

**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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Inspection Report under the LTC Homes Act, 2007 x Public Copy Licensee Copy		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée Copie du Titulaire x Copie de la Publique	
Date(s) of inspection/Date de l'inspection August 18, 2010	Inspection No/ d'inspection 2010-168-9532- 16Aug171614	Type of Inspection/Genre d'inspection Other – Critical Incident Inspection	
Licensee/Titulaire The Corporation of Haldimand County 45 Munsee Street Box 400 Cayuga ON N0A 1E0			
Long-Term Care Home/Foyer de soins de longue durée Grandview Lodge 657 Lock Street West Dunnville ON N1A 1V9			
Name of Inspector(s)/Nom de l'inspecteur(s) Lisa Vink			

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'exigences 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.

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct an other – critical incident inspection

The inspection was conducted by Lisa Vink.

The inspection occurred on August 18, 2010.

During the course of the inspection, the inspector spoke with:
The Administrator, Director of Nursing and front line nursing staff

The following Inspection Protocols were used during this inspection:
Responsive Behaviors

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

4 WN

2 VPC

2 CO: CO# 001, 002

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'exigences 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.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Plan of correction/Plan de redressement
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

WN#1: The Licensee has failed to comply with: O.Reg.79/10, s 110(3)(a), (b), (c)

Where a resident is being restrained by a physical device when immediate action is necessary to prevent serious bodily harm to the resident or to others pursuant to the common law duty described in section 36 of the Act, the licensee shall ensure that,

- (a) the resident is monitored or supervised on an ongoing basis and released from the physical device and repositioned when necessary based on the resident's condition or circumstances;
- (b) the resident's condition is reassessed 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 15 minutes, and at any other time when reassessment is necessary based on the resident's condition or circumstances; and
- (c) the provisions of section 31 of the Act are complied with before continuing to restrain a resident by a physical device when the immediate action is no longer necessary.

Findings:

1. Documentation in a specified residents progress notes indicate that he had been restrained with a physical device, on an "emergency basis" on seven occasions for the period of July 13, 2010 until July 28, 2010.

There is no consent for use of a restraint in the resident's clinical record.

There is no evidence on the occasions identified above that alternatives were tried and found to be ineffective prior to initiating the use of the device.

There is no documentation to support that the resident was assessed or monitored on an ongoing basis. The progress notes make general statement such as "will continue to monitor", with no follow up statements.

There is no evidence in the clinical record to support that the resident's condition was reassessed at a minimum of every 15 minutes by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff when the device was in use on the occasions identified above.

The document referred to as the "Care Plan" has not been updated to include the use of this device. Documentation does not support that the device was released, that repositioning of the resident occurred for the period of time that it was in use, or that the risk to the resident or others was consistently identified.

Inspector ID#: 168

Required Compliance Date: within 30 days

Compliance Order #001 will be served to the Licensee

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'exigences 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#2: The Licensee has failed to comply with: O.Reg.79/10, s 110(8)2,3,4,5,6

Every licensee shall ensure that every use of a physical device to restrain a resident pursuant to the common law duty referred to in section 36 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

2. The person who made the order, what device was ordered, and any instructions relating to the order.
3. The person who applied the device and the time of application.
4. All assessment, reassessment and monitoring, including the resident's response.
5. Every release of the device and all repositioning.
6. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care.

Findings:

1. Documentation in a specified residents progress notes indicate that he had been restrained by a physical device, on an "emergency basis" on seven occasions for the period of July 13, 2010 until July 28, 2010.

The resident does not have an order for this device to be in use.

The documentation does not consistently identify who applied the device or at what time, for the examples identified above.

Documentation does not identify assessment, reassessments, monitoring or the resident's response for the period of time that the device was in use.

The documentation, including the progress notes, does not consistently identify when the device was released, if the resident was repositioned or the time of the removal of the device and any post restraint care provided.

Inspector ID#: 168

Required Compliance Date: within 30 days

Compliance Order #002 will be served to the Licensee

WN#3: The Licensee has failed to comply with: O.Reg. 79/10, s50(2)(b)(iv)

Every licensee of a long-term care home shall ensure that, a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Findings:

1. In June 2010, a specified resident sustained two skin tear requiring treatment. There was no assessment of these areas, at least weekly, by a member of the registered nursing staff until such time that the treatments were discontinued and the areas healed in July 2010.

