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

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de London
291, rue King, 4iém étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 22, 2014	2014_171155_0001	L-000014-14	Resident Quality Inspection

Licensee/Titulaire de permis

COPPER TERRACE LIMITED
284 CENTRAL AVENUE, LONDON, ON, N6B-2C8

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

COPPER TERRACE
91 TECUMSEH ROAD, CHATHAM, ON, N7M-1B3

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

SHARON PERRY (155), ALISON FALKINGHAM (518), DEIRDRE BOYLE (504), ROCHELLE SPICER (516), RUTH HILDEBRAND (128)

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): January 9, 10, 13, 14, 15, 16, 2014.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Resident Care, Nutrition Manager, Education Coordinator, Life Enrichment Director, Maintenance Supervisor, Nurse Manager, 4 Registered Nurses (RN), 2 Registered Practical Nurses/RAI Nurses (RPN/RAI Nurse), 10 Registered Practical Nurses (RPN), 21 Personal Support Workers/Health Care Aides/Nurse Aides (PSW), 2 Dietary Aides, Housekeeper, Resident Council Representative, Family Council Representative, 4 Family members, and 41 Residents.

During the course of the inspection, the inspector(s) conducted a tour of all resident areas and common areas; observed dining service; observed residents and the care provided to them; observed staff and resident interactions; observed medication administration; reviewed relevant policies and procedures; reviewed minutes of meetings related to the inspection; and reviewed relevant residents' clinical records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Critical Incident Response
Dignity, Choice and Privacy
Dining Observation
Family Council
Food Quality
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

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. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other.
A resident reported a dental concern and observation revealed the same. Registered staff confirmed that the dental concern was not reported to the Dietitian, Nutrition Manager or Power of Attorney. Registered staff also confirmed that resident was not referred to a Dentist. [s. 6. (4) (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 that the staff and others involved in the different aspects of care of the resident collaborate with each other, in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other, to be implemented voluntarily.

WN #2: 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 ensure that the home, furnishings and equipment are kept clean and sanitary.

Observations revealed the following housekeeping concerns on January 14 and 15, 2014:
-the window curtain was soiled with a dried red substance in an identified room;

- the 2 North tub room beside the nurses station had a build up of dirt in the grout on the floor; strips of old adhesive on the floor which have a build up of a black substance on them as well as an accumulation of dust under the tub;
-there was also a build up of dirt/wax outside the tub room door;
-the carpet on 2 East was noted to be stained throughout the hallway;
-both tub rooms on 3 North had a build up of dirt in the grout on the floor, as well as dust in the ceiling fan and under the tub.

The Administrator confirmed these observations related to housekeeping and indicated that the expectation is that the home is kept clean. She acknowledged that the tub room floors required scrubbing. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Doors and door frames of the following areas were observed to have paint chipped off of them:
-3rd floor South East Rooms 358, 366, 379, 380, 381, 382, and 387, as well as the dining room, and fire doors;
-3rd floor North Rooms 301, 302, 303, 304, 305, 307, 306, 308, 309, 310, 312, 313, 314, 315, 316, 317, 318, 319,320, 321, 322, 323 and 325, as well as the lounge, tub rooms, dining room and fire doors in 3 North hallway;
-2nd floor North Rooms 201, 202, 203, 204, 205, 206, 207, 208, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220,221, 222,223, 225, as well as the lounge, tub room and fire doors in 2 North hallway;
-baseboards were also noted to be scraped/damaged in the 3 North hallway;
-the walls of an identified room were observed to have black marks on them;
-the paint in the 3 North Sitting Room is damaged and/or paint chipped on 3 walls of the room.
- the ceiling tiles are in disrepair above bed in an identified room and the privacy screen is ripped/torn.

The Administrator also observed maintenance concerns and indicated that everyone in the home is responsible for reporting maintenance concerns so that they can be addressed. [s. 15. (2) (c)]

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 home, furnishings and equipment are kept clean and sanitary; and the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

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:
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. O. Reg. 79/10, s. 73 (1).

s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents were provided with the personal assistance and encouragement they required to safely eat and drink as comfortably and independently, as possible.

