Ontario

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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Nov 14, 15, 23, 28, 2011	2011_043157_0031	Other

Licensee/Titulaire de permis

Peterborough Regional Health Centre
1 Hospital Drive, PETERBOROUGH, ON, K9J-7C6

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

PETERBOROUGH REGIONAL HEALTH CENTRE
1 Hospital Drive, PETERBOROUGH, ON, K9H-7C6

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

PATRICIA POWERS (157)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

During the course of the inspection, the inspector(s) spoke with the Program Director, the Director of Care/Unit Manager, the Infection Prevention and Control and Environmental Services Manager, the Nutritional Services Manager, the Registered Dietitian, the Recreationist, one registered nurse, one PSW, five residents and the designated Power of Attorney for one resident.

During the course of the inspection, the inspector(s) toured the unit, observed resident care practices and staff:resident interactions, observed the noon meal service. The inspector reviewed: the Resident's Council Meeting Minutes, the activity/recreation program calendar, unit infection control statistics, facility policy for "Least Restraint/Last Resort"(Nursing and Professional Practice Manual Section 2, Standard 2.C.1), the facility "Menu Philosophy and Menu Planning" procedures and the facility's menu calendar.

The following Inspection Protocols were used during this inspection:

Admission Process

Quality Improvement

Residents' Council

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 57. Powers of Residents' Council

Specifically failed to comply with the following subsections:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee responses to concerns or recommendations of the Residents' Council are not provided in writing.[s.57 (2)]

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following subsections:

s. 79. (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. 2007, c. 8, s. 79. (1).

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
(a) the Residents' Bill of Rights;
(b) the long-term care home's mission statement;
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
(d) an explanation of the duty under section 24 to make mandatory reports;
(e) the long-term care home's procedure for initiating complaints to the licensee;
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
(h) the name and telephone number of the licensee;
(i) an explanation of the measures to be taken in case of fire;
(j) an explanation of evacuation procedures;
(k) copies of the inspection reports from the past two years for the long-term care home;
(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
(p) an explanation of the protections afforded under section 26; and
(q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)

Findings/Faits saillants :

1. The following information is not posted in a conspicuous and easily accessed location in the home:
- An explanation of the protections afforded under section 26 of the Long Term Care Homes Act related to Whistle-Blowing protection.[s.79(3)(p)]
- Notification of the home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained [s.79(3)(g)]
- The written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director.[s.79(3)(f)]
- The long term care home's procedure for initiating complaints to the licensee.[s.79(3)(e)]
- The facility policy to promote zero tolerance of abuse and neglect of residents. [s.79(3)(c)]
- Copies of inspection reports from the past two years in the long term care home. [s.79(3)(k)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information

Specifically failed to comply with the following subsections:

s. 225. (1) For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following:
1. The fundamental principle set out in section 1 of the Act.
2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 101 (3) of the Act.
3. The most recent audited report provided for in clause 243 (1) (a).
4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service.
5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act. O. Reg. 79/10, s. 225 (1).

Findings/Faits saillants :

1. The following information is not posted as required:
- The Ministry's toll-free telephone number for making complaints about homes and its hours of service. [r.225(1)4.]
- An explanation of the duty under Section 24 of the Long Term Care Homes Act to make mandatory reports, the name and contact information of the Director to whom a mandatory report shall be made. [r.225(1)5.]
- The most recent audited reconciliation report as provided for in r.243(1)(a). [r.225(1)3.]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 318. Exemptions, alternative settings

Findings/Faits saillants :

1. The facility has failed to ensure that an opportunity is provided to each resident and the resident's family to complete a satisfaction survey when the resident is being discharged from the home.[r.318(1)6.]

Issued on this 28th day of November, 2011

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