



**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

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection January 20, 21, 26, 2011 – Inspector #146 Inspector 127 on January 26 only	Inspection No/ d'inspection 2011_146_2364_20Jan115211 2011_127_2364_26Jan092717	Type of Inspection/Genre d'inspection Complaint H-02847, 02992, 00062, 00063
Licensee/Titulaire Revera Long Term Care, 55 Standish Court, 8 th floor, Mississauga, ON., L5R 4B2		
Long-Term Care Home/Foyer de soins de longue durée Garden City Manor, 168 Scott Street, St Catharines, ON., L2H 1H2		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, #146 Richard Hayden, #127		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection. During the course of the inspection, the inspectors spoke with: the administrator, the environmental services manager, two associate directors of care, housekeeping staff, 3 registered nursing staff and 2 personal support workers (PSW's), 3 family members and 3 residents. During the course of the inspection, the inspectors: toured the home, all units and a random selection of resident rooms and laundry supply rooms, observed residents in lounges, dining rooms and hallways and reviewed the health files of 3 identified residents. The following Inspection Protocols were used during this inspection: Personal Support Services, Accommodation Services- Housekeeping, Accommodation Services – Laundry and Safe and Secure home ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 4 WN 1VPC		

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 O.Reg. 79/10, s.33(1)

33(1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Findings:

1. According to resident daily care flow sheets on an identified resident's health file:
 - in October 2010, out of a possible 8 baths (twice weekly), the resident had or was offered 4 baths and only 2 hair shampoos.
 - on October 26, 2010, staff wrote on the bath flow sheet that the resident was not showered due to lack of staff
 - in November 2010, out of a possible 9 baths, the resident had or was offered 7 baths and 6 shampoos
 - in December, 2010, out of a possible 9 baths, the resident had or was offered 5 baths and 3 shampoos.

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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 related to ensuring that all residents receive 2 baths per week at a minimum, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg. 79/10, s.49(2)

49(2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the

resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Findings:

1. A physiotherapy assistant note in the electronic progress notes states that the resident was reported to have had a fall 4 days prior to the physio note
2. There is no record of the fall in the electronic health file. There is a handwritten multidisciplinary note in the paper chart by an RPN with an accounting of the fall that says the resident was found sitting on floor with no injuries. Vitals assessed. No other assessment with a clinically appropriate tool specifically designed for falls was conducted. The ADOC stated that agency staff chart on paper because they have no access to electronic records.

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WN #3: The Licensee has failed to comply with O.Reg. 79/10, s.51(2)

51(2) Every licensee of a long-term care home shall ensure that,
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable;

Findings:

1. Family report that the resident was changed into a dry brief before they left the home in mid-afternoon. When the family returned to visit the resident the following day, the resident was still wearing the same brief and it was heavily soiled.

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WN #4: The Licensee has failed to comply with : O. Reg. 79/10, s. 9.1.(i), (ii) and (iii) A and B:

9. Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home must be,
 - i. kept closed and locked,
 - ii. equipped with a door access control system that is kept on at all times, and
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
 - A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

Findings:

1. 1st Floor - Orchard Café Dining Lounge – The door leading to the outside of the home was not locked and not equipped with a door access control system that is on at all times.
2. 1 South lounge - Short Hills resident home area - The door leading to the outside of the home was not locked and not equipped with a door access control system that is on at all times.
3. 1 North lounge - DeCew Falls resident home area - The door leading to the outside of the home was not locked and not equipped with a door access control system that is on at all times.
4. The door leading to the from reception area to the stairway near the front door was not locked, alarmed, equipped with a door access control system that is on at all times nor equipped with an audible door alarm that allows calls to be cancelled only at the point of activation.

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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.**

Barbara Naydalyf. Hunt

Title:

Date:

Date of Report: (if different from date(s) of inspection).