

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775
londondistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: January 3, 2023	
Inspection Number: 2022-1034-0003	
Inspection Type: Complaint Critical Incident System	
Licensee: Copper Terrace Limited	
Long Term Care Home and City: Copper Terrace, Chatham	
Lead Inspector Debbie Warpula (577)	Inspector Digital Signature
Additional Inspector(s) Julie D’Alessandro (739)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
December 6, 7, 8, 9, 12, 13 and 14, 2022.

The following intake(s) were inspected:

- Intake: #00007688 - Fall of a resident resulting in injury;
- Intake: #00011034 - Complaint regarding resident care; and
- Intake: #00011039 - Complaint regarding resident care.

The following intakes were completed in this inspection:

- Intake: #00001241 and Intake # 00003756 were related to falls.

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The following **Inspection Protocols** were used during this inspection:

- Falls Prevention and Management
- Infection Prevention and Control
- Food, Nutrition and Hydration
- Contenance Care
- Skin and Wound Prevention and Management
- Resident Care and Support Services

INSPECTION RESULTS

WRITTEN NOTIFICATION: Nutrition and Hydration

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (e) (i)

The licensee has failed to ensure that a resident had a weight measurement obtained on admission, as required of their weight monitoring system.

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that there is a weight monitoring system to measure and record each resident's weight on admission and monthly thereafter, and must be complied with.

Specifically, staff did not comply with the policy "Monitoring of Residents Weight and Height", which was captured in the licensee's Nutrition and Hydration Program.

Rationale and Summary:

A complaint was received by the Director on an identified date, which alleged weight changes and care issues concerning a resident.

The home's policy "Monitoring of Residents Weight and Height", indicated that all residents must have a weight obtained within 24 hours of admission.

During a record review, Inspector #577 found that the resident was admitted to the home on

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an identified date, and their first recorded weight was documented two weeks later. A progress note indicated that the admission weight documented was provided through the hospital records.

In an interview with a Registered Dietitian (RD), they indicated that they had requested that staff obtain an admission weight and it was not done; the weight recorded was transcribed from the hospital records, and their first weight was obtained six weeks after admission.

During an interview with the Executive Director (ED), they advised that the resident should have had a weight obtained on admission.

The resident was at nutritional risk as they did not have an accurate weight obtained until six weeks after admission.

Sources: complaint report, the home's policy "Monitoring of Residents Weight and Height", the resident's progress notes and weight records, interviews with the resident's family member, the RD, the Director of Care (DOC) and ED.

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WRITTEN NOTIFICATION: Nutrition and Hydration

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.

The licensee has failed to ensure that a resident who required assistance during meals, received assistance with safe positioning.

Rationale and Summary:

A review of a resident's care plan indicated that staff were to remind the resident of the Speech Language Pathologist (SLP) recommendations for eating, which included a specific position when eating in a particular place.

During a meal observation on an identified date, Inspector #577 observed a Personal Support

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Worker (PSW) