

**Ministry of Health
and Long-Term Care**

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

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
Telephone: 613-569-5602
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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, 4^{ième} étage
Ottawa ON K1S 3J4
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October 31, 2011

Mr. Richard Marleau
Administrator
Foyer St. Viateur Nursing Home
1003 Limoges Road South
Limoges ON K0A 2M0

Dear Mr. Marleau :

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on September 27, 28, 29, 30 and October 6, 7, 12, 25 and 28, 2011 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,

A handwritten signature in black ink, appearing to read "Linda Harkins for".

Linda Harkins
LTC Home Inspector – Nursing

c President, Resident's Council
President, Family Council



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

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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 27, 28, 29, 30, Oct 6, 7, 12, 25, 28, 2011	2011_036126_0030	Complaint Log # 0-001280-11

Licensee/Titulaire de permis

GENESIS GARDENS INC
438 PRESLAND ROAD, OTTAWA, ON, K1K-2B5

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

FOYER ST-VIAEUR NURSING HOME
1003 Limoges Road South, Limoges, ON, K0A-2M0

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

LINDA HARKINS (126)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the son's Administrator, the Director of Care, the Assistant Director of Care, the evening full time Registered Nurse, four Health Care Aides, Activity Manager and the resident.

During the course of the inspection, the inspector(s) reviewed the resident health care record and observed care and services provide to the residents

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Nutrition and Hydration

Personal Support Services

Recreation and Social Activities

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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 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 the home, the furnishing and equipment are kept clean and sanitary.
2. In a specific resident's bathroom it is observed that the caulking around the base of the toilet and the floor tile seams are dirty with brown matter. The brown matter has an appearance and consistency of rust and was partially removed when wiped with a damp paper towel. This brown matter is also noted along the seam of two floor tiles to the left of the toilet. s.15.(2)(a)

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.

Findings/Faits saillants :

1. The licensee has failed to ensure that residents' desired bedtime and rest routine is individualized to promote comfort, rest and sleep.
2. The evening of September 27, 2011, 43 residents out of 57 residents were observed to be in their night wear by 18:43 and 5 residents were in bed for the night.
3. Family member visiting her mother stated that almost every resident is in night wear after supper. The visitor has never been asked if it is acceptable for her mother to be put in her night wear at that time.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program

Specifically failed to comply with the following subsections:

s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,

- (a) the provision of supplies and appropriate equipment for the program;
- (b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;
- (c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests;
- (d) opportunities for resident and family input into the development and scheduling of recreation and social activities;
- (e) the provision of information to residents about community activities that may be of interest to them; and
- (f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the recreation and social activities program include schedule activities that are offered during the evening.
2. On the evening of September 27, 2011, no evening activity was observed. Several residents were wandering in the hallway.
3. Discussion with the Activity Program Manager and she stated that the home does not have activity program in the evening. r.65(2)b

WN #4: 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. (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;
- (b) the goals the care is intended to achieve; and
- (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 has failed to set out clear directions for the staff and others to ensure residents eat their 3 meals a day.
2. The daily flow sheet indicate that a resident refused one meal a day more than half of the time for the last 5 months.
3. The licensee has failed to ensure that the Registered Dietitian has completed the nutritional assessment whenever there is a significant change in the resident's health condition.
4. The MDS assessment and the dietary quarterly of August 2011 does not reflect the resident refusal to eat one meal a day.

Issued on this 28th day of October, 2011



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Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

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

L. Harker