Grey County Logo Committee Report

| **To**: | Chair Burley and Members of the Committee of Management |
| --- | --- |
| **Committee Date:** | June 12, 2018 |
| **Subject / Report No:** | LTCR-CM-22-18 |
| **Title:** | Inspections |
| **Prepared by:** | Lynne Johnson, Director of Long Term Care |
| **Reviewed by:** | Kim Wingrove, Chief Administrative Officer |
| **Lower Tier(s) Affected:** | All Grey County |
| **Status:** |  |

## Recommendation

1. **That report LTCR-CM-22-18 regarding Facility Inspections be received for information.**

## Executive Summary

Long Term Care homes are inspected by a variety of bodies that are responsible for oversight. Inspections are usually unscheduled and can be initiated as part of a routine inspection, injury/incident, complaint or follow up to a previous inspection. Key inspecting agencies include:

* Ministry of Health and Long Term Care
* Ministry of Labour
* Public Health
* Fire Department
* Technical Standards and Safety Authority
* Electrical Safety Authority

## Background and Discussion

This report reflects inspections that occurred between July 1, 2017 and January 31, 2018. Action plans have been implemented to address any areas of deficiency.

### Grey Gables

The following inspections occurred during the reporting time period.

| Date of Report (Date of Visit) | Purpose of Visit | Outcome |
| --- | --- | --- |
| July 11, 2017 | Public Health Inspection | Utensil Cleaning   * CA   Furniture, equipment and appliances   * CA |
| August 15, 2017 | Public Health Vaccine Fridge Inspection | No areas of non-compliance |
| January 23, 2018 | TSSA | Elevator Inspection   * 2 Orders |
| January 30, 2018  (Visit- Dec 21, 22, Jan 1, 2) | MOHLTC Complaint Inspection | Resident Bill of Rights   * WN * VPC   Lift and Transfers   * WN * VPC |
| February 16, 2018  (Visit- Dec 13, 14, 15, 19, 20, 21 and Jan 2, 3, 4, 5, 9, 10) | MOHLTC Resident Quality Inspection | Skin and Wound,   * WN * CO   Continence and Bowel Management   * WN * CO   Restraints   * WN * VPC   Transferring and Positioning   * WN * VPC   Dining and Snack Service   * WN * VPC   Medications   * WN * VPC   24 Hour Admission Plan   * WN   Other   * 4 CO resolved |
| Legend  *CA- Corrective Action Required*  *WN- Written Notification*  *VPC- Voluntary Plan of Correction*  *CO- Compliance Order* | | |

### Lee Manor

| Date of Report (Date of Visit) | Purpose | Outcome |
| --- | --- | --- |
| August 24, 2017 | Public Health Inspection- Routine | No areas of non-compliance |
| August 24, 2018 | Public Health Vaccine Fridge Inspection | No areas of non-compliance |
| Jan 18, 2018  (Visit- December 19 and 20, 2017) | MOHLTC Complaint Inspection | Skin and Wound Care   * WN * VPC   Pain Management   * WN * VPC |
| Feb 12, 2018  (Visit- January 11,15,16,17, 18 and 19 2018) | MOHLTC Resident Quality and Critical Incident Inspection | Skin & Wound   * WN * CO   Pain Management   * WN * CO   Zero Tolerance for Abuse and Neglect   * WN * VPC   Falls Prevention   * WN * VPC   Medication Administration   * WN * VPC   Infection Prevention and Control   * WN * VPC |
| Legend  *WN- Written Notification*  *VPC- Voluntary Plan of Correction*  *CO- Compliance Order* | | |

### Rockwood Terrace

| Date of Report (Date of Visit) | Purpose of Visit | Outcome |
| --- | --- | --- |
| Nov 8/17 (Visit- July 4, 5, 6, 7, 11, 12, 13, 14, 17, 2017) | MOHLTC Resident Quality Inspection | Reported to Committee December 12, 2017, Report LTCR-CM-01-18 |
| August 8, 2017 | Public Health-Food Services inspection | No areas of non-compliance |
| December 4, 2017 | Public Health-Food Services Inspection | Furniture, equipment and appliances   * 3 CA |
| December 11, 2017 | Ministry of Labour-Incident Investigation | No areas of non-compliance |
| December 13, 2017 | Public Health-Hair Services Inspection | No areas of non-compliance |
| Legend  *CA- Corrective Action* | | |

## Legal and Legislated Requirements

Stakeholder visits and inspections provide feedback on areas for improvement to ensure the homes meet legislative requirements for care and service. When deficiencies are found, the homes work to bring things back into compliance and the information is used to support process and system improvements. Corrective actions have included:

* Staff education
* Review of policy and procedure
* Monitoring through audits to ensure compliance to regulations
* Capital Expenditure (hand rails and wall protection Rockwood Terrace)

## Financial and Resource Implications

N/A

## Relevant Consultation

Internal Administrators- Grey Gables, Lee Manor, Rockwood Terrace

External (list)

### Appendices and Attachments

The links for the Ministry of Health and Long Term Care inspection reports for Grey Gables and Lee Manor for the reporting period July 1, 2017- January 31, 2018 are included as attachments to this report. The Rockwood Terrace Ministry report was provided previously.

[Grey Gables MOHLTC Complaint Inspection Jan 30, 2018](https://docs.grey.ca/share/s/irRYlIwDQh-9vNB7KHUWcA)

[Grey Gables Resident Quality Inspection February 16, 2018](https://docs.grey.ca/share/s/UBSr-zZyR1m6UnG28Id3GA)

[Lee Manor MOHLTC Complaint Inspection Report December 19-20 2017](https://docs.grey.ca/share/s/zhUFt1lOQMauHXVsrC1E0g)

[Lee Manor MOHLTC Resident Quality Inspection Report Jan 11-15-16-17-18-19 2018](https://docs.grey.ca/share/s/ukVFBZZhRtmLLan0oUKt9Q)