



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

**Rapport d'inspection
prévus 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
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 10 & 11, 2010	2010_124_9548_10Aug084822	Complaint-0030
Licensee/Titulaire Corporation of the County of Lanark, P.O. Box 37, Sunset Blvd, Perth ON K7H 5E2 Fax: 613-264-2668		
Long-Term Care Home/Foyer de soins de longue durée Lanark Lodge, 115 Christie Lake Road, R.R.#4, Perth, ON K7H 3C6 Fax: 613-264-2668		
Name of Inspector(s)/Nom de l'inspecteur(s) Lynda Hamilton (124)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection related to delivery of personal care to a resident. During the course of the inspection, the inspector spoke with the administrator, the Director of Care, a registered nurse, two registered practical nurses, three personal support workers, the resident and his family. During the course of the inspection, the inspector observed the residents throughout the day including during the lunch meal, reviewed the resident's health record and reviewed the home's policies regarding abuse and continence care. The following Inspection Protocols were used during this inspection: Prevention of Abuse and Neglect, Continence Care and Bowel Management and Responsive Behaviours. ☐ Findings of Non-Compliance were found during this inspection. The following action was taken: 3 WN		

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: LTCHA, 2007, S. O .2007, c.8, s.6

7. The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

1. The resident had a plan of care that identified staff was to check him/her at least every two hours and, if needed, to provide assistance to change his/her incontinence product.
2. Three personal support workers stated that their provision of care to the resident entailed checking and potentially changing his/her incontinence product at the time of morning care (0800-1000) and when he/she returned to bed after lunch (1300-1330). This exceeded the two hour timeframe specified in the resident's plan of care.
3. The resident's plan of care indicated that he/she was a two person mechanical lift transfer.
4. Three personal support workers reported that the resident's transfer from wheelchair to commode was not done using the mechanical lift.

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

- (4) Every licensee of a long-term care home shall ensure that, for each resident demonstrating responsive behaviours,
- (a) the behavioural triggers for the resident are identified, where possible
 - (b) strategies are developed and implemented to respond to these behaviours, where possible; and
 - (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

Findings:

1. There are documented incidents of the resident refusing care as well as becoming verbally and/or physically abusive with staff during the delivery of care.



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2. A Dementia Observation System assessment was initiated on July 4, 2010. This system would collect information regarding resident activities at each hour of the day and could be used to identify patterns or triggers of the resident's responsive behaviours. There was no evidence of analysis of the data.

3. The resident's family and the registered nurse reported that pain may have been a trigger contributing to his/her refusal of morning care and his/her response of verbal and/or physical abuse. No pain assessment had been completed. The resident was verbally and/or physically abusive or refused morning care on a number of occasions in July 2010.

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WN 3#: The Licensee has failed to comply with: O.Reg. 79/10, s.26

(3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

5. mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.

Findings:

1. The resident's plan of care did not identify potential behavioural triggers and variations in resident functioning at different times of the day.
2. For the period of time, from July 2-30, 2010, there were documented incidents of the resident refusing care as well as becoming verbally and/or physically abusive with staff.

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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.

Lynda Hamilton

Title:

Date:

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

Nov. 3, 2010