Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

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
Feb 7, 8, 9, 10, 13, 14, 15, 2012	2012_138151_0003	Complaint

Licensee/Titulaire de permis

LADY ISABELLE NURSING HOME LTD
102 CORKERY STREET, P.O. BOX 10, TROUT CREEK, ON, P0H-2L0

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

LADY ISABELLE NURSING HOME
102 CORKERY STREET, P.O. BOX 10, TROUT CREEK, ON, P0H-2L0

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

MONIQUE BERGER (151)

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 Administrator, Director of Care, Assistant Director of Care, Registered Staff, Personal Support Workers, Residents, Families/visitor

During the course of the inspection, the inspector(s) - Directly observed resident care and service delivery,
- Scheduled walk-through of the home several times per day,
- Reviewed related policies and procedures
- Reviewed resident health care records
- Reviewed staffing schedules for Registered Staff and Personal Support Workers
- Reviewed personnel files

The following Inspection Protocols were used during this inspection:

Medication

Prevention of Abuse, Neglect and Retaliation

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 8. Nursing and personal support services

Specifically failed to comply with the following subsections:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. Review of actual staffing schedule for December 18, 2011 to January 2, 2012 shows that there was no RN on site for the following shifts: Days on January 1 and 2, 2012 and evening shift for December 29, 2012. This represents 3 of 48 scheduled shifts or 6.25% not covered by an RN on site.

Review of actual staffing schedule for January 3 - 14, 2012 shows that there was no RN on site for the following shifts: Evenings January 4, 2012 and day shift January 13, 2012. This represents 2 of 36 shifts or 5.5 % of shifts not covered by an RN on site.

Review of actual staffing schedule for January 15 - 28, 2012 shows that there was no RN on site for the following shifts: evening January 23, 2012. This represents 1 of 42 shifts or 2.38% of shifts not covered by an RN on site.

The licensee has not ensured that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.[LTCA,2007 S.O.2007,c.8,s.8(3)].

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 ensuring that at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan

Specifically failed to comply with the following subsections:

s. 24. (8) The licensee shall ensure that the provision and outcomes of the care set out in the care plan are documented. O. Reg. 79/10, s. 24 (8).

Findings/Faits saillants :

1. Inspector 151 conducted an audit of ten (10) residents requiring nursing rehabilitation care. Inspector reviewed the accountability flow sheets that provide staff accountability signatures signifying that the care was carried out as per the resident's plan of care. In summary and on average, 28.7% of accountability signatures were found to be missing. A significant example in the sample of audited residents is one who showed 67.7% nursing accountability signatures missing for the care to be provided.
The licensee did not ensure that the provision and outcomes of the care set out in the care plan are documented.
[O.Reg.79/10, s.24(8)].

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 ensuring that the provision and outcomes of the care set out in the care plan are documented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

s. 20. (3) Every licensee shall ensure that the policy to promote zero tolerance of abuse and neglect of residents is communicated to all staff, residents and residents' substitute decision-makers. 2007, c. 8, s. 20 (3).

Findings/Faits saillants :

1. Reference to the home's policy titled:"RESIDENT ANTI-ABUSE AND NEGLECT POLICY: Jan. 16, 2012".

The licensee has not ensured that their policy to promote zero tolerance of abuse and neglect of residents is communicated to all staff, residents and SDMs as evidenced by the fact that this policy was not posted for staff, residents and visitors to review nor was the new policy included in any training to staff as of the date of the inspection.

In addition, interview with Administrator and Director of Care confirmed that the policy was in effect and that staff had not as yet been provided training on the new policy.
[LTCA,2007 S.O.2007,c.8, s. 20. (3)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following subsections:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:
1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 24 to make mandatory reports.
5. The protections afforded by section 26.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

Findings/Faits saillants :

1. ****The home has approved a new policy:"RESIDENT ANTI-ABUSE AND NEGLECT POLICY; JAN.16, 2012". This policy includes the area of whistle-blowing protections afforded under section 26. In an interview held with the Administrator and Director of Care, it was confirmed the policy is in effect and staff have not as yet been given any education on the new policy. The licensee has not ensured that staff receive training in the area of whistle-blowing protections afforded under section 26.
[LTCA,2007 S.O.2007,c.8, s.76.(2) 5.]
2. ****The home has approved a new policy:"RESIDENT ANTI-ABUSE AND NEGLECT POLICY; JAN.16, 2012". In an interview held with Administrator and Director of Care, it was confirmed the policy is in effect and staff have not as yet been given any education on the revised policy. The licensee has not ensured that staff receive training on the home policy to promote zero tolerance of abuse and neglect of residents, prior to performing their responsibilities
[LTCA,2007 S.O.2007,c.8, s. 76. (2) 3.]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. Inspector was approached by a family member and was advised that the resident had not received a medication at the prescribed time. Inspector reviewed the resident's Medication Administration Record and noted the medication was due to be given at a specific time for that day. Inspector verified that there was a physician order for the medication and that it was to be given twice daily. Inspector interviewed staff who confirmed that the medication was not given.
The licensee did not ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.
[O.Reg.79/10, s. 131. (2)]

Issued on this 15th day of February, 2012

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

Monique D. Berger (151)