
WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system
Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

- (a) can be easily seen, accessed and used by residents, staff and visitors at all times;
- (b) is on at all times;
- (c) allows calls to be cancelled only at the point of activation;
- (d) is available at each bed, toilet, bath and shower location used by residents;
- (e) is available in every area accessible by residents;
- (f) clearly indicates when activated where the signal is coming from; and
- (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee has not ensured that the home is equipped with a resident-staff communication and response system that is available in every area accessible to residents. [O.Reg. 79/10, s.17(1)(e)]

During a tour of the home it was identified that the two resident lounge areas were not equipped with a resident-staff communication system. Staff confirmed that there were no call bells located in the lounge areas.

WN #17: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 80. Regulated documents for resident

Specifically failed to comply with the following subsections:

s. 80. (1) Every licensee of a long-term care home shall ensure that no regulated document is presented for signature to a resident or prospective resident, a substitute decision-maker of a resident or prospective resident or a family member of a resident or prospective resident, unless,

- (a) the regulated document complies with all the requirements of the regulations; and
- (b) the compliance has been certified by a lawyer. 2007, c. 8, s. 80. (1).

Findings/Faits saillants :

1. A lawyer had not certified that any regulated document(s) presented for signature to a resident/ prospective resident, or substitute decision-makers (SDM), complied with all the requirements of the regulations. [LTCHA, 2007 S.O. 2007, c.8, s.80(1)(b)]

During an interview with the Business Manager it was confirmed that a lawyer had not certified all regulated documents presented for signature to residents/prospective residents and SDM's to ensure they complied with all of the requirements of the regulations.

WN #18: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,

- (a) the Residents' Bill of Rights;
 - (b) the long-term care home's mission statement;
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
 - (d) an explanation of the duty under section 24 to make mandatory reports;
 - (e) the long-term care home's procedure for initiating complaints to the licensee;
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
 - (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
 - (h) the name and telephone number of the licensee;
 - (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91
 - (1) for each type of accommodation offered in the long-term care home;
 - (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
 - (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
 - (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
 - (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
 - (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
 - (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
 - (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
 - (q) an explanation of the protections afforded by section 26; and
 - (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)
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Findings/Faits saillants :

1. The admission package did not include an explanation of the duty to make mandatory reports related to incidents resulting in harm or risk of harm to a resident. [LTCHA, 2007 S.O. 2007, c.8, s.78(2)(d)]

The admission package was reviewed and during an interview with the Business Manager it was confirmed that the package did not include the duty to make mandatory reports related to incidents resulting in harm or risk of harm to a resident.

2. The admission package did not include the home's policy to promote zero tolerance of abuse and neglect of residents. [LTCHA, 2007 S.O. 2007, c.8, s.78(2)(c)]

A copy of the admission package was reviewed. This package did not include a copy of the home's abuse policy. The package contains a letter which identifies that the home has a Zero Tolerance for Abuse Policy and what this policy contains. The letter informs family members that the full policy is present in the Home's Policy and Procedure Manual and that if the family "desire a full policy, one will be copied for you." The package does not include the home's policy. This omission in the package was confirmed by the Business Manager.

WN #19: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The home was not maintained as a safe and secure environment for residents. [LTCHA, 2007 S.O. 2007, c.8, s.5]

During a tour of the home on June 12, 2012, it was observed that a number of doors opening to the service wing corridor were propped open permitting resident access to the following unsecured and unattended areas which contain potentially unsafe conditions:

- a) the laundry room
- b) food storage area

Keys were left in the door knob of the mechanical/maintenance room door. Staff who observed the inspector during the tour immediately removed the keys from the door and returned them to the storage hook.

WN #20: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

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 had not ensured 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. [O.Reg. 79/10, s.30(2)]

a) Resident #593 participated in a trial without a restraint. This trial resulted in the removal of the device. There was no documentation in the clinical record regarding the assessment completed by the care team prior to the trial, family notification, or the resident's response to this change in interventions during the trial. The "Restraint Flow Sheet" in place for that time period indicated the device was applied during the trial period, which was inconsistent with documentation, which evaluated the success of the trial. A discussion with the RN confirmed the missing documentation and the success of the home's restraint reduction program for this resident. (168)

b) The range of motion assessment (ROM) completed in the MDS section of resident #558's medical record indicated a change in ROM between two quarters. The code changed from '0' meaning no limitation to a "2" meaning limitations on both sides. There were no documented assessments or interventions for this change.

An interview with the physiotherapist indicated the resident did not have a change in range of motion however was coded as a "2" because the resident did not complete the tests performed to determine ROM. This reasoning for the coding was not documented in the resident's medical record.

WN #21: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.

Findings/Faits saillants :

1. The licensee had not ensured the resident's desired bedtime was supported and individualized.

Resident #615 indicated she prefers to go to bed at a certain time however the staff assist her to bed two hours earlier. Staff indicated that the resident had been assisted to bed most nights between an hour to 45 minutes earlier than the requested time due to staffing patterns at that time of day.

Registered staff indicated it is possible for the staff working in the other home area to assist with residents when required.

WN #22: 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 subsections:

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;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee had not ensured that every resident who was incontinent received an assessment that included all the information as required in the regulation, using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence. [O.Reg. 79/10, s.51(2)(a)]

The home had implemented a new Continence Assessment form in the Assessment section of point click care which included an assessment of causal factors, patterns, type of incontinence and potential to restore function. This tool had not been completed as of June 25, 2012 for residents #579 and #615 who were assessed as being incontinent and there were no other clinically appropriate assessment instruments specifically designed for assessment of incontinence documented for these residents.

Registered staff confirmed this assessment tool had not been completed for the above residents.

WN #23: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes

Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

1. The licensee had not ensured that residents with weight changes of 5% or more in a month were assessed using an interdisciplinary approach, and that actions were taken and outcomes evaluated. [O.Reg. 79/10, s.69.1]

Resident #619 had a documented weight change which represented an 8.5% difference in one month. There were no nutrition assessments or progress notes assessing this change in weight documented in the resident's medical record.

The food services manager and RD confirmed an assessment was not documented and indicated the initial weight may have been incorrect.

WN #24: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :



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
prévus le Loi de 2007 les
foyers de soins de longue

1. The licensee did not ensure the seven-day and daily menus were communicated to residents. [O.Reg.79/10, s.73(1)1]

The weekly menu posted June 18-22, 2012 was for a different menu week than the one being served in the dining room.

The daily menu posted was for regular diets, however residents requiring different diets with significantly different choices did not have the menu communicated to them with a posting or a copy of the menu.

The FSM confirmed the therapeutic menu was not posted and residents requiring this menu were not provided copies of the menu.

Issued on this 13th day of July, 2012

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