



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 17, 2013	2013_049143_0027	O-000220- 13	Complaint

Licensee/Titulaire de permis

**SHERWOOD PARK MANOR
1814 County Road #2 East, BROCKVILLE, ON, K6V-5T1**

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

**SHERWOOD PARK MANOR
1814 County Road #2 East, BROCKVILLE, ON, K6V-5T1**

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

PAUL MILLER (143)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): May 15-17th, 2013.

**During the course of the inspection, the inspector(s) spoke with The
Administrator, the Director of Nursing, a Registered Nurse, an attending
physician and residents.**

**During the course of the inspection, the inspector(s) reviewed resident health
care records inclusive of plan of cares, assessments, nursing progress notes
and observed resident care and services.**

The following Inspection Protocols were used during this inspection:



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Dignity, Choice and Privacy

Hospitalization and Death

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

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.)	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. 6.
Plan of care**



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Specifically failed to comply with the following:

- s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised,**
(a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).
(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).
-

Findings/Faits saillants :

1. On specified dates resident #1 complained of pain on twelve occasions. On a specified date the attending physician assessed resident #1 and prescribed a medication. On a specified date the resident continued to complain of pain with no relief and at the families request was transferred and admitted to hospital. A review of the plan of care dated January 2013 indicated that the plan was not revised when the care set out in the plan was not effective.
The licensee has failed to comply with Long Term Care Homes Act Section 6.(11)b by not ensuring that the plan of care was revised. [s. 6. (11) (b)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:

- s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**
21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).
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Findings/Faits saillants :



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1. A review of resident #2 plan of care indicated that the resident prefers to go to bed at 1930 hours. On a specified date resident #2 reported to the inspector that staff get him/her up too early and would prefer to sleep in longer. On a specified date Staff member #S103 reported to the inspector that resident preferences for times to get up are not identified on the plan of care. Resident #1 plan of care identifies that he/she prefers to go to bed between 1930-2000 hours. Resident #3 plan of care indicates a bedtime preference of 2130. All three residents' sleep patterns and preferences specifically to time to nap and preferences related to waking and arising were not identified.

The licensee has failed to comply with Ontario Regulation 79/10 section 26.(3)21 by not ensuring an interdisciplinary assessment of the residents sleep patterns and preferences were identified. [s. 26. (3) 21.]

Issued on this 27th day of May, 2013

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

A handwritten signature in black ink, appearing to read "P. Miller", written over a white rectangular area.