

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

Rapport d'inspection prévue
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

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 3, 2019	2019_683126_0023	018327-19	Complaint

Licensee/Titulaire de permis

0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

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

Almonte Country Haven
333 Country Street P.O. Box 250 ALMONTE ON K0A 1A0

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

LINDA HARKINS (126)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

**This inspection was conducted on the following date(s): September 23, 24, 25, 26,
October 1, 2, 2019**

Log #018327-19: complaint related to nutritional care and assessment.

**During the course of the inspection, the inspector(s) spoke with the Administrator,
the Acting Administrator, the Director of Care, several Registered Nurses and
several Registered Practical Nurses.**

**The following Inspection Protocols were used during this inspection:
Nutrition and Hydration**

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

4 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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>Légende</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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that care set out in resident #001's plan of care related to hydration was provided as specified in the plan.

Resident #001 was assessed by the Registered Dietitian and evaluated the hydration care need related to fluids intake to be 1975 milliliters (mls) per day.

Resident Dietary Flow Sheets (DFS) were reviewed for specific dates in April and May, 2018. In the documentation completed, it was noted that resident #001 fluids intake for that period varied between 200-1500 ml per day.

As per resident's #001's progress notes for that period, there was several entries indicating that the resident was refusing to eat or drink. On specific days in April and May, 2018, there was no interventions documented to promote resident food and fluids intake.

Discussion held with RD #100, who indicated that the registered nursing staff are to review the DFS and complete a referral for the RD to reassess the resident if needed. The RD indicated that they were not aware of resident #001' intakes limited intake.

As per the plan of care, resident #001 did not received the 1975 mls of fluids per day as per the RD assessment for the period of April and May 2018. [s. 6. (7)]

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 residents hydration needs are met as specified in the plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure the policy is complied with.

As per O. Reg 79/10, s. 68 (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;

Review of licensee's policy CS-9.10 titled "Resident daily Record (PSW Flow Sheet)" effective date January 2011 and revised June 2018, indicated the following:

2.Policy:

"The resident's daily record shall be completed on each shift by the Personal Support Worker assigned to that resident
Each category shall be documented using only the appropriate code provided for the activity and the assistance level
Failure to document a resident's care shall be interpreted as having not been completed"

3.Procedure:

"The registered charge nurse shall review the daily record for each resident during the night shift each night and identify omissions or deficiencies in the documentation for the previous twenty-four-hour period on the form provided. Such form shall be submitted to the Director of Care or his or her designate, to ensure that omissions and, and or deficiencies are addressed and corrected."

Resident #001's progress notes were reviewed for specific dates in April and May, 2018 and it was noted that on several occasions resident #001 was refusing to eat or drink.

Resident #001 Dietary Flow Sheets (DFS) for a specific period in April and May 2018 were reviewed. It was noted that the Personal Support Workers (PSW)s did not document resident #001's food and fluid intakes completely for meals and snacks on several days during that period.

Discussion held with Director of Care #101, indicated that it is the expectation that (PSW)s complete the daily DFS and that it is the Night Registered Nurse responsibility to review the daily flow sheets and flag inappropriate findings such as low fluids intake.

RD #100 indicated that no referral was sent regarding resident #001's food and fluids intakes.

The licensee failed to document on a daily basis on the DFS and monitor the DFS as per policy. [s. 8. (1) (a),s. 8. (1) (b)]

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 PSWs follows the documentation of DFS and the registered nursing staff reviews the DFS as per the policy and procedure, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**
 - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**
 - (e) a weight monitoring system to measure and record with respect to each resident,
 - (i) weight on admission and monthly thereafter, and**
 - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).****

Findings/Faits saillants :

1. The licensee as failed to ensure that resident's #001 weight was measured on admission.

Resident #001 was admitted to the home on a specific day in 2018.

Discussion held with Registered Dietitian #100, who indicated that when the initial nutritional assessment was completed, eight days post admission and resident's #001's weight was not available at that time.

Resident #001's health care record was reviewed it was noted that the admission weight was done seventeen days post admission.

Resident #001's initial weight was not done on admission. [s. 68. (2) (e) (ii)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 82. Attending physician or RN (EC)

Specifically failed to comply with the following:

- s. 82. (1) Every licensee of a long-term care home shall ensure that either a physician or a registered nurse in the extended class,**
- (a) conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination; O. Reg. 79/10, s. 82 (1).**
 - (b) attends regularly at the home to provide services, including assessments; and O. Reg. 79/10, s. 82 (1).**
 - (c) participates in the provision of after-hours coverage and on-call coverage. O. Reg. 79/10, s. 82 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that a physician or a registered nurse in the extended class, (a) conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter and produces a written report of the findings of the examination.

Resident #001 was admitted on a specific day in 2018.

Discussion held with Administrator #103 who indicate that physicians are expected to complete the physical examination within 14 days upon admission. The Administrator indicated that the physician examination is documented on a paper copy and kept on the resident health care record.

Resident #001's health care record was reviewed, and no documentation was found related to the physical examination of the resident upon admission.

The licensee has failed to ensure that resident #001 physical examination was conducted upon admission. [s. 82. (1)]

Issued on this 3rd day of October, 2019

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

Original report signed by the inspector.