VPC – Pursuant to LTCHA, 2007, S.O. 2007, c8, s. 152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with s. 53(1) 1,2. This is plan is to be implemented voluntarily.

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'exigences 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.

Inspector ID#: 168

WN#4: The Licensee has failed to comply with: O.Reg. 79/10, s. 53(1)1, 2

Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

- 1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.**
- 2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.**

Findings:

1. An identified resident has demonstrated the responsive behaviours of verbal and physical aggression on a number of occasions to both residents and staff. Verbally abusive behaviour is not present on his plan of care and the only intervention identified to manage his physically abusive behaviour is for staff to redirect him away from stressful stimuli. The licensee has not identified, through the use of screening tools or assessments any behavioural triggers or strategies to prevent, minimize or respond to responsive behaviours.

VPC – Pursuant to LTCHA, 2007, S.O. 2007, c8, s. 152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with s. 53(1) 1,2. This is plan is to be implemented voluntarily.

Inspector ID#: 168

Signature of Licensee of Designated Representative
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).



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Name of Inspector:	Lisa Vink	Inspector ID #	# 168
Inspection Report #:	2010_168_9532_16Aug171614		
Type of Inspection:	Other		
Licensee:	The Corporation of Haldimand County		
LTC Home:	Grandview Lodge / Dunnville		
Name of Administrator:	Joanne Jackson		

To The Corporation of Haldimand County, you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O.Reg.79/10, s 110(3)(a), (b), (c)			
Where a resident is being restrained by a physical device when immediate action is necessary to prevent serious bodily harm to the resident or to others pursuant to the common law duty described in section 36 of the Act, the licensee shall ensure that, (a) the resident is monitored or supervised on an ongoing basis and released from the physical device and repositioned when necessary based on the resident's condition or circumstances; (b) the resident's condition is reassessed 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 15 minutes, and at any other time when reassessment is necessary based on the resident's condition or circumstances; and (c) the provisions of section 31 of the Act are complied with before continuing to restrain a resident by a physical device when the immediate action is no longer necessary.			
Order: 1. The licensee shall provide education to the Registered Staff and unregulated nursing care providers regarding the necessary care to be provided to residents when using a physical restraint, including monitoring, supervision, assessing, reassessing, repositioning and releasing the restraint(s). 2. The licensee shall cease from restraining the identified resident, and any other individuals who reside at the home, by a physical device, pursuant to the common law duty as described, unless they follow the care requirements as set out in the legislation identified above.			

Grounds:

- The identified resident was restrained by a physical device, pursuant to the common duty law, on at least 7 occasions in July 2010 without an order for use, consent, evidence that alternatives were tried, or documentation to support that he was monitored or repositioned during the time that the device was in place

This order must be complied with by:

- #1. by October 16, 2010
- #2. immediately

Order #:

002

Order Type:

Compliance Order, Section 153 (1)(a)

Pursuant to: O.Reg.79/10, s 110(8)2,3,4,5,6

The licensee shall ensure that every use of a physical device to restrain a resident pursuant to the common law duty referred to in section 36 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

- The person who made the order, what device was ordered, and any instructions relating to the order.
- The person who applied the device and the time of application.
- All assessment, reassessment and monitoring, including the resident's response.
- Every release of the device and all repositioning.
- The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care.

Order:

1. The licensee shall provide education to the Registered Staff and unregulated nursing care providers regarding the documentation requirements necessary in the use of physical restraints as defined in O. Reg. 79/10, s. 110(8)2,3,4,5,6.

2. The licensee shall cease from restraining the identified resident, and any other individuals who reside at the home, by a physical device, pursuant to the common law duty as described, unless they follow the documentation requirements as set out in the legislation identified above.

Grounds:

- The identified resident was restrained by a physical device, pursuant to the common duty law, on at least 7 occasions in July 2010 without an order for use, consent, evidence that alternatives were tried, or documentation to support that he was monitored or repositioned during the time that the device was in place

This order must be complied with by:

- #1. by October 16, 2010
- #2. immediately



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Direction de l'amélioration de la performance et de la conformité

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this September 16, 2010.

Signature of Inspector:

[Signature] October 12, 2010

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Direction de l'amélioration de la performance et de la conformité

Name of Inspector:	Lisa Vink Inspector ID #: 168
Service Area Office:	Hamilton Service Area Office