

**Ministry of Health and Long-Term Care**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**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 conformitéLondon Service Area Office
491 King Street, 4th Floor
London ON N6B 1R8Telephone: 519-675-7680
Facsimile: 519-675-7685Bureau régional de services de London
491, rue King, 4^{ième} étage
London ON N6B 1R8Téléphone: 519-675-7680
Télécopieur: 519-675-7685

Inspection Report under the LTC Homes Act, 2007		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée	
☒ Public Copy ☐ Licensee Copy		☐ Copie du Titulaire ☐ Copie de la Publique	
Date(s) of inspection/Date de l'inspection August 12, 2010	Inspection No/ d'inspection 2010-137-2979- 12Aug091521	Type of Inspection/Genre d'inspection Critical Incident 2979-000016-10 L-00092	
Licensee/Titulaire The Homewood Corporation 150 Delhi Street Guelph, ON N1E 6K9			
Long-Term Care Home/Foyer de soins de longue durée The Village of Glendale Crossing 3030 Singleton Ave. London, ON N6L 0B6			
Name of Inspector(s)/Nom de l'inspecteur(s) Marian C. Mac Donald - # 137			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a Critical Incident inspection. The inspection was conducted by one inspector identified above. The inspection occurred on August 12, 2010 with one inspector being present on that day. During the course of the inspection, the inspector spoke with: General Manager and Director of Care. The following Inspection Protocols were used in part or in whole during this inspection: Fall Prevention Minimizing of Restraining Findings of Non-Compliance were found during this inspection. The following action was taken: 8 WN 5 VPC			

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'exigences 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.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Plan of correction/Plan de redressement
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

WN#1: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s.29(1(a)(b)

Every licensee of a long-term care home,

- (a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and**
(b) shall ensure that the policy is complied with.

Findings:

1. The licensee did not ensure that the Home's policy and procedure related to Restraint Procedures was complied with.

Further Inspector Actions:

VPC –pursuant LTCHA, 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 be implemented voluntarily.

Inspector ID#: 137

Required Compliance Date for WN - Immediate

Required Compliance Date for VPC – August 27, 2010

WN#2: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s.31(2)2

The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied: Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1.

Findings:

1. There is no documented evidence that alternatives to restraint were considered.

Inspector ID#: 137

Required Compliance Date for WN - Immediate

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'exigences 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#3: The Licensee has failed to comply with: O.Reg. 79/10, s.110(2)6

Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act: That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances.

Findings:

1. The Home's policy and procedure related to Restraint Procedures states that the RN/RPN must reassess the resident's emotional status and the need for the restraint at least every 8 hours and document on the resident's MAR.
For the resident identified in the CIS report, there is no restraint identified on the MAR and there is no documented evidence that registered staff reassess the resident's condition or evaluate the effectiveness of the restraint.

Further Inspector Actions:

VPC – pursuant LTCHA, 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 be implemented voluntarily.

Inspector ID#: 137

Required Compliance Date for WN: Immediate

Required Compliance Date for VPC – August 27, 2010

WN#4: The Licensee has failed to comply with: O. Reg. 79/10, s.110(7)2

Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented: What alternatives were considered and why those alternatives were inappropriate.

Findings:

1. For the resident identified in the CIS report, there is no documented evidence of an initial restraint assessment indicating what alternatives were considered.

Inspector ID#: 137

Required Compliance Date for WN: Immediate

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'exigences 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#5: The Licensee has failed to comply with: O. Reg. 79/10, s.110(7)4

Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented: Consent.

Findings:

1. There is no documented evidence that consent was obtained for the resident identified in the CIS report.

Inspector ID#: 137

Required Compliance Date for WN - Immediate

WN#6: The Licensee has failed to comply with: O. Reg. 79/10, s.110(7)6

Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented: All assessment, reassessment and monitoring, including the resident's response.

Findings:

1. There are several missing entries and/or initials on the Restraint Monitoring Reports, completed by the PSW's, related to the resident's response to the restraint.

Further Inspector Actions:

VPC – pursuant LTCHA, 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 be implemented voluntarily.

Inspector ID#: 137

Required Compliance Date for WN - Immediate

Required Compliance Date for VPC - August 27, 2010

WN#7: The Licensee has failed to comply with: O. Reg. 79/10, s.110(7)7

Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented: Every release of the device and all repositioning.

Findings:

1. There are several missing entries and/or initials on the Restraint Monitoring Reports, completed by PSW's, related to the release of the device and repositioning.
2. It was observed that one identified resident was not repositioned in her chair between 1:10 pm and 3:10 pm.

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'exigences 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.

Further Inspector Actions

VPC – pursuant LTCHA, 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 be implemented voluntarily.

Inspector ID#: 137

Required Compliance Date for WN - Immediate

Required Compliance Date for VPC – August 27, 2010

WN#8: The Licensee has failed to comply with: O. Reg. 79/10, s.110(7)8

Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented: The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care.

Findings:

1. There are several missing entries and/or initial on the Restraint Monitoring Reports, completed by the PSW's, related to the removal of the device, including the time of removal.

Further Inspector Actions:

VPC – pursuant LTCHA, 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 be implemented voluntarily.

Inspector ID#: 137

Required Compliance Date for WN – Immediate

Required Compliance Date for VPC – August 27, 2010

Signature of Licensee or Designated Representative
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).
August 18, 2010