



Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée

Plan of Corrective Action

Plan des mesures correctives

Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée York Region Newmarket Health Centre		Date of review/inspection/Date de l'inspection From/de March 3/06 To/a March 10/06		Ministry Representative/Représentant(e) du ministère Marsha Hardwick
		Type of review/inspection/Type d'inspection Annual Compliance Review	Plan submitted by/Plan soumis par Marlene Parsons	Plan receipt date/Date de réception du plan March 24, 2006
Standards/Criteria Normes/critères Act/Reg Loi/Regl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD		
B2.4 Each resident's plan of care shall reflect his/her current strengths, abilities, preferences, needs, goals, safety/security risks and decisions. The plan of care should give clear directions to staff providing care.	It was noted that the nursing plans of care related to behaviours and the cognitively impaired are generic and are not tailored to meet individual resident's needs. It was also noted that the activation program plans of care were general and nonspecific.	All care plans are under review and revision by each department to ensure that the care plans are focused to each resident's needs. Upon completion, the Compliance Advisor shall be requested to re-audit the plans of care. Target Date: March 24/06 Additional training on individualization of care plans will be provided to staff. Target Date: April 30/06 An audit schedule will be implemented in which each manager will review four clients' plan of care on a monthly basis to ensure they remain current and individualized. Target date: Commence April 1/06 – on-going		

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			March 3/06	March 10/06	
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	Ministry review/inspection results Resultats de l'inspection du ministère		Annual Compliance Review	Marlene Parsons	Plan receipt date/Date de réception du plan March 24, 2006
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Recommendations					
1. The housekeeping program shall provide for routine, preventative and remedial housekeeping. (O3.1)	The housekeeping program should provide for routine, preventative and remedial housekeeping related to the bath/shower room.		Housekeeping department has increased the schedule of deep cleaning of the tub rooms to twice monthly. Commenced March 14/06 Currently the flooring manufacturer and the cleaning supply companies are reviewing cleaning product options for removing any residue from the germicidal liquid used to disinfect the tub. Upon completion, a more appropriate product will be implemented. The additional use of heavy duty equipment is being investigated.		
2. The care and services provided to each resident shall be documented in the resident's record according to facility policies and procedures. (B5.2)	The diet and Nourishment sheets, Nurses Daily Records and Restraint Monitoring Sheets were not always completed according to the Home's policies and procedures. (Incorrect coding was used on these sheets.)		The coding legend of the forms specified will be reviewed to determine applicability. Upon completion, the codes will be reviewed, updated and reinforced at the departmental staff meetings. Target Date: April 30/06		
3. Building on previous information, medical and nursing assessments shall be completed within 7 days of admission. (B1.3)	Medical assessments should be completed within 7 days of admission.		The standard regarding admission medicals will be reviewed with the medical staff at the next Medical Advisory & Therapeutics Committee meeting. Target date: May 16/06 Staff is also investigating computerizing alerts and deficiency lists for time sensitive, high risk assessments to enhance monitoring and supervision. Target date: September/06		

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		Annual Compliance Review		Marlene Parsons	
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4. Each resident's plan of care shall reviewed, at least quarterly, by the physician, nursing staff, the dietitian or food service supervisor, and other care team members as appropriate. (B2.6)	Each resident's care and services should be reassessed at least quarterly	To further enhance compliance, an audit will be completed monthly by the managers of each department to ensure the resident is reassessed quarterly. Target Date: April 1/06			
5. Written job descriptions detailing responsibilities and scope of function shall be available for all staff position. (M1.17)	Develop a written job description detailing the responsibilities and scope of function of the Volunteer/Spiritual Care Coordinator.	A written job description is in place for the Volunteer/Spiritual Care Coordinator and will be reviewed with the incumbent. Target Date: April 1/06			