

Health System Accountability and Performance
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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
Jun 26, 27, 28, Jul 26, Aug 14, 15, 16, 17, 2012	2012_051106_0018	Complaint

Licensee/Titulaire de permis

BOARD OF MANAGEMENT OF THE DISTRICT OF KENORA
1220 Valley Drive, KENORA, ON, P9N-2W7

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

PINECREST
1220 VALLEY DRIVE, KENORA, ON, P9N-2W7

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

MARGOT BURNS-PROUTY (106)

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 (DOC), Assistant Director of Care (ADOC), Physiotherapist, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), and Residents.

During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home, reviewed resident health care records.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Personal Support Services

Reporting and Complaints

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 31. Restraining by physical devices

Specifically failed to comply with the following subsections:

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:

- 1. There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained.**
- 2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1.**
- 3. The method of restraining is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable methods that would be effective to address the risk referred to in paragraph 1.**
- 4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.**
- 5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.**
- 6. The plan of care provides for everything required under subsection (3). 2007, c. 8, s. 31 (2).**

Findings/Faits saillants :

1. On June 26, 2012, complainant/ POA to a resident was interviewed by inspector 106. During the interview the POA stated that the home was using restraints on the resident and the family had not consented to the restraints. Inspector 106 reviewed the resident's progress notes and found that there were 14 separate documented incidents where staff had applied restraints to the resident without a signed consent from the POA. The licensee failed to ensure the restraining of a resident by a physical device was included in a resident's plan of care only if of the following was satisfied: The restraining of the resident had been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. [LTCHA, 2007, S. O. 2007, c. 8, s. 31 (2) 5] (106)

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 32. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis. O. Reg. 79/10, s. 32.

Findings/Faits saillants :

1. On June 28, 2012, inspector 106 observed resident # 050 to have multiple loose short hairs on the collar of their shirt and the resident was unshaven with stubble that was approximately 3mm long. Resident #050 plan of care indicates that they require two people to assist with personal hygiene and the most recent RAI MDS assessment indicates the resident is totally dependent and requires two+ person physical assist for personal hygiene. The licensee failed to ensure that that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis. [O. Reg. 79/10, s. 32] (106)

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 47. Qualifications of personal support workers
Specifically failed to comply with the following subsections:

s. 47. (1) Every licensee of a long-term care home shall ensure that on and after the first anniversary of the coming into force of this section, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements in subsection (2). O. Reg. 79/10, s. 47 (1).

s. 47. (3) Despite subsection (1), a licensee may hire as a personal support worker or to provide personal support services,

(a) a registered nurse or registered practical nurse who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker;

(b) a person who was working or employed at a long-term care home at any time in the 12-month period preceding the first anniversary of the coming into force of this section as a personal support worker and who has at least three years of full-time experience, or the equivalent considering part-time experience, as a personal support worker;

(c) a student who is enrolled in an educational program for registered nurses or registered practical nurses and who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker; or

(d) a person who is enrolled in a program described in subsection (2) and who is completing the practical experience requirements of the program, but such a person must work under the supervision of a member of the registered nursing staff and an instructor from the program. O. Reg. 79/10, s. 47 (3).

Findings/Faits saillants :

1. A list of PSWs hired by the home August 2011 to present was provided by staff member # S-100. After reviewing the information provided it was found that staff members #S-101, #S-102, #S-104 and #S-105, were hired after August 2011, and are currently employed by the home as PSWs, do not have the required qualifications to work as a PSW in the home, nor are they enrolled in a specified program. The licensee failed to ensure that, despite O. Reg. 79/10, s. 47 (1), any person hired as a personal support worker or to provide personal support services, was a person who met a minimum of one of the requirements as specified in O. reg. 79/10, s. 47 (3). [O. Reg. 79/10, s. 47 (3)] (106)

2. A list of PSWs hired by the home August 2011 to present was provided by staff member # S-100. After reviewing the information provided it was found that staff members #S-101, #S-102, #S-104 and #S-105, were hired after August 2011, and are currently employed by the home as PSWs, have not successfully completed a personal support worker program that meets the requirements in O. Reg. 79/10, s. 47 (2). The licensee failed to ensure that on and after the first anniversary of the coming into force of this section, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements in O. Reg. 79/10, s. 47 (2). [O. Reg. 79/10, s. 47 (1)] (106)

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 to ensure that on and after the first anniversary of the coming into force of this section, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements in O. Reg. 79/10, s. 47 (2); and to ensure that, despite O. Reg. 79/10, s. 47 (1), any person hired as a personal support worker or to provide personal support services, is a person who met a minimum of one of the requirements as specified in O. reg. 79/10, s. 47 (3), to be implemented voluntarily.

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints
Specifically failed to comply with the following subsections:**

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

3. A response shall be made to the person who made the complaint, indicating,

i. what the licensee has done to resolve the complaint, or

ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint;

(b) the date the complaint was received;

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

(d) the final resolution, if any;

(e) every date on which any response was provided to the complainant and a description of the response; and

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. A progress note from late 2011, indicates, "received call from a resident's daughter regarding some concerns, will provide in writing letter of concerns". No other information is documented. On June 28, 2012, staff member # S-100 stated that all complaints and the follow up would be documented in the resident's progress notes. No other documentation was found regarding this complaint in the resident's progress notes. The licensee failed to ensure that a documented record is kept in the home that includes, the nature of each verbal or written complaint; the date the complaint was received; the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; the final resolution, if any; every date on which any response was provided to the complainant and a description of the response; and any response made in turn by the complainant. [O. Reg. 101 (2)] (106)

2. A POA of a resident reported to the ministry that they had brought forward a complaint to the home during summer 2011 and again May 2012. The POA stated that they did not a response from the home regarding their concerns. On June 28, 2012, staff member #S-100, stated that when a complaint is brought forward they will make a progress note under "Administration" and "Family" regarding the concern and any follow up required. Inspector 106 searched the resident's progress notes from June 1, 2011 to present, under "Administration" and "Family". Of the 2 notes that were found using the search one was regarding concerns that the POA had and it was from late 2011, neither note was regarding concerns brought forward from summer 2011 or May 2012. The licensee failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is investigated and resolved where possible, and a response that states what the licensee has done to resolve the complaint or that the licensee believes the complaint to be unfounded and the reasons for the belief are provided within ten business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. [O. Reg. 79/10, s. 101 (1)] (106)

Issued on this 17th day of August, 2012

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

