Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	LAUREN TENHUNEN (196)
Inspection No. / No de l'inspection :	2012_104196_0016
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Jun 27, 28, 29, Jul 23, 24, 25, 27, Aug 7, 10, 2012
Licensee / Titulaire de permis :	Revera Long Term Care Inc. 55 Standish Court, 8th Floor, MISSISSAUGA, ON, L5R-4B2
LTC Home / Foyer de SLD :	THUNDER BAY INTERIM LONG-TERM CARE CENTRE 445 SOUTH JAMES STREET, THUNDER BAY, ON, P7E-2V6
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	JULIANA ~~JASON~~ Diane Morin

To Revera Long Term Care Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance with s.6 (7). The compliance plan shall include how the licensee will ensure that the care set out in the plan of care is provided to residents as specified in their plans.

This plan must be submitted in writing to Inspector Lauren Tenhunen at 189 Red River Road, Suite 403, Thunder Bay, ON P7B 1A2, by fax at 1-807-343-7605 or by email to lauren.tenhunen@ontario.ca on or before August 24, 2012. Full compliance with this order shall be by August 31, 2012.

Grounds / Motifs :

1. Inspector observed on June 28, 2012 at 1512hrs, resident #003 lying in their bed with bilateral side rails up and the bed elevated in a high position. The care plan with a print date of April 19, 2012 was reviewed and under the focus of "high risk for falls" it included the intervention of "bed is kept at lowest level and in locked position".
Inspector observed on June 28, 2012 at 1510hrs, the call bell in a resident's room lying on the floor and not within reach of resident #005. The care plan dated March 4, 2012 under the focus of "high risk for falls" includes the intervention of "call bell/light cord is within reach".
Inspector observed on June 28, 2012 at 1512hrs, the call bell in a resident's room was lying across the bed out of reach of resident #004. Care plan dated May 22, 2012 under the focus of "risk of falls", it identified "call bell/light cord is within reach". (196)
2. Resident #001 was observed to have a urinal in their room. Interview was conducted with staff member #S100 on June 29, 2012 and it was identified that the resident wears a medium brief and also has a urinal at the bedside for use. Interview conducted with staff member #S101 on June 29, 2012 and it was identified that the urinal is not used during the day and that it is used on the night shift for this resident. The care plan for toileting and continence with a print date of May 4, 2012 was reviewed and did not include the intervention of the use of urinal at any time.

The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. [LTCHA 2007,S.O.2007, c. 8, s. 6 (7).] (196)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Aug 31, 2012

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance with s.6.(1)(c). The compliance plan shall include how the licensee will ensure that the written plan of care for each resident sets out clear directions to staff and others who provide direct care to the resident.

This plan must be submitted in writing to Inspector Lauren Tenhunen at 189 Red River Road, Suite 403, Thunder Bay, ON P7B 1A2, by fax at 1-807-343-7605 or by email to lauren.tenhunen@ontario.ca on or before August 24, 2012. Full compliance with this order shall be by August 31, 2012.

Grounds / Motifs :

1. Interview was conducted with staff member #S100 on June 29, 2012 at 1045hrs regarding resident #001. The staff member stated this resident "can use urinal on their own, is occasionally incontinent of bowel and bladder during the day and evening, is incontinent on the night shift, and their brief is usually checked by staff before and after meals". (196)
2. The inspector reviewed the care plan for resident #001 with a print date of May 4, 2012. Under the focus of "urinary incontinence related to cognitive deficit, impaired mobility" there is an intervention of "check for incontinence often". The care plan does not specify when or how often the resident is to be checked for incontinence. The care plan does not give clear directions to staff who provide direct care to the resident.

The licensee failed to ensure that there is a written plan of care for each resident that sets out, (c) clear directions to staff and others who provide direct care to the resident. [LTCHA 2007,S.O.2007, c. 8, s. 6. (1)(c)] (196)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Aug 31, 2012

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: (416) 327-7603

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

The written request for review must be served personally, by registered mail, or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: (416) 327-7603

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

The written request for review must be served personally, by registered mail, or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: (416) 327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal ind
trancher des litiges concernant les services de santé. Le titulaire de p
celui où lui a été signifié l'avis de décision du directeur, faire parvenir

The written request for review must be served personally, by registered mail, or by fax upon:

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: (416) 327-7603

La Commission accusera réception des avis d'appel et transmettra de
permis peuvent se renseigner sur la Commission d'appel et de révisio

Issued on this 10th day of August, 2012

Signature of Inspector / Signature de l'inspecteur : Lauren Tenhunen #196

Name of Inspector / Nom de l'inspecteur : Lauren Tenhunen

Service Area Office / Bureau régional de services : Sudbury Service Area Office

Ontario

Ministry of Health and Long-Term Care

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

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

Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jun 27, 28, 29, Jul 23, 24, 25, 27, Aug 7, 10, 2012	2012_104196_0016	Complaint

Licensee/Titulaire de permis

Revera Long Term Care Inc.
55 Standish Court, 8th Floor, MISSISSAUGA, ON, L5R-4B2

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

THUNDER BAY INTERIM LONG-TERM CARE CENTRE
445 SOUTH JAMES STREET, THUNDER BAY, ON, P7E-2V6

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

LAUREN TENHUNEN (196)

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 Executive Director/Director of Care (ED/DOC), Regional Manager of Clinical Services, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Worker (PSW), Residents, family members

During the course of the inspection, the inspector(s) conducted a tour of all resident home areas, observed the provision of care and services to numerous residents in the home, reviewed the staffing schedule, reviewed the health care records of various residents, reviewed various written policies and procedures

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Nutrition and Hydration

Personal Support Services

Safe and Secure Home

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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. 6. Plan of care

Specifically failed to comply with the following subsections:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. Interview was conducted with staff member #S100 on June 29, 2012 at 1045hrs regarding resident #001. The staff member stated this resident "can use urinal on their own, is occasionally incontinent of bowel and bladder during the day and evening, is incontinent on the night shift, and their brief is usually checked by staff before and after meals".
The inspector reviewed resident #001's care plan with a print date of May 4, 2012. Under the focus of "urinary incontinence related to cognitive deficit, impaired mobility" there is an intervention of "check for incontinence often". The care plan does not specify when or how often the resident is to be checked for incontinence.

The care plan does not give clear directions to staff who provide direct care to the resident.

The licensee failed to ensure that there is a written plan of care for each resident that sets out, (c) clear directions to staff and others who provide direct care to the resident. [LTCHA 2007,S.O.2007, c. 8, s. 6 (1)(c)]
2. Inspector observed on June 28, 2012 at 1512hrs, resident #003 lying in their bed with bilateral side rails up and the bed elevated in a high position. The care plan with a print date of April 19, 2012 was reviewed and under the focus of "high risk for falls" it included the intervention of "bed is kept at lowest level and in locked position".
Inspector observed on June 28, 2012 at 1510hrs, the call bell in a resident's room lying on the floor and not within reach of resident #005. The care plan dated March 4, 2012 under the focus of "high risk for falls" includes the intervention of "call bell/light cord is within reach".
Inspector observed on June 28, 2012 at 1512hrs, the call bell in a resident's room was lying across the bed out of reach of resident #004. The care plan dated May 22, 2012 under the focus of "risk of falls" identified "call bell/light cord is within reach".
Resident #001 was observed to have a urinal in their room. Interview was conducted with staff member #S100 on June 29, 2012 and it was identified that the resident wears a medium brief and also has a urinal at the bedside for use. Interview was conducted with staff member #S101 on June 29, 2012 and it was identified that the urinal is not used during the day and that it is used on the night shift for this resident. The care plan for toileting and continence with a print date of May 4, 2012 for resident #100 was reviewed and did not include the intervention of the use of urinal at any time.

The care set out in the plan of care was not provided to the listed residents as specified in their plans of care.

The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. [LTCHA 2007, S.O.2007,c. 8, s. 6 (7).]

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
i. the Residents' Council,
ii. the Family Council,
iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
iv. staff members,
v. government officials,
vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. On June 29, 2012 at 1509hrs, the inspector heard call bells for two resident rooms and a men's washroom ringing. At 1515hrs, the call bell in another resident room started ringing. Inspector conducted a walk by of the rooms that had call bells ringing and did a walk through two resident care units at 1518hrs and could not locate any staff members. Inspector spoke with staff member #S105 at 1521hrs and questioned where the staff members were over the previous 10 minutes and it was identified that all staff were in report.

The licensee failed to ensure that the following rights of residents are fully respected and promoted: 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs [LTCHA 2007,S.O.2007,c.8,s.3.(1)4]

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 that ensures all residents are properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs, specifically as it relates to staff availability to respond to resident call bells, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. Inspector observed on June 28, 2012 at 1510hrs, the call bell in a resident's room lying on the floor and not within reach of resident #005.
Inspector observed on June 28, 2012 at 1512hrs, the call bell in a resident's room was lying across the bed out of reach of resident #004.
2. On June 28, 2012, the inspector located with difficulty, the call bell in a resident's room under the sheets of the bed and as a result it was not visible or easily accessible either to the inspector or to the resident.

The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that, (a) can be easily seen, accessed and used by residents, staff and visitors at all times; [O.Reg.79/10,s.17.(1)(a)]

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 that ensures the home's resident-staff communication and response system can be easily seen, accessed and used by residents, staff and visitors at all times, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with *O*.Reg 79/10, s. 31. Nursing and personal support services
Specifically failed to comply with the following subsections:

s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;
(b) set out the organization and scheduling of staff shifts;
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. Interview was conducted with staff member #S104 on June 29, 2012 and the "staffing plan" as found in a binder dated 2009, was reviewed. #S104 stated "this was not the updated plan since there were changes made to the staffing levels in the home".
On June 29, 2012, the inspector observed a call bell ringing in the handicap washroom on a resident care unit from 0936hrs until 0946hrs. Staff member #S100 attended the bell at 0946hrs to assist the resident in the washroom. Inspector interviewed this same staff member regarding the staff coverage on the unit at the time of the call bell ringing and they stated the staff member assigned to this unit was in the tub room on another unit and would not have been able to attend to a call bell on this unit and also the home was short one PSW due to illness.
On June 29, 2012, the staffing mix was not consistent with the residents' assessed care and safety needs as a resident waited for ten minutes for staff assistance while in the washroom.

The licensee failed to ensure the staffing plan, (a) provides for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; (d) includes a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; [O.Reg.79/10,s.31.(3)(a)(d)]

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 that ensures the staffing plan provides for a staffing mix that is consistent with residents' assessed care and safety needs and also includes a back-up plan for personal care staffing that addresses situations when staff cannot come to work, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following subsections:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
(e) continence care products are not used as an alternative to providing assistance to a person to toilet;
(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of incontinence. *O.* Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The most recent MDS assessment for resident #001 identifies them as "frequently incontinent - bowel, two to three times a week; Bladder, tended to be incontinent daily, but some control present (eg. on day shift)". The interventions listed in the care plan, print date of May 4, 2012, includes the use of a medium brief, evaluate bladder elimination pattern, one person physical assist and check for incontinence often. Inspector reviewed the care plan for resident #001 and determined it did not contain an individualized plan to promote bowel and bladder continence.

The licensee failed to ensure that, (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; [O.Reg.79/10,s.51.(2)(b).]

2. Inspector reviewed the most recent MDS assessment for resident #001 and it identifies that the resident requires the extensive assistance of one person for toilet use and that the resident tended to be incontinent of bladder daily, but some control present on the day shift. The care plan lists the use of a medium brief and that staff are to check for incontinence often.
Interview was conducted with staff member #S100 on June 29, 2012 and it was reported that the resident wears a medium brief, is toileted when the resident asks and staff will offer to assist them to the toilet, but they are not on a toileting routine. Inspector observed resident #001 at 1032hrs on June 29, 2012 in the handicap washroom, self toileting. The resident was heard calling out for assistance and the inspector informed staff member #S100 who then stated "this resident likes to do everything by themselves and doesn't wait for help". Resident #001 was then observed at 1535hrs on June 29, 2012, coming out of the washroom in a wheelchair with their pant zipper down and no brief in place. A saturated brief was observed at the top of the garbage can. On two occasions on June 29, 2012, this resident was observed to self toilet and was not provided with assistance to toilet.

The licensee failed to ensure that, (e) continence care products are not used as an alternative to providing assistance to a person to toilet; [O.Reg.79/10,s.51.(2)(e).]
3. Inspector reviewed the continence admission assessment dated June 24, 2011 for resident #001. The assessment identifies that the resident is incontinent greater than one time per day and the amount varies. It also notes the "incontinence is worsening and noted at the time of the assessment as sudden" and "goes to the toilet five to six times per day". The resident admission/annual physical completed by the physician on July 8, 2011 identifies the resident as continent under the category of "bowel/bladder control". Most recent MDS assessment identifies the resident as "Frequently Incontinent - Bowel, two to three times a week; Bladder, tended to be incontinent daily, but some control present (e.g. on day shift)". Inspector observed resident #001 toilet themselves in the handicap washroom on June 29, 2012 at 1032hrs and at 1535hrs. The care plan notes the resident requires a "one person physical assist" to toilet safely and for assistance with clothing. Interview conducted with staff member #S100 on June 29, 2012 and they stated the resident is occasionally incontinent of bowel and bladder during the day and evening and is always incontinent during the night shift. Also stated the resident is not on a toileting schedule and that their brief is usually checked for incontinence by staff before and after meals. Interview with staff member #S101 on June 29, 2012 and they stated that this resident needs help with transferring to the toilet, and is sometimes incontinent in the brief.

The licensee failed to ensure that, (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time; [O.Reg.79/10,s.51.(2)(d).]

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 that ensures that each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented, ensures continence care products are not used as an alternative to providing assistance to a person to toilet and each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time, to be implemented voluntarily.

Issued on this 20th day of August, 2012

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

Laura Fenlon #196