



Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Director:	Wendy Lewis
Order Type:	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of Licence Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
Intake Log # of original inspection (if applicable):	
Original Inspection #:	2018_570528_0007
Licensee:	Waterdown Long Term Care Centre Inc. c/o Jarlette Health Services, 5 Beck Boulevard, PENETANGUISHENE, ON, L9M-1C1
LTC Home:	Alexander Place 329 Parkside Drive, P.O. Box 50, Waterdown, ON, L0R-2H0
Name of Administrator:	Jennifer Sipos

Background:	<p>Ministry of Health and Long-Term Care (MOHLTC) Inspectors #528 and #107 conducted an inspection at Alexander Place (LTC Home) on the following dates: November 21, 22, 23, 26, 27, 28, 29, 30 and December 3, 5, 6, 10, 2018 (Inspection #2018_570528_0007). Non-compliance identified from Inspection #2018_570528_0008, which was completed concurrently during this inspection, was found under s. 6(10)(b) of the <i>Long-Term Care Home Act, 2007 (LTCHA)</i> and was issued in the inspection report for this inspection (#2018_570528_0007).</p> <p>During the inspection, Inspector #528 found that Waterdown Long Term Care Centre Inc. (the Licensee) failed to comply with s. 6(10)(b) of the <i>Long-Term Care Homes Act, 2007 (LTCHA)</i>. Based on the non-compliance, the Inspector issued Compliance Order #003.</p>
--------------------	---



Specifically, pursuant to s. 153(1)(a) of the *LTCHA*, Inspector #528 issued the following:
The licensee must be compliant with s. 6(10) of the *LTCHA*.

Specifically, the licensee must:

- i. ensure that an assessment is completed with a change in any resident status and update the plan of care with identified interventions
- ii. communicate changes to resident's plan of care to staff
- iii. conduct audits, at a schedule of the home's choosing, to ensure that where a change in condition has occurred and new interventions are initiated the plan of care is updated
- iv. keep a documented record of the audits

This order must be complied with by: June 10, 2019

Following a review of this Order by the Director, Inspector #528's Order #003 has been substituted with the Director's Order below.

Order: #001	#001 – Waterdown Long Term Care Centre Inc.
--------------------	---

To Waterdown Long Term Care Centre Inc. you are hereby required to comply with the following order(s) by the date(s) set out below:

Pursuant to:

The Director is issuing Director's Order #001 after finding that the Licensee failed to comply with section 6 (10)(b) of the *Long-Term Care Homes Act, 2007*.

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;
- (b) the resident's care needs change or care set out in the plan is no longer necessary;
- (c) or care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order:

Director's Order #001 is being made pursuant to section 153(1)(a) of the *LTCHA*.

The licensee must be compliant with section 6(10)(b) of the *LTCHA*

Specifically, the licensee must:

- I. ensure that an assessment is completed with a change in any resident status and update the plan of care with identified interventions
- II. communicate changes to residents' plan of care to staff
- III. conduct audits, at a schedule of the home's choosing, to ensure that where a change in condition has occurred and new interventions are initiated the plan of care is updated
- IV. keep a documented record of the audits

Grounds:

The licensee failed to ensure that the resident was reassessed and the plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.

- A. A Complaint was received by MOHLTC on November 30, 2018, and identified care concerns related to care at end of life for Resident #022.
 - The plan of care for Resident #022 identified that the resident required a type of assistance with care and indicated specific interventions for the staff to follow and that the power of attorney for personal care would also perform part of the care themselves. In October of 2018, the plan of care indicated that the physician had written end of life orders for Resident #022 to promote comfort.
 - DOC #103 stated that in October of 2018 the substitute decision maker (SDM) and power of attorney (POA) expressed concerns that a liquid had been used on Resident #022 and they were concerned with the resident's oral mucosa.
 - RPN #134 stated that on the day prior to the concerns expressed by the SDM, the SDM had requested that the staff not perform *any of the specific care* and that the family would do this for the resident. RPN #143 further stated that the written plan of care was not updated to include this new intervention.

