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*

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**
October 5-7, 2010	2010_154_2590_0Oct093803	Mandatory Report MR 2590-000026-10 Log# S-00067

Licensee/Titulaire
Extendicare Northwestern Ontario Inc. [a subsidiary of Extendicare (Canada) Inc.]
3000 Steeles Ave, Suite 700, Markham, ON L3R 9W2
Fax: 905-470-5588

Long-Term Care Home/Foyer de soins de longue durée
Extendicare Falconbridge, 281 Falconbridge, Sudbury, ON P3A 5K4
Fax: 705-566-2997

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

Gail Peplinskie #154, Anne Costeloe #177

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Mandatory Report inspection.

During the course of the inspection, the inspectors spoke with: the Administrator, the Acting Director of Care, some registered nurses and Personal Support Workers (PSW)

During the course of the inspection, the inspectors:
- reviewed a resident health care record
- reviewed home's orientation and education schedule
- walked through a resident care unit in the afternoon

The following Inspection Protocol was used during this inspection:
- Responsive Behaviours

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

1 WN

NON- COMPLIANCE / (Non-respectés)

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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 the LTCHA, 2007, S.O. 2007, c.8, 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,
(c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. The plan of care for a resident does not include clear directions to staff and others who provide direct care related to socially inappropriate behaviour.

2. The plan of care for a resident does not include clear directions to staff and others who provide direct care related to managing aggressive behaviour.

3. The plan of care for a resident does not include clear directions to staff and others who provide direct care related to the number of staff required to provide personal care.

4. The plan of care for a resident does not include clear directions to staff and others who provide direct care related to risk of falls.

5. The plan of care for a resident does not include clear directions to staff and others who provide direct care related to retaliatory actions taken by other residents in response to the resident's wandering and aggressive behaviours.

6. The plan of care does not include clear directions to staff and others who provide direct care to the resident related to the resident's toileting routines and continence care.

Inspector ID #:	#154

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.**

every 2 hours when awake and as soon as he wakes up" (sic). Under 'Bowel Incontinence' the plan of care states "Remind Michel to toilet after meals and as required, show him where to find the bathroom" (sic). Under 'Urinary Incontinence' the plan of care states "Incontinent : Resident is not toiletted, uses products for containment" (sic). Ann Marie Anger the RN on 3rd floor indicated to inspector #177, that Michael Pitre was not toileted. Lizette Giroux and Carolyn Treitz, both primary care PSW for Michael Pitre, told inspector #154 that he is not toileted.

8. Documentation in Michael Pitre's health care record indicates that 1:1 staffing was provided through the High Intensity Needs Program on an ongoing basis. The plan of care does not identify that this intervention was in place.

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Faxed to Licensee Oct. 15/10	
Title: **Date:**	**Date of Report:** October 15/10.