails. A monitoring sheet for positioning was not in place. The plan of care directs staff to check for safety every hour, and encourage resident to assist staff with repositioning. The plan of care did not direct staff to reposition resident every two hours as required in the restraint policy.[r.110.(2)4]**

WN #12: 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

Findings/Faits saillants :

1. The written plan of care for resident #276 identifies that the resident is provided personal care at 0630 hours. The SDM has expressed that resident #276 not be provided personal care at 0630 hours. The resident's plan of care is not based on an assessment of her needs and preferences.[s.6.(2)]

2. The licensee failed to ensure that staff who provide direct care to residents have convenient and immediate access to the residents' plans of care as evidenced by;

The Director of Care reported that PSW's and Registered staff are provided with password access to the computerized care plans.

Three PSW staff on an identified unit confirmed that they do not have password access to the computer where residents' care plans are located.

Resident "Kardex" is accessible to the direct care staff in each home area. Several Kardexes refer staff to "see care plan" for further direction and interventions.

- Kardex for resident #150 informs staff that resident is incontinent but directs them to "see care plan" for required interventions
- Kardex for resident #183 for activity/program interventions does not provide program interests but states "See Care Plan"
- Kardex for resident #369 identifies that the resident requires interventions for behaviour but states "See Care Plan"[S.6.(8)]

WN #13: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey
Specifically failed to comply with the following subsections:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The Administrator confirmed that the resident satisfaction survey is out sourced to a company outside the home. The president of the Residents' Council and the Administrator confirms that the licensee does not seek the advice of Residents' Council in developing and carrying out the survey and in acting on its results.[S.85(3)(4)(a)]

WN #14: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following subsections:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary;
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, as evidenced by the following;

- An identified resident bathroom door had holes noted on front and back of the door, with potential for wood splinters to be a source of injury to residents.
- An identified tub room was noted to have discoloured grout on the floor and wall tiles, with potential infection control hazard related to improper cleaning
- An identified tub room has a hole in the wall exposing pipes beside the toilet and a hole in the wall under the sink, with potential for infection control related to inability to properly clean area.
- An identified tub room had water pooling on the floor by the Parker bath, potential for injury related to falls.
- An identified tub rooms tub molding is loose, potential for infection related to inability to clean properly.
- An identified tub rooms metal drain cover in floor is not secured, potential for injury related risk of falls.

2. The licensee has failed to ensure that the home furnishings and equipment are kept clean and sanitary as evidenced by;

- In an identified tub room, the material backing of the two shower chairs(white) were noted to have water and black discolouration (mold) in the folds
- In five identified rooms the privacy curtains between the beds were noted to be soiled

Issued on this 1st day of May, 2012

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

Christophe Lafreniere (194)
Patricia (157)
Louise Lacombe (#166)