At the lunch meal, in the 2 North dining room, four residents sat with their soup in front of them with no assistance and/or encouragement provided with eating for 6 minutes. Three residents were observed sitting with their entree in front of them with no encouragement and/or assistance provided for another 12 to 16 minutes.

A Registered Practical Nurse acknowledged that three of the four residents required encouragement and/or assistance with eating.
The Director of Resident Care indicated that the expectation is that residents who require assistance and/or encouragement with eating are provided the assistance that they require. [s. 73. (1) 9.]

2. The licensee has failed to ensure that residents who require assistance with eating or drinking were only served a meal when someone was available to provide the assistance.

On January 15, 2014, at the lunch meal, four residents were observed being served their soup and entrees when someone was not available to provide them assistance with eating and drinking.
The Director of Resident Care confirmed that the expectation is that residents are not served until someone is available to assist them with eating and drinking. [s. 73. (2) (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 home has a dining and snack service that includes, providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible and that no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (2) The licensee shall ensure,
(e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 229 (2).

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that there is a written record of the annual Infection Prevention and Control program evaluation kept that includes the date of the evaluation, the names of the persons who participated, a summary of the changes made and the date those changes were implemented.

The Director of Resident Care confirmed that the Infection Prevention and Control program including policies and procedures were reviewed at Professional Advisory Committee meetings however there was no written record of the evaluation that included the date, the names of the persons who participated in the evaluation, and a summary of any changes made and the date that those changes were implemented. [s. 229. (2) (e)]

2. The licensee failed to ensure that all staff participate in the implementation of the infection prevention and control program.

The following personal care items were observed in shared washrooms and/or tub rooms:
January 9, 2014
-unlabelled denture cup sitting on the bathroom counter;
-unlabelled blue bed pan sitting on the back of the toilet;
-unlabelled bar of hand soap sitting on the sink.

January 10, 2014
- unlabelled toothbrush and toothpaste sitting on the paper towel holder;
-unlabelled hairbrush, as well as 2 unlabelled denture cups and an unlabelled kidney

shaped basin on the counter.

January 13, 2014
- unlabelled blue urinal sitting on the back of the toilet.

January 14, 2014 in a tub room, the following care items were observed:
-an unlabelled care caddy containing 2 stick deodorants, 1 roll on deodorant, 2 jars of Vitarub and 2 jars of cream bubble bath;
-two unlabelled denture cups each containing 9 pairs of unlabelled nail clippers
-an unlabelled roll on deodorant sitting on a shelf
-2 pairs of unlabelled nail clipper, nail stick and nail brush on top of the black cabinet.

Registered staff confirmed that the care items in the tub room were unlabelled and that the expectation is that all personal care items/products are labelled and are for individual use. [s. 229. (4)]

3. On January 9, 2014 it was in another tub room there was a stick deodorant and a container of used petroleum jelly noted in the care basket.
On January 14, 2014 it was noted that in this tub room that there was a container of used petroleum jelly noted in the care basket. RPN confirmed that the products are to be labelled with residents name. [s. 229. (4)]

4. On January 9, 2014 two PSWs were observed leaving resident where isolation precautions were posted and in effect. Both PSWs were not wearing any of the required personal protective equipment and were observed to not wash their hands or use alcohol based hand sanitizer. This was also observed by Inspector #518. [s. 229. (4)]

5. During January 9, 10, 13, and 14, 2014 on 24/30 (80%) observations for handwashing of staff leaving resident rooms, that included resident rooms with isolation precautions posted on the door, it was noted that staff did not wash their hands or use alcohol based hand sanitizer. [s. 229. (4)]

6. A staff member was observed going into a room that had isolation precaution signage posted on the door without wearing any personal protective equipment. Staff confirmed that personal protective equipment was to be worn even if there was no direct resident care. This was also observed by Inspector # 504. [s. 229. (4)]

7. The following personal care items were observed in on a unit on January 10, 2014:
- Unlabelled kidney basin with unlabelled toothbrushes in it;
- Unlabelled toothpaste, toothbrush and denture cleaning tablets on top of paper towel dispenser;
- Stool residue on elevated toilet seat .

The following personal care items were observed in a tub room on January 13, 2014 hours:
- Unlabelled after shave gel noted in tub room,
- 4 pairs of unlabelled toe nail clippers in plastic bin;
- Sharps container overflowing with 5 razors sticking out;
- 2 unlabelled shampoo bottles on floor.
- Urinal with one arjo sling support stick inside it was noted on bottom shelf of storage shelving beside tub.

The following was observed in a shared resident bathroom:
- improper cleaning of commode after use [s. 229. (4)]

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 a written record is kept relating to each evaluation that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented and to ensure that all staff participate in the implementation of the program, to be implemented voluntarily.

WN #5: 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 licensee failed to ensure that he home is a safe and secure environment for its residents.

During the initial tour January 9, 2014 at 1000 hours it was noted that the base of the stairway on 2 East was open and a risk to residents who may try to walk up it. [s. 5.]

2. The Administrator confirmed that the stair way has never been blocked off and that the stairway will be removed during the current construction in the home. She acknowledged that residents could access the stairs. The stairs were later noted to have a plywood guard secured in place restricting any resident access to the stairs. [s. 5.]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee failed to ensure that all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

During the initial tour January 16, 2014 it was noted that there was a false wall in front of the elevator on 2 East. There was a door in the drywall that did not have a lock on it and that any resident could access. There was wood and metal shards behind the door as well as tools and construction materials.
This was confirmed by the Administrator who acknowledged this was unsafe for residents.
Inspector #155 noted that a lock was applied to the door by 1450 hours January 9, 2014 and that the door was locked. [s. 9. (1) 2.]

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

1. The Licensee has failed to ensure that a written response is provided to family council within 10 days of receiving advice or concerns from the family council. This was confirmed by the Administrator. [s. 60. (2)]

WN #8: 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 has failed to ensure that each resident's height is measured annually.

Clinical record reviews conducted during the inspection revealed that 5/5(100%) of records reviewed did not have annual heights recorded.

A registered staff confirmed that heights for these residents have not been measured annually and that the expectation is that they are done every year. [s. 68. (2) (e) (ii)]

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee did not seek the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results.
This was confirmed by a Resident Council Representative and the Life Enrichment Director. [s. 85. (3)]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee has not ensured that, there are schedules and procedures in place for routine, preventive and remedial maintenance.

Chipped painting and maintenance concerns were observed throughout the inspection in the 2 North, 3 North and 3 South East hallways and the 3 North lounge.
Additionally, damaged walls were observed in both the 2 North and 3 North tub rooms and a damaged ceiling in a resident room on 3 North.
The Maintenance Supervisor acknowledged that he was behind in doing painting related to the home being under construction.
However, he indicated that he was unaware of the damage in the other areas.
He also acknowledged that schedules for routine preventative maintenance, including painting are not in place. [s. 90. (1) (b)]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The licensee failed to ensure that all hazardous substances at the home are kept inaccessible to residents at all times.

During the initial tour January 9, 2014 at 1000 hours it was noted on 2 East, room 244 (non-resident room), that the door was not locked nor was there a lock available on the door. There was a container on the windowsill of Arjo cleaner with no cap on it.
The Administrator confirmed that all hazardous chemicals were to be inaccessible to residents and was to be locked.
Inspector #115 confirmed that the door was locked by 1500 January 9, 2014. [s. 91.]

2. The Tub room beside the nursing station on 2 North was found unlocked on January 13, 2014 at 1027 hours. Arjo disinfectant was noted on open shelf that was unlocked and accessible to residents. Staff confirmed that the tub room should have been locked and locked it. [s. 91.]

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:
6. That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances. O. Reg. 79/10, s. 110 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that where a resident is being restrained by a physical device under section 31 of the of the Act: that the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances.

A resident was observed on January 13, 2014 and January 14, 2014 wearing a seat belt and was not able to undo the seat belt.
The registered staff and Director of Resident Care confirmed that where a resident is being restrained by a physical device that the resident's condition is not reassessed and the effectiveness of the restraining evaluated at lease every eight hours, and at any other time when necessary based on the resident's condition or circumstances. [s. 110. (2) 6.]

Issued on this 22nd day of January, 2014

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