



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

**Rapport d'inspection
prévue 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

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8^{ième} étage
Toronto, ON M4V 2Y7

**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Telephone: 416-325-9297
1-866-311-8002

Téléphone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Télécopieur: 416-327-4486

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection May 18, 20, 21, 2011	Inspection No/ d'inspection 2011_174_2971_18May121750	Type of Inspection/Genre d'inspection CIS inspection Log # T-0840-11
Licensee/Titulaire Spencer House Inc. 835 West Ridge Blvd Orillia ON L3V 8B3		
Long-Term Care Home/Foyer de soins de longue durée Spencer House Inc. 835 West Ridge Blvd Orillia ON L3V 8B3		
Name of Inspector(s)/Nom de l'inspecteur(s) Nancy Bailey, Inspector #174		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a critical incident 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. During the course of the inspection, the inspector: conducted a clinical record review, interviewed staff The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention Inspection Protocol ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 4 WN 3 VPC		

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 LTCH Act 2007, c.8, s.6 (10)b

The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

The plan of care was not revised regarding immediate care for a resident who had fallen and sustained a serious injury. The resident's plan of care was not revised to indicate ongoing care requirements following treatment of the injury.

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Inspector ID #: 174

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s. 131(2)

The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

Findings:

- The licensee did not ensure a resident received a prescribed medication until two days after it was prescribed. The medication was not ordered the day it was prescribed.

Inspector ID #:

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, with O. Reg. 79/10, s. 131(2) to ensure that all orders for medications are to be administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O. Reg. 79/10, s. 49(2)

Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Findings:

A resident who sustained a serious injury was not assessed following a fall using the clinically appropriate assessment instrument that is available in the home to assess residents who have fallen.

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Additional Required Actions

VPC - pursuant to O. Reg. 79/10, s. 49(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that a clinically appropriate assessment instrument that is specifically designed for falls is used when the condition or circumstances require.

WN #4: The Licensee has failed to comply with O. Reg. 79/10, s. 52 (2)

Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

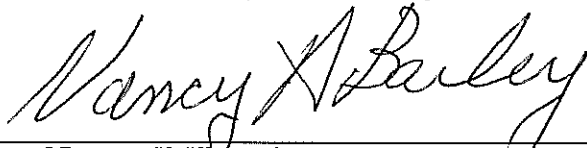
Findings:

- A clinical pain assessment tool was not utilized in the assessment of a painful swollen joint, when the pain was not relived by initial interventions.

Inspector ID #: 174

Additional Required Actions:

VPC - pursuant to O. Reg. 79/10, s. 52 (2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

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.**

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