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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Ottawa Service Area Office
347 Preston St 4th Floor
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston 4iém étage
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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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
Apr 23, 2015	2015_236572_0012	O-001951-15	Resident Quality Inspection

Licensee/Titulaire de permis

COMMUNITY LIFECARE INC
1955 Valley Farm Road 3rd Floor PICKERING ON L1V 1X6

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

Hope Street Terrace
20 HOPE STREET SOUTH PORT HOPE ON L1A 2M8

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

BARBARA ROBINSON (572), AMBER MOASE (541), PAUL MILLER (143), SUSAN DONNAN (531)

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): April 7 to 10 and April 13 to 15, 2015.

During the course of the inspection, the inspector(s) spoke with the Acting Administrator, the Acting Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), the Manager of Activation, Activity staff, the Manager of Housekeeping and Maintenance Services, Housekeeping staff, Maintenance staff, the Office Manager, family members and residents. The inspector(s) also toured the home, observed residents' care and services including dining and medication administration, reviewed resident health care records, education records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

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

9 WN(s)
1 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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).

s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised,
(a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).
(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007 s. 6(1)(c) whereby the licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident.

On April 9, 2015 Inspector #572 observed one ¾ side-rail raised on the bed of Resident #13. Inspector #541 and #531 observed Resident #13 in bed on April 10 and April 14, 2015 respectively and both 3/4 side-rails were raised.

In an interview on April 14, 2015, PSW #S119 stated that Resident #13 is to have one side-rail raised as he/she will often lean over to get his/her belongings on the bedside table and the side rail prevents him/her from falling.

PSW #S118 stated that information regarding a resident's care can be found in the Kardex which is located in the PSW flow-sheet binder or in a resident's chart.

In an interview on April 14, 2015, the Acting DOC stated that all information regarding side rails is located in a resident’s Care Plan in the "Bed Mobility" section. She also said that if there is contradictory information in another section of the Care Plan, it is because this information has not been updated.

The most recent Care Plan for Resident #13 states in the "Bed Mobility" section that the Resident is to have one side rail raised on the left side when in bed. The "Falls" section of the same Care Plan directs staff to raise both side-rails when Resident #13 is in bed.

The plan of care for Resident #13 does not provide clear direction regarding bed rails. [s. 6. (1) (c)]

2. The licensee has failed to comply with LTCHA, 2007 s. 6(7) whereby the licensee did not ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A review of the healthcare record for Resident #43 indicated that the Resident was admitted to the home in the fall of 2014 with a specific condition, rendering the Resident unable to transfer independently and feeling discouraged by the loss of his/her independence.

Several progress note entries within a four month period state that Resident #43 was bored and angry, had nothing to do so he/she remained in bed all day and could only watch so much TV. The Resident identified one interest. Accordingly, emails were sent to Activation on two occasions; there is no documented response. One month later the Resident's condition required close monitoring and a consult.

The first Care Plan entry related to activities for Resident #43 was written 2 months after admission. Interventions include the following:
• Research opportunities for family members, friends or volunteers to attend activities with the Resident.
• Continue to investigate new/innovative programs to keep the Resident’s interest level high.
• Discuss underlying reasons why the Resident is refusing activity programs and offer viable solutions.
• Involve in small group programs only.
• Invite and assist the Resident on outings of his/her choice.
• Provide the Resident with opportunities for decision making/choices such as programs

or functions he/she would like to attend, the time of the program, size of program.

A consult from a specified date recommended that activities be introduced as a way of improving the Resident's quality of life, possibly matched to his/her previously identified hobby.

In interviews with Resident #43 on April 10 to 15, 2015, the Resident said that he/she does not find the activities in the home interesting and so stays in bed all day. The Resident said that he/she was once asked about going out but "nothing happened". The Resident does not have visitors from outside the home.

In an interview with Activity staff #S120 on April 15, 2015 she noted that Resident #43 is not interested in anything and stays in bed most of the day. There was no documentation to indicate that any of the interventions as detailed in the Care Plan for Resident #43 had been completed.

In an interview with the Acting Administrator on April 15, 2015 she acknowledged that the care set out in the plan of care for Resident #43 was not provided as specified in the plan. [s. 6. (7)]

3. The licensee has failed to comply with LTCHA, 2007 s. 6(11)(b) whereby the licensee did not ensure that if the plan of care is being revised because care set out in the plan has not been effective, different approaches are considered in the revision of the plan of care.

A review of the healthcare record for Resident #47 indicates that the Resident prefers to be independent with care but is not always able to ensure that his/her hygiene is adequate.

The PSW flow sheets indicate that Resident #47 refused care every day during the period of a month, with the exception of two days.
The progress notes also provide more detail about the Resident's refusal of care on six occasions over four months. A progress note from a specified date states that the Resident did not have a bath for three weeks.
The current Care Plan for Resident #47 indicates that the resident refuses care.
The Minimum Data Set (MDS) assessment and associated Resident Assessment Protocol (RAP) from a specified date indicate that Resident #47 is more resistive to care with increased socially appropriate behaviour, but there are no new effective approaches

documented since the MDS assessment with RAP from two months previously.

In an interview, PSW #S125 noted that Resident #47 sometimes refuses care. PSW #S125 was unable to provide strategies to address these responsive behaviours. PSW #S113 and PSW #S123 were also unable to identify any strategies when interviewed by Inspector #541.
In an interview with Inspector #531 on the evening shift of April 14, 2015, RPN #S126 stated that Resident #47 often has hygiene issues and that the Resident may need to be approached multiple times with much encouragement.

On April 13 and 15, 2015, Inspector #541 identified hygiene issues with Resident #47. The plan of care has not demonstrated that effective approaches are in place to ensure that Resident #47 receives adequate hygiene. (541) [s. 6. (11) (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 the plan of care for all residents sets out clear direction to staff and others who provide direct care to the resident, that the plan of care set out in the plan is provided to the resident as specified in the plan and that if the plan of care is being revised because care set out in the plan has not been effective, different approaches are considered in the revision of 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 comply with O. Reg. 79/10, s. 8(1)(b) whereby the licensee did not ensure that the Narcotics and Controlled Drug Policy is complied with.

In accordance with O. Reg. 79/10, s. 136(2)2, the policy must provide that any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

A review of the Extendicare Policy #11-20: Narcotics and Controlled Drugs, (last revised in December 2011) from the Clinical Procedures Manual (p.4) details the following procedure:
5. The DOC or designate will store the narcotics for destruction in a double locked container until destruction. The keys for this double-locked container are only to be held by either the DOC or the Registered Staff designated by the DOC to perform narcotic destruction.

In an interview on April 10, 2015 the Acting Administrator was asked about the storage location of discontinued narcotics. She displayed a locked plastic tool box that contained all of the discontinued narcotics from November, 2014 to the present date. This box was stored beneath a desk within the Administrator's office. The Acting Administrator's office was observed open, unlocked and unattended prior to this request. The Acting DOC acknowledged that Policy #11-20 was not complied with as the narcotics were not double-locked. [s. 8. (1) (b)]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007 s. 15 (2) (a) whereby the licensee did not ensure that the home, furnishings and equipment are kept clean and sanitary.

The following observations were made during the inspection:
• Room 215- Debris on bathroom floor, toilet from seat to base unclean with stains.
• Room 218- Toilet from seat to base stained with debris visible.
• Room 203- Debris and stains on bathroom floor, stains at base of toilet.
• Room 217- Debris on bathroom floor, toilet base unclean with stains.
• Room 212- Debris on floor, toilet from seat to base dirty with stains.
• Room 216- Debris on radiator and window sill.
• Room 220- Unclean wall with brown stains beside toilet.
• Room 308- Bathroom vanity under sink has brown stains on surface, raised toilet seat has brown stains. Resident #23 said that the toilet is often unclean.
• Window sill second floor (north)- debris and staining on window and window sill.
• Dining room second floor- debris and stains along sliding door and door frame.
• Tub room second floor- debris and stains on floor. [s. 15. (2) (a)]

2. The licensee has failed to comply with LTCHA, 2007 s. 15(2)(c) whereby the licensee did not ensure that home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The following observations were made during the inspection:
• Second floor tubroom- Chipped areas of the lower tile walls, paint chipped throughout.

• Room 326- screw holes in ceiling, stucco cracked, bathroom door marked.
• Room 215- Marks and chipped paint on walls, door frames and doors in bathroom and bedroom area. Discoloured areas on edges of tile.
• Room 211- Marks on walls and edges of tiled floors in bedroom and bathroom, also paint on walls chipped. Marks on base of toilet.
• Room 322- Marks on back of door in bathroom.
• Room 319- Wall behind door is damaged and requires repair. Ceiling stucco cracked.
• Room 218- Paint chipped and marks on walls in bathroom and bedroom area. Marks and stains on edges of tiled floor in room.
• Room 203- Marks and chipped paint on walls, doors and door frames. Discoloured areas on tile floor, especially edges.
• Room 307- Black marks on wall in front of the bed.
• Room 320- Screw holes in the ceiling, stucco cracked, bathroom door marked, scarred and damaged. Baseboard missing around bathroom door, wall damaged.
• Room 302- Scrapes on bathroom door and wall in front of resident's bed.
• Room 202- Marks on floors, edges of tile floor, doors and door frames. Chipped paint on walls. Tile discoloured around base of toilet.
• Room 217- Marks and chipped paint on walls, doors and door frames. Discoloured areas around edges of tiles.
• Room 305- Wall in front of the bed has many black marks and gouges.
• Room 212- Walls, doors and door frames marked with chipped paint both in bedroom and bathroom areas. Window frame cracked and chipped. Dark
marks along edges of tiles.
• Room 206- Marks on walls, doors and door frames, also chipped paint throughout.

Not maintaining the home, furnishings and equipment in a safe condition and a good state of repair presents potential risks to the health, comfort, safety and well-being of residents. [s. 15. (2) (c)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

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; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(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 failed to comply with O. Reg. 79/10, s. 17(1)(a) whereby the licensee did not ensure that the home has a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times.

During this inspection the following residents did not have call bell cords within reach:
• Resident #9- Call bell cord behind dresser along with room-mate's (Resident #8) call bell cord.
• Resident #10- Call bell cord behind dresser, wedged beneath a crack in the wood.
• Resident #11- Call bell cord caught behind room-mate's dresser, wedged beneath a crack in the wood.
• Resident #13- Call bell cord behind dresser.
• Resident #5- Call bell cord behind room-mate's dresser along with room-mate's (Resident #45) call bell cord.
• Resident #6- Call bell cord near back of dresser.
• Resident #3- Call bell cord behind headboard.
• Resident #7- Call bell cord on dresser at head of bed, Resident in wheelchair at bottom of bed.
• Resident #15- Call bell cord behind Resident's curtain at the foot of Resident's bed.

In an interview on April 14, 2015, the Acting Administrator confirmed that all residents are to have their call bell cords within reach at all times. [s. 17. (1) (a)]

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007 s. 59(2) whereby the licensee failed to ensure that a response is provided in writing within 10 days of receiving concerns or recommendations about the operation of the home from the Residents' Council.

Residents' Council meeting minutes were reviewed for meetings held on October 28, November 25 and December 30, 2014. The following concerns were raised at the council, as per the minutes:
- Bathrooms: more time needs to be spent cleaning them.
- Tablecloths being removed before everyone has finished their meal.
- Tables and chairs on the units as well as the main dining room need to be checked as some appear loose.
- Evening nourishments are coming too soon after finishing supper.
- Complaints raised regarding the portion size of meals.

In an interview on April 14, 2015, the Assistant to the Resident Council, #S120, stated that there were no written responses provided to the concern from the Council as listed. She noted that the food and maintenance related concerns received a response in March, 2015. The Assistant to the Council further stated that typically the previous Administrator would attend a meeting once per year and respond to any ongoing concerns at that time.

The Acting Administrator acknowledged that written responses were not provided within 10 days of receiving concerns and recommendations about the operation of the home from the Residents' Council. [s. 57. (2)]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 59. Family Council

Specifically failed to comply with the following:

s. 59. (7) If there is no Family Council, the licensee shall,
(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and 2007, c. 8, s. 59. (7).
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council. 2007, c. 8, s. 59. (7).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007 s. 59(7)(b) whereby the licensee did not ensure that, since there is no Family Council, semi-annual meetings were convened to advise residents' families and persons of importance to residents of the right to establish a Family Council.

In an interview on April 14, 2015, the Acting Administrator confirmed that there is no Family Council in the home. She confirmed that although information about a Family Council is mailed to family members of residents, semi-annual meetings to advise residents' families and persons of importance to residents of the right to establish a Family Council have not been convened. [s. 59. (7) (b)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance
Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,
(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
(c) identifies measures and strategies to prevent abuse and neglect;
(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and
(e) identifies the training and retraining requirements for all staff, including,
(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 96(e) whereby the licensee did not ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents fully identifies the training and retraining requirements for all staff.

A review of the home's current Abuse Policy, "Staff to Resident and competent resident to another resident, #RSL-RR-010" indicates that the policy does not make any reference to the following training and retraining requirements for all staff that include:
(i.) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
(ii.) situations that may lead to abuse and neglect and how to avoid such situations.

In an interview on December 15, 2015 the Acting Administrator and Acting DOC confirmed that the written policy did not contain or make any reference to the training requirements as described. [s. 96. (e)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 116. Annual evaluation

Specifically failed to comply with the following:

s. 116. (5) The licensee shall ensure that a written record is kept of the results of the annual evaluation and of any changes that were implemented. O. Reg. 79/10, s. 116 (5).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 116(5) whereby the licensee did not ensure that a written record is kept of the results of the annual evaluation of the medication management system.

On April 15th, 2015 the Acting Administrator reported to Inspector #143 that the home does not keep a record of the annual evaluation of the medication management system. The Acting Administrator reported that pharmacy services are discussed and reviewed at the quarterly Service Delivery Team meetings [s. 116. (5)]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 129(1)(b) whereby the licensee did not ensure that controlled substances are stored in in a separate, locked area within the locked medication cart.

Inspector #143 observed that Resident #45 had an order for a specified controlled medication to be given at a specified time and that Resident #46 had an order for a specified controlled medication to be given at a specified. These controlled medications were provided in a weekly medication strip package (provided by Pulse RX LTC Pharmacy) and stored in separate resident medication bins rather than being stored separately in a locked area within the locked medication cart. RPN #S107 reported to the Inspector that PRN (as necessary) controlled medication doses are stored in a separate locked area within the medication cart. [s. 129. (1) (b)]

Issued on this 24th day of April, 2015

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

Original report signed by the inspector.