



**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
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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
Jan 24, 2013	2013_196157_0002	002158-12	Complaint

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF KAWARTHA LAKES
26 Francis Street, LINDSAY, ON, K9V-5R8

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

VICTORIA MANOR HOME FOR THE AGED
220 ANGELINE STREET SOUTH, LINDSAY, ON, K9V-4R2

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

PATRICIA POWERS (157)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 4, 7, 22, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), one Registered Nurse, two Registered Practical Nurses, two Personal Support Workers.

During the course of the inspection, the inspector(s) reviewed the clinical health records of nine residents, reviewed the home's policy for Falls Prevention and Management, reviewed incident reports related to the care of an identified resident, observed resident grooming and care interventions.

The following Inspection Protocols were used during this inspection:
Falls Prevention

Medication

Personal Support Services

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.)

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:

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

Findings/Faits saillants :

1. Staff interviewed at the time of inspection reported that the plan of care for each resident is accessible inside the front of the clinical record. There was no current plan of care provided on the clinical records for the following residents:

Resident #01, #05, #06, #07, #08, #09.

The licensee failed to ensure that staff and others who provide direct care to a resident have convenient and immediate access to the resident's plan of care. [s. 6. (8)]



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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 staff and others who provide direct care to a resident have convenient and immediate access to the resident's plan of care, to be implemented voluntarily.

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:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. In accordance with the requirements of O.Reg. 79/10:

- s.49(1) The Falls Prevention Program must provide for strategies to reduce or mitigate falls, including the monitoring of residents and implementation of restorative care approaches
- s.49(2) The home shall ensure that when a resident has fallen, the resident is assessed

The licensee's policy for "Falls Prevention and Management Program" (VM-NSG-069-January 28, 2011) directs the following:

- That a fall risk assessment will be completed when a resident has had more than 3 falls in three months. Clinical records indicate that resident #01 had 3 falls in one month. There is no evidence that a fall risk assessment was completed following these incidents.
- That identified risk for falls is to be care planned. Resident #01 was assessed to be a risk for falls. The identified risk was not incorporated into the resident's plan of care.
- That when a resident has fallen, the resident will be assessed regarding the nature of the fall and associated consequences, the cause of the fall and the post fall care management needs in a post fall "team huddle". There is no evidence that this post fall assessment process occurred for the falls experienced by resident #01.
- That Head Injury Routine is to be initiated for all unwitnessed falls. There is no evidence that a Head Injury Routine was initiated for resident #01 following an unwitnessed fall.
- The arrangement of a care conference for a resident who has had more than 3 falls in three months. Resident #01 had three falls in one month. There is no evidence that a care conference was arranged.

The licensee failed to ensure that the home's plans, policies, protocols, procedures, strategies or systems were complied with. [s. 8. (1)]

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 licensee's plans, policies, protocols, procedures, strategies or systems are complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care



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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:
10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. Assessments for resident #01 identify that the resident is a risk for falls.

The plan of care for resident #01 does not identify the resident's risk for falls and is not based on the assessment identifying the resident's risk of falls. [s. 26. (3) 10.]

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 the plan of care is based on an assessment of the resident's risk of falls, to be implemented voluntarily.

Issued on this 24th day of January, 2013

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