Ontario

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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 15 – 17, 2010	2010_106_9513_15Nov161037	Critical Incident Report Inspection Log#S-00121

Licensee/Titulaire
The Corporation of the City of Thunder Bay, c/o Dawson Court, 523 Algoma Street North, Thunder Bay, ON, P7A 5C2
Fax: 807-345-8854

Long-Term Care Home/Foyer de soins de longue durée
Dawson Court, 523 North Algoma Street, Thunder Bay , ON , P7A 5C2
Fax : 807-345-8854

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

Margot Burns-Prouty #106

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct three inspections concurrently, a complaint inspection and 2 critical incident report inspections.

During the course of the inspection, the inspector spoke with:

- the Administrator,
- the Director of Care (DOC),
- Environmental Services Manager
- Registered Nurses
- Registered Practical Nurses,
- Health Care Aids (HCA),
- Resident
- Substitute Decision Makers (SDM).

During the course of the inspection, the inspector(s):

- Conducted a walk-through of all resident home areas and various common areas,
- observed care provided to residents in the facility,
- Interviewed staff members
- Interviewed resident/SDM
- audited electronic and written plans of care,
- reviewed the following:
    - Falls Prevention policies
    - Responsive Behaviour policies

The following Inspection Protocols were used in part or in whole during this inspection:

- Personal Support Services
- Falls Prevention
- Responsive Behaviours

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

3 WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

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

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'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue 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. 15(2)(a):

Every licensee of a long-term care home shall ensure that, the home, furnishings and equipment are kept clean and sanitary

Findings:

1. On November 15, 2010, multiple toilets in communal washrooms throughout the home have grey staining on the porcelain; parts of the stain were able to be rubbed off with a moistened paper towel. The licensee failed to ensure that, the home, furnishings and equipment were kept clean and sanitary.

2. On November 15, 2010, multiple commodes found in communal washrooms throughout the home had cracks and/or holes in the seats. The licensee failed to ensure that, the home, furnishings and equipment were kept clean and sanitary.

3. On November 15, 2010, the tub in 1 North unit was found to have a build up of soap scum. The licensee failed to ensure that, the home, furnishings and equipment were kept clean and sanitary.

4. On November 15 & 17, 2010, the tub in tub room #230 was found to have a build of soap scum. The licensee failed to ensure that, the home, furnishings and equipment were kept clean and sanitary.

5. On November 15, the tub chair in tub room #230 was found to be stained with a white material that was similar to zinc cream. The licensee failed to ensure that, the home, furnishings and equipment were kept clean and sanitary.

6. On November 15, 2010, the fabric couch and chair in the 2 South unit was found to have a build up of dirt on the arm rests and the seat. The licensee failed to ensure that, the home, furnishings and equipment were kept clean and sanitary.

7. On November 15 & 17, 2010, the tub in the 2 North unit was found to have a build up of soap scum. The licensee failed to ensure that, the home, furnishings and equipment were kept clean and sanitary.

8. On November 17, 2010, the shower in the washroom near room 125 was found to have a build up of soap scum. The licensee failed to ensure that, the home, furnishings and equipment were kept clean and sanitary.

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WN #2: The Licensee has failed to comply with LTCHA, 2007, S. O. 2007, c. 8, s. 6(10)(b):

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, the resident's care needs change or care set out in the plan is no longer necessary

Findings:

1. Staff members interviewed during this inspection stated that a resident is not to be left alone while on the toilet due to a previous fall; this is not stated in their written plan of care. The licensee failed to ensure that the resident was reassessed and their plan of care reviewed and revised when their care needs changed.

2. Staff members interviewed during this inspection stated that when a resident is in bed the bed is to be left in the lowest position, this is not stated in the written plan of care. The licensee failed to ensure that the resident was reassessed and their plan of care reviewed and revised when their care needs changed.

3. The plan of care for a resident states that they require the assistance of one person for transferring, but direct care staff members interviewed state that resident requires two persons to assist with transfer. The licensee failed to ensure that the resident was reassessed and their plan of care reviewed and revised when their care needs changed.

4. Staff members interviewed during this inspection stated that if a certain resident is lethargic a Hoyer lift is to be used for transfers with two person assistance. This is not stated in their written plan of care nor is there any guidance to staff as to when to implement either transfer or lift. The licensee failed to ensure that the resident was reassessed and their plan of care reviewed and revised when their care needs changed.

5. On July 30, 2010 and October 5, 2010, a resident suffered a fall. The written plan of care does not contain measures to keep this resident safe specific to their condition. The licensee failed to ensure that the resident was reassessed and his plan of care reviewed and revised when his care needs changed.

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WN #3: The Licensee has failed to comply with O. Reg 79/10, s. 229(4):

The licensee shall ensure that all staff participate in the implementation of the (infection control) program.

Findings:

1. On November 15, 2010 one unlabeled used ladies stick deodorant and one unlabeled used men's stick deodorant were found in the North 1 unit tub room. The licensee failed to ensure that all staff persons participate in the implantation of the infection control program.
2. On November 15, 2010 two used unlabeled stick deodorants were found in the tub room #230. The licensee failed to ensure that all staff persons participate in the implementation of the infection control program.

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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.**
Title: **Date:**	**Date of Report (if different from date(s) of inspection).** January 28, 2011