Ontario

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 apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 11, 2016	2016_206115_0027	024291-16	Resident Quality Inspection

Licensee/Titulaire de permis

Blue Water Rest Home Inc.
37792 Zurich-Hensall Rd RR #3 ZURICH ON N0M 2T0

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

BLUE WATER REST HOME
LOT 21, HWY 84 R. R. #3 ZURICH ON N0M 2T0

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

TERRI DALY (115), NANCY SINCLAIR (537), SANDRA FYSH (190)

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): August 16, 17, 18, & 19, 2016

The following intakes were completed within the RQI:
025389-15 IL-40272-LO Complaint related to food temperatures, plan of care, assessment, follow up
030933-15 C508-000026-15 Critical Incident related to alleged staff to resident abuse
014685-15 C508-000018-15 Critical Incident related to a fall
015947-15 C508-000020-15 Critical Incident related to a fall
010532-16 IL-43989-LO Complaint related to bathing
019469-16 C508-000004-16 Critical Incident related to improper care
014337-16 C508-000006-16 Critical Incident related to a fall
015629-16 C508-000005-16 Critical Incident related to a fall

During the course of the inspection, the inspector(s) spoke with residents and family members, the Chief Executive Officer(CEO), Director of Care(DOC), Registered Nurses(RN), Registered Practical Nurse(RPN), Nursing Consultant, Personal Support Workers(PSW), Resident Assessment Instrument (RAI) Coordinator, Program Manager, Activity/Volunteer Coordinator, Environmental Services Manager, Nutrition Manager, and a Nurses Aide.

Inspectors toured the home, observed medication administration, medication storage areas, reviewed relevant clinical records, policies and procedures, the provision of resident care, resident-staff interactions, posting of required information and observed general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dignity, Choice and Privacy
Falls Prevention
Family Council
Food Quality
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care

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

- **3 WN(s)**
- **3 VPC(s)**
- **0 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	Legendé 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. 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 that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

Resident # 041 was identified to have skin and wound concerns during Stage 1 of the RQI from a census chart review and a staff interview.

The clinical record indicated specific interventions related to care and services for Resident #041.

The home's policy titled "Pressure Ulcer Awareness and Prevention - NRSG_1_2, revised Pre January and Pressure Ulcer Awareness and Prevention Guidelines" indicated:
"After a dressing change, initial and date the dressing itself, then complete the Pressure Ulcer/Wound Assessment Record (weekly) including size (circumference and depth) of the wound, discharge from the wound, appearance, progression, pain, nutrition, equipment being used etc."

Review of the clinical record for this resident indicated that dressing changes were completed for this resident on certain dates.

Measurements of the wound including size (circumference and depth) as per the policy were included as part of the assessment only on certain dates.

An interview with Registered Nurse(RN) #109 told inspector #537 that all wounds required weekly assessment to be recorded in the residents progress notes.
The Director of Care #101 stated that the registered staff completed dressing changes when required as per orders and made clinical decisions as to the extent of the assessment based on the condition of the resident at the time, and that measurements were not completed on all occasions as per the policy. [s. 8. (1) (a),s. 8. (1) (b)]

2. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system that was put in place was complied with.

The home's policy titled "Temperature Records - FSER_3_10" last revised September 2014, indicated:
"that food temperatures are taken and recorded on the servery Food Temperature Form

before serving."

The Food Temperature Records for Dining Room Lake View were reviewed for the time period of July 4, 2016, to August 19, 2016.

The breakfast temperatures for the hot cereal and protein choice were not recorded on the following dates: July 5, 7,10, 18, 29, August 4 and 11, 2016. Temperatures were missing for 7 of 47 days that were reviewed, 15% of the time.

Lunch entree temperatures were missing for various food items served on the following dates: July 6, 18, August 11, 2016. Temperatures for the lunch service were missing for 3 of 46 days that were reviewed, 7% of the time.

Supper temperatures for the entire meal service were missing on August 11, 2016.

The Nutrition Manager #106 reviewed the Food Temperature Records and stated that it was the home's expectation that the temperatures of all foods are to be taken and recorded in the servery and that this did not occur with all foods. [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 the home's policy related to weekly wound and skin assessments, and food temperatures are complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident who is incontinent received an assessment using a clinically appropriate assessment instrument.

A review of the clinical records for resident #001 revealed a change in continence. The Minimum Data Set (MDS) Assessment record for specified dates reflected a decline in continence.

The home's policy and procedure titled Continence and Bowel Program Policy NRSG_4_1, dated January 2013, under the Assessment heading indicated:
" that the Bladder and Bowel Continence Assessment would be completed utilizing a clinically appropriate assessment instrument:
-Quarterly (according to the MDS Schedule)"

A clinically appropriate assessment instrument that was specifically designed for assessment of incontinence was not completed in accordance with the home's policy and procedure.

The Director of Care #101 and the RAI Coordinator #105 both told inspector #155 that a quarterly assessment utilizing the home's clinically appropriate assessment instrument should have been completed, to reflect the change in resident #001's urinary continence status. [s. 51. (2) (a)]

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 continence assessments using a clinically appropriate instrument are completed, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records
Every licensee of a long-term care home shall ensure that,
(a) a written record is created and maintained for each resident of the home; and
(b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.

Findings/Faits saillants :

1. The licensee has failed to ensure that resident's written records were kept up to date at all times.

A record review of resident #004, #005 & #007's records in Point of Care (POC) was completed. It was found that documentation was incomplete related to documentation for baths.

An interview with Personal Support Worker (PSW) #112 and PSW #113 both told inspector #115 that baths were recorded in POC, and that this computerized documentation allows for them to capture when baths are refused. Both agreed that when they work short staffed, that sometimes baths are moved to the next shift or the following day and that occasionally a resident may miss a bath. Both indicated that if it wasn't documented, there was no proof it was done unless the registered staff documented in the progress notes.

An interview with Director of Care #101, stated that she had spoken to Personal Support Worker (PSW) staff about bath documentation, each identified resident's progress notes were reviewed, and on some of the occasions where baths were not documented the dates indicated the resident was not feeling well. PSW staff said that bed baths were most likely provided, however were not documented.
The home determined that POC does not allow staff to choose that a bed bath was given vs. a tub bath or shower. Therefore they believed that bed baths were likely done but not documented.
The Director of Care told me that she could not prove that baths had been provided due to the lack of documentation and that the home would be reviewing POC documentation to ensure that bed baths could be included, as it was the expectation of the home that documentation would reflect all care provided. [s. 231. (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 bathing records are kept up to date at all times, to be implemented voluntarily.

Issued on this 19th day of September, 2016

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

Original report signed by the inspector.