



**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
performance du système de santé
Direction de l'amélioration 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
Jul 3, 2013	2013_183135_0025	L-000290-13	Critical Incident System

Licensee/Titulaire de permis

VISION '74 INC
229 WELLINGTON STREET, SARNIA, ON, N7T-1G9

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

VISION '74 INC.
229 WELLINGTON STREET, SARNIA, ON, N7T-1G9

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

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): June 27, 2013.

During the course of the inspection, the inspector(s) spoke with Administrator, Assistant Administrator, Director of Care, 2 Registered Practical Nurses, Physiotherapist, Dietary Aide and Resident.

During the course of the inspection, the inspector(s) reviewed the critical incident, related internal investigation, resident clinical records, policies and procedures for Falls, and Nutrition and Hydration. Observations of residents were conducted in resident home areas.

The following Inspection Protocols were used during this inspection:

Critical Incident Response

Falls Prevention

Infection Prevention and Control

Nutrition and Hydration

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.)

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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. (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; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(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. Record review revealed the plan of care did not set out clear directions for staff and others who provide direct care to the resident.

When resident fell, the post falls assessment indicated the factor contributing to the fall was the resident was wearing regular socks.

During interview Registered staff indicated the resident is to be wearing non skid socks when in bed to reduce the chance of falls if the resident gets out of bed.

When the resident fell, the post falls assessment indicated the factor contributing to the fall was the resident was not using a walker.

Record review revealed, the plan of care does not have interventions documented to ensure staff are aware that the resident is to wear non skid socks in bed and uses a walker for ambulation.

Director of Care confirmed her expectations that the resident's plan of care provide clear directions to staff and others who provide direct care to the resident related to resident's requirement for non skid socks and use of a walker for ambulation. [s. 6. (1) (c)]

2. 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 when the following was observed during lunch service

Resident did not receive juices as per the nutritional plan of care.

During an interview the Dietary aide confirmed resident had not received the juices as per the Diet List.

The Assistant Administrator confirmed her expectation that the resident be provided fluids according to the resident's nutritional plan of care. [s. 6. (7)]



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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 ensuring resident's plan of care provides clear direction for staff related to falls and providing the correct fluids as per the nutritional 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 :



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1. Review of Home's Falls Management and Reduction Program policy #550-F-02A, revealed the policy was not complied with.

The Falls Management and Reduction Program policy #550-F-02A, November 2011, states:

#1-Procedure for frequent falls-Registered staff can arrange a special care team conference for residents who fall frequently. A care conference is indicated when a resident is new frequent faller (more than 1 fall in a month).

#14. Registered Staff update the resident care plan with revised fall risk and interventions implemented to further reduce further falls and change LOGO in resident room as required.

Resident had a number of falls. During an interview the Fall's Committee Registered Practical Nurse, confirmed there had not been a team conference for resident who has had frequent falls.

Observations of resident's room revealed there was no falls LOGO posted to indicate resident was at risk for falls.

Director of Care confirmed her expectations that, the Falls Management and Reduction Program policy is complied with related to team care conference for residents with frequent falls and that falls LOGO be posted in resident room to indicate resident was at risk for falls. [s. 8. (1)]

2. Home's Standard of Care-Hydration Management policy #200-III-200A, March, 2012, states if a resident is consuming less than 75% of their fluid requirement or less than 1000 mls./day the Dietitian will review and recommend other sources to promote increased fluid intake. A record review revealed the policy was not complied with when the following was observed:

Record review revealed there was no documented evidence that resident's fluid intake was reviewed by the Dietitian nor were recommendations made to increase resident's daily fluid intake.

During an interview the Assistant Administrator confirmed her expectation that



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residents consuming less than 1000 mls./day be reviewed by the Dietitian for recommendations to promote increased fluid intake. [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 ensuring Falls and Nutrition and Hydration policies are complied with related to falls conference, posting of falls logo and assessing and recommending fluid intervention for resident at risk of low fluid intake, to be implemented voluntarily.

Issued on this 3rd day of July, 2013

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

Bonnie Mac Donald