



**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

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

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection March 8-9, 2012	Inspection No/ d'inspection 2012_067171_0007	Type of Inspection/Genre d'inspection Complaint – H-002472-11
Licensee/Titulaire St. Joseph's Health System, 99 Wayne Gretzky Parkway, Brantford, ON, N3S 6T6		
Long-Term Care Home/Foyer de soins de longue durée St. Joseph's Lifecare Centre, 99 Wayne Gretzky Parkway, Brantford, ON, N3S 6T6		
Name of Inspector(s)/Nom de l'inspecteur(s) Elisa Wilson (171)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection. During the course of the inspection, the inspector spoke with: the Administrator, Director of Care, Registered Dietitian, Support Services Supervisor, Registered Staff, Personal Support Workers, and Restorative Coach. During the course of the inspection, the inspector: reviewed the plan of care for identified residents, reviewed home's policies on Falls Prevention, Weight Monitoring, Continence Care and Missing Clothing. The following Inspection Protocols were used during this inspection: Continence Care and Bowel Management Falls Prevention Nutrition and Hydration Personal Support Services ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 4 WN Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance		

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. 22. Licensee to forward complaints.

Specifically failed to comply with the following subsections:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director.

Findings:

1. The licensee had failed to immediately forward a written complaint concerning care of a resident to the Director [LTCHA 2007, S.O. 2007, c.8, s.22(1)].

The home received a written complaint in July, 2011. This letter was not forwarded to the Director (Ministry of Health and Long Term Care) at any time, as confirmed by the home's Director of Care.

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WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records.

Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with.

Findings:

1. The licensee has not ensured that every policy has been complied with. [O.Reg. 79/10, s.8(1)(b)]

The home's policy Continence Care (5-E-195) was not complied with. The policy indicated "Each resident's bowel and bladder functioning will be assessed using the Continence Assessment form: b) on a quarterly basis as part of the quarterly review process". A review of the computer and paper chart for an identified resident revealed that the Continence Assessment form was used once at admission and was found in the computer chart. There were no further Continence Assessment forms found since that time. The most recent Resident Assessment Protocol (RAP) assessment for urinary incontinence that was completed indicated that the resident was incontinent and required incontinent products daily.

The Director of Care confirmed the Continence Assessment forms, as indicated in the home's policy, were not included in this resident's medical record.

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WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements.

Specifically failed to comply with the following subsections:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Findings:

1. The licensee has not ensured that any actions taken with respect to a resident under a program, including interventions have been documented [O.Reg.79/10, s.30(2)].

The plans of care for the following residents indicated the intervention to have two baths per week. Staff interviewed indicated that the residents were in fact getting two baths per week however the documentation had not been completed as follows:

- a) Resident #1 - for one month there was only one bath recorded. The days that baths were scheduled to be given were left blank on the flow sheets.
- b) Resident #2 - for one month there were three baths recorded as being given. The days that baths were scheduled to be given were left blank or recorded as an "8" meaning the activity did not occur.

There are codes provided to indicate showers, baths, bed baths, and 'activity did not occur' on the flow sheets used by personal support workers to record daily personal care for the residents.

Registered staff confirmed the information was missing on the flow sheets and also confirmed the expectation was that all baths, showers and bed baths be recorded on the day the activity occurred.

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WN #4: The Licensee has failed to comply with the Long-Term Care Facility Program Manual, Standards and Criteria.

Criteria B3.24: Each resident's height shall be recorded on admission and his/her weight shall be measured and recorded on admission and subsequently at least monthly. Changes in weight shall be evaluated and action shall be taken as required.

Findings:

The licensee had failed to ensure changes in weight were evaluated and action taken as required.

An identified resident was admitted with a weight which was assessed as being within ideal body weight range by the Registered Dietitian.

The next assessment documented by the Registered Dietitian indicated a referral had been made due to a significant weight change in one month. No changes were made in diet interventions at that time.

The next notation by the Registered Dietitian occurred six months later and noted the resident's diet would be changed to address the continued weight change. There was no further information or assessment of the resident's weight or nutritional status at that time.

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CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
B3.24	WN		2012_067171_0007	171

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). 	