



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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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
Oct 5, 2016	2016_258519_0013	028487-16	Resident Quality Inspection

Licensee/Titulaire de permis

PeopleCare Not-For-Profit Homes Inc.
650 Riverbend Drive Suite D KITCHENER ON N2K 3S2

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

PeopleCare A.R Goudie Kitchener
369 FREDERICK STREET KITCHENER ON N2H 2P1

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

SHERRI GROULX (519), ADAM CANN (634), INA REYNOLDS (524)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): September 26, 27, 28, 29, 30, 2016

The following intakes were completed within the Resident Quality Inspection (RQI):

**Follow up Inspection - # 035969-15 - related to Compliance Order # 001 (Inspection number: 2015_226192_0063) regarding the Administrator qualifications
Critical Incident Inspection - # 022499-16 (C522-000003-16) related to falls
Critical Incident Inspection - # 023117-16 (C522-000005-16) related to responsive behaviours**

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Administrator, the Corporate Director of Policy, the Director of Nursing Care, the Assistant Director of Nursing Care, the Director of Resident Quality Outcomes, the Director of Food Services, the Registered Dietitian, the Physiotherapist, a Dietary Aide, a Housekeeping Aide, Recreation staff, a Registered Nurse, Registered Practical Nurses, Personal Support Workers, residents, and families.

The Inspectors toured the home, observed meal service, medication passes, medication storage area and care provided to residents, reviewed medication records and plans of care for specified residents, reviewed policy and procedures, observed recreational programming, staff interaction with residents and general maintenance, and cleaning of the home.

The following Inspection Protocols were used during this inspection:



Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Falls Prevention
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.

2 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 212. (4)	CO #001	2015_226192_0063		634

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**



Findings/Faits saillants :

1. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised when the resident's care needs changed.

Record review of the current care plan for a resident identified a goal to maintain adequate nutrition initiated on a certain date in 2015, and to “maintain weight within goal weight range”, initiated on a date in 2016 with no revisions noted when changes occurred. The resident was deemed to be at high nutritional risk. Weight records indicated the resident had significant unplanned weight loss of 9.75% over three months, however, when the resident’s weight dropped below the ideal body weight range, the care plan goal was not revised to address the weight loss.

Further care plan review under the eating focus indicated that the resident would often seat themselves at a table they were not assigned to. This was initiated on a specific date in 2015. Record review of the progress notes and Minimum Data Set (MDS) Quarterly Review assessment for a specific date in 2016, indicated that the resident had required the use of a mobility aide since a specific date in 2016, for mobility and postural support and required full staff support.

During an interview with a Personal Support Worker (PSW) on a specific date and time, it was stated that the resident was no longer ambulatory and required total assistance with transportation to the dining room due to severe cognitive impairment.

During an interview with the Director of Food Services (DFS) on a specific date, she agreed that the care plan goal was not revised to reflect the resident's current status and that the resident would no longer be able to seat themselves at a dining room table. [s. 6. (10) (b)]



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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 to ensure that the resident is reassessed and the plan of care is reviewed and revised when the resident's care needs change, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :



1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

During the Stage One resident observation of the Resident Quality Inspection (RQI), a resident was observed on a specific date and time to have an area of altered skin colour. Further observation at a later date and time, revealed the area on the resident was still apparent and the colour was yellow green.

Upon interview with a Registered Nurse (RN) on a specific date and time, it was stated that she did not remember the resident hitting themselves and did not know about this area of altered skin colour. She stated that she would do an assessment after she had completed her medication pass.

Upon interview with the Assistant Director of Nursing (ADOC) on a specific date and time, it was stated that after the conversation with the RN yesterday this was discussed with the Director of Nursing (DON) and an investigation was started. She stated that the Registered Practical Nurse (RPN) recalled seeing the area of altered skin colour on an earlier date but forgot to document it.

Upon interview with the Director of Nursing (DON) on a specific date and time, it was stated that the practice at the home was to do a note for areas of altered skin colour found on residents. The note was to be made when it was initially found and it was not necessary to assess the area weekly unless the resident was on anticoagulants or there was a cause for concern. She stated that when she was approached about this yesterday she started an investigation to see if any staff could recall seeing this area on the resident. She stated that the RPN recalled seeing the area of altered skin colour on an earlier date but did not document it. She stated that a late entry progress note was done regarding the area after it was brought to the home's attention by the Inspector. The DON agreed that it would have been the home's expectation that when the area was initially observed by the RPN that an assessment would have been done and documented in the resident's clinical record. [s. 30. (2)]



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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 to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

Issued on this 17th day of October, 2016

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

Original report signed by the inspector.