



The Corporation of The City
Of
Kawartha Lakes

Human Services Department
Memorandum

To: Victoria Manor Committee of Management
From: Pamela Kulas, Administrator
Date: November 19, 2018
RE: 2018 Resident Quality Inspection

A Ministry of Health Inspection was conducted the Resident Quality Inspection on March 5 to 9, March 12 to 16 and March 19 to 22, 2018. During the inspection the following inspection protocols were used: Accommodation Services – Housekeeping; Continence Care and Bowel Management; Falls Prevention; Infection Prevention and Control; Medication; Minimizing of Restraining; Nutrition and Hydration; Pain; Personal Support Services; Prevention of Abuse, Neglect and Retaliation; Reporting and Complaints; Resident’s Council; Responsive Behaviours; Skin and Wound Care; Sufficient Staffing.

During the course of the inspection the home received 15 Written Notices and 15 Voluntary Plans of Correction.

Glossary of Findings: In order of severity from lowest to highest

Finding Type	Short Form	Interpretation
Written Notice	WN	Evidence that not all information was found readily available as per the regulation
Voluntary Plan of Correction	VPC	It is recommended that a plan of action be put in place to ensure sustained follow up
Compliance Order	CO	The inspection found the regulation had not been followed
Directors Referral	DR	Sustained non compliance is found and the Director of the Performance, Compliance and Inspection Branch (MOHLTC) will review the Home’s record
Work and Activity Order	WAO	Ministry staff will be on site regularly to ensure safe operations of the Home

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To summarize findings:

1. **Care plans need to be up to date and staff are required to follow care plans at all times.**
 - a. Corrective Actions
 - i. Process in place to ensure care plans are reviewed and updated
 - ii. Staff received education on the importance of following care plans
 - iii. Staff are required to sign a tracking sheet confirming the review of a care plan once updated
 - iv. Auditing of care plans in place
2. **Medication policies need to be followed and medication incidents reported:**
 - a. Corrective Actions
 - i. Re-education provided to registered staff regarding narcotic counting
 - ii. Monthly narcotic audits implemented
 - iii. Re-education provided on the process of medication incident management
 - iv. Medication incidents reviewed monthly at Resident safety and at Professional Advisory Committee
 - v. Incidents are tracked and trended
3. **A Registered Nurse must be on duty at all times**
 - a. Corrective Actions
 - i. 2 contracts with nursing agencies secured
 - ii. Ongoing recruitment of Registered Nurses
 - iii. Successful recruitment of an Associate Director of Care who is a Registered Nurse
4. **Reporting of abuse and neglect, suspected or actual needs to occur immediately and investigated.**
 - a. **Corrective Actions**
 - i. Re-education provided to registered staff regarding mandatory reporting
 - ii. Re-education provided to registered staff regarding the Ministry of Health and Long Term Care algorithms
5. **Residents must be bathed at a minimum f twice per week**
 - a. Corrective Action
 - i. Re-education provided to registered staff including required documentation
 - ii. Process map developed to direct when a resident refuses a bath
6. **Resident personal items must be labelled**
 - a. Corrective Action
 - i. A process was developed to ensure personal items are labelled within 48 hours
 - ii. PSW nightly checklist created
 - iii. Education provided to all team members

- 7. A Falls Prevention Program must be developed and implemented**
 - a. Corrective Action
 - i. A falling leaf program was implemented to identify residents who are at high risk of falling
 - ii. Falls committee re-educated
 - iii. Education was provided to all team members

- 8. A Pain Program must be developed and implemented**
 - a. Corrective Actions
 - i. Re-education to registered staff on the pain and symptom management policy and associated tools for assessing and monitoring pain

- 9. A procedure must be implemented to address lingering odours**
 - a. Corrective Actions
 - i. Cleaning schedules were reviewed and updated
 - ii. Cleaning products were re-evaluated
 - iii. A process for lingering odours was developed and implemented

- 10. Resident and resident's substitute decision maker must be notified of the results of an investigation**
 - a. Corrective Actions
 - i. A process and checklist was created that includes follow up with the substitute decision maker
 - ii. Education was provided to registered staff

- 11. Police must be notified of an alleged resident to resident abuse**
 - a. Corrective Actions
 - i. A process and checklist was created that includes follow up with the substitute decision maker
 - ii. Re-education on zero tolerance of abuse, Ministry of Health and Long Term Care algorithms, reporting of critical incidents and Sienna policies and procedures was provided to registered staff

- 12. Staff must participate in the implementation of the infection prevention and control program**
 - a. Corrective Actions
 - i. Team members re-educated on the process for disposing of incontinent products
 - ii. A signage system was established for residents on isolation
 - iii. A system and process was established to provide all personal protective equipment outside a room when required
 - iv. All team members received education

