Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest 11iém étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 12, 2020	2020_704682_0013	000607-20	Follow up

Licensee/Titulaire de permis

Albright Gardens Homes, Incorporated
5050 Hillside Drive Beamsville ON L0R 1B2

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

Albright Gardens Homes, Incorporated
5050 Hillside Drive Beamsville ON L0R 1B2

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

AILEEN GRABA (682), LISA BOS (683)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): October 8, 9, 13, 14, 15, 16, 19, 20, 21, 22, 23, 2020.

The following Follow up inspection was conducted:
000607-20 related to personal support services

The following Critical Incident System inspection(s) were conducted concurrently with this Follow up inspection:
016122-20 related to fall prevention
015129-20 related to fall prevention

The following complaint inspection(s) were conducted concurrently with this Follow up inspection:
018447-20 related to admission/ discharge
018626-20 related to staffing
018644-20 related to staffing
018674-20 related to staffing
019029-20 related to prevention of abuse and neglect
019057-20 related to prevention of abuse and neglect

During the course of the inspection, the inspector(s) spoke with the Administrator, Chief Nursing Office (CNO), Associate Director of Nursing (ADON), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Nursing Secretary, Executive Assistant and residents.

During the course of this inspection, the inspector(s) observed the provision of the care and reviewed clinical health records, investigation notes, staffing schedules, meeting minutes, program evaluations, staff training records, policy and procedures.

The following Inspection Protocols were used during this inspection:
Personal Support Services

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

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

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents were bathed, at a minimum, twice a week by the method of their choice.

A) A resident was scheduled to have their baths on particular days of the week. A review of the missed bath list identified that the resident missed their scheduled baths, as the home was "short staffed." There was no documentation that the resident's baths were made up within the week.

In an interview, the Personal Support Worker (PSW) acknowledged that the resident missed their scheduled baths because the home was short staffed and if it was made up, it would have been documented. In an interview with the Associate Director of Nursing (ADON), they acknowledged that the resident's bath was not made up within the week.

Sources: resident clinical record, resident bath list, missed bath list, and interview with the ADON, PSW and other staff.

B) A resident was scheduled to have their baths on particular days of the week. A review of the missed bath list identified that the resident missed their scheduled bath, as the home was "short staffed." There was no documentation that the resident's bath was made up within the week.

In an interview, the PSW acknowledged that the resident missed their scheduled bath because the home was short staffed and if it was made up, it would have been documented. In an interview with the ADON, they acknowledged that the resident's bath was not made up within the week.

Sources: resident clinical record, resident bath list, missed bath list, and interview with the ADON, PSW and other staff. [s. 33. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

Issued on this 16th day of November, 2020

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) : AILEEN GRABA (682), LISA BOS (683)

Inspection No. / No de l'inspection : 2020_704682_0013

Log No. / No de registre : 000607-20

Type of Inspection / Genre d'inspection: Follow up

Report Date(s) / Date(s) du Rapport : Nov 12, 2020

Licensee / Titulaire de permis : Albright Gardens Homes, Incorporated
5050 Hillside Drive, Beamsville, ON, L0R-1B2

LTC Home / Foyer de SLD : Albright Gardens Homes, Incorporated
5050 Hillside Drive, Beamsville, ON, L0R-1B2

Name of Administrator / Nom de l'administratrice ou de l'administrateur : William ter Harmsel

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To Albright Gardens Homes, Incorporated, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / No d'ordre : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order / Lien vers ordre existant: 2019_543561_0026, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Order / Ordre :

The licensee must be compliant with s. 33 (1) of O. Reg. 79/10

Specifically, the licensee shall prepare, submit and implement a plan to ensure that residents are bathed, at a minimum, twice a week by the method of his or her choice, unless contraindicated by a medical condition.

The plan must include but is not limited to:
1. How the home will ensure that missed baths for residents are made up.
2. How the home will audit the baths for the residents to ensure they are bathed twice a week by the method of their choice, and who will be responsible for the audits.

Please submit the written plan for achieving compliance for inspection 2020_704682_0013 to Aileen Graba, LTC Homes Inspector, MLTC, by email to HamiltonSAO.MOH@ontario.ca by November 27, 2020.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds / Motifs :

1. Compliance order #001 related to O. Reg. 79/10, s. 33 (1) from inspection #2019_543561_0026 issued on December 17, 2019, with a compliance due date of April 30, 2020 is being re-issued as follows:

1. The licensee has failed to ensure that residents were bathed, at a minimum, twice a week by the method of their choice.

A) A resident was scheduled to have their baths on particular days of the week. A review of the missed bath list identified that the resident missed their scheduled baths, as the home was "short staffed." There was no documentation that the resident's baths were made up within the week.

In an interview, the Personal Support Worker (PSW) acknowledged that the resident missed their scheduled baths because the home was short staffed and if it was made up, it would have been documented. In an interview with the Associate Director of Nursing (ADON), they acknowledged that the resident's bath was not made up within the week.

Sources: resident clinical record, resident bath list, missed bath list, and interview with the ADON, PSW and other staff.

B) A resident was scheduled to have their baths on particular days of the week. A review of the missed bath list identified that the resident missed their scheduled bath, as the home was "short staffed." There was no documentation that the resident's bath was made up within the week.

In an interview, the PSW acknowledged that the resident missed their scheduled bath because the home was short staffed and if it was made up, it would have been documented. In an interview with the ADON, they acknowledged that the resident's bath was not made up within the week.

Sources: resident clinical record, resident bath list, missed bath list, and interview with the ADON, PSW and other staff. [s. 33. (1)]
Sources: resident cinical record, resident bath list, missed bath list, and interview with the ADON, PSW and other staff.

An order was made by taking the following factors into account:

Severity: Residents missed their baths due to the home being short staffed. There was minimal risk to the residents as they had their other scheduled bath that week. No concerns were raised by the residents.

Scope: This non-compliance was isolated.

Compliance history: The licensee continues to be in non-compliance with O. Reg. 79/10 s. 33 (1), warranting the re-issue of a compliance order (CO). This subsection was issued as a CO, during inspection #2019_543561_0026. In the past 36 months, eight other COs were issued to different sections of the legislation, all of which have been complied.
(683)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :** Dec 04, 2020

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l’envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l’envoi de la télécopie. Si un avis écrit de la décision du directeur n’est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l’expiration de ce délai.

Le/la titulaire de permis a le droit d’interjeter appel devant la Commission d’appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d’un ordre ou des ordres d’un inspecteur ou d’une inspectrice conformément à l’article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n’a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d’audience, il ou elle doit, dans les 28 jours de la signification de l’avis de la décision du directeur, donner par écrit un avis d’appel à la fois à :

la Commission d’appel et de révision des services de santé et au directeur

À l’attention du/de la registrateur(e)
Commission d’appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d’appels
Direction de l’inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d’appel, la CARSS en accusera réception et fournira des instructions relatives au processus d’appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 12th day of November, 2020

Signature of Inspector / Signature de l’inspecteur :

Name of Inspector / Nom de l’inspecteur : Aileen Graba

Service Area Office / Bureau régional de services : Hamilton Service Area Office