- DOC #103 and RPN #134 both said that Resident #022 was not reassessed following the concerns identified with regard to the resident's oral health.
- B. Two complaints were submitted to MOHLTC in June 2016, describing concerns with pain control following the fall of a resident.
 - In June of 2016, Resident #021 had a witnessed fall. The resident complained of pain for two days and the plan of care was not updated when the resident's care needs had changed following their fall.
 - Registered staff documented in the progress notes that the resident was unable to stand up after toileting.
 - The resident was assessed by the Physiotherapist 2 days after the fall and was sent to the hospital and diagnosed with a fractured femur.
 - The DOC #102 and DOC #103 stated during interviews that the plan of care was not revised until two days after the fall.
- C. A complaint was submitted on January 20, 2018 to MOHLTC, identifying concerns related to the plan of care not being followed for Resident #014.
 - In early January 2018, Resident #014 and their family complained to the LTC Home regarding eating preferences outside of the dining room.
 - During a review of Resident #014's health records, the following information was gathered.
 - In December of 2017, the resident was sent to hospital for the treatment of heart failure and returned several days later.
 - In January of 2018, the resident had an exacerbation of their illness that required oxygen.
 - DOC #103 confirmed during an interview that chest assessments for Resident #014 were not consistently done by registered staff leading up to the resident's hospitalization on January 2018.
 - When the resident returned to the LTC home in February 2018, the physician's admission assessment stated that the key to the resident's survival would be ongoing assessment and noticing the signs of exacerbation before the illness got worse.
 - In February of 2018, the physician documented that staff were to observe the resident for very specific signs and symptoms. Over the next three days, the progress notes from

registered staff did not document any findings related to the physician's recommended assessment.

- An interview with DOC #103 confirmed that the progress notes did not include reassessment of the resident, as outlined by the physician. In addition, the written plan of care was not updated to reflect the physician's recommendations related to change in assessment for the resident's illness.
 - There was no documented assessment over the next three days related to the physician's order.
 - DOC #103 confirmed in an interview that the progress notes did not include a reassessment of the resident when their needs changed.
- D. A Critical Incident was reported to the MOHLTC related to resident allegations of abuse from another resident.
- In November of 2016 the progress notes for Resident #010 indicated that the resident required 1-1 staffing for at least 72 hours to ensure the safety of this resident and their co-resident.
 - The plan of care for Resident #010 was not updated to reflect the 1-1 staffing until a week after it was implemented.
 - In December 2018 and January 2019, DOC #102 said that 1-1 staffing was to be in place for Resident #010 from November 2016 to February 2017 when the resident was to be sent to a hospital for an assessment. When asked during an interview, the DOC was not sure why the resident's written plan of care was not updated to reflect this until a week after the 1-1 was implemented.
 - In November 2016, the progress notes for Resident #010 indicated that the resident's bed was taken out of their bedroom and placed in another room at night due to abuse allegations against Resident #010 by their roommate. This continued every night until December of 2016.
 - PSW #147 stated that the resident slept in the specific room for awhile until they could be moved to a private room.
 - In January of 2019, DOC #102 said that they could not find any information in the written plan of care about Resident #010's bed being moved to the specific room. The DOC said it should have been in the care plan and was not.



Ministry of Health and Long-Term Care
 Long-Term Care Homes Division
 Long-Term Care Inspections Branch

Ministère de la Santé et des Soins de longue durée
 Division des foyers de soins de longue durée
 Inspection de soins de longue durée

The severity of this issue was determined to be actual harm (level 3) to the residents. The scope of this issue was widespread (level 3) and the home had a level 3 compliance history of related non-compliance with this section of the *LTCHA* that included: a Voluntary Plan of Correction (VPC) issued on November 3, 2017 during inspection # 2017_556168_0031 and a Voluntary Plan of Correction (VPC) on June 6, 2016 during inspection # 2016_337581_0006.

This order must be complied with by:	June 10, 2019
---	---------------

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board
 Attention Registrar
 151 Bloor Street West
 9th Floor
 Toronto, ON
 M5S 2T5

and the

Director
 c/o Appeals Clerk
 Long-Term Care Inspections Branch
 347 Preston Street, 4th Floor, Suite 420
 Ottawa ON K1S 3J4
 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.

Issued on the 8 th of April 2019	
Signature of Director:	
Name of Director:	Wendy Lewis



Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Version date: July 27, 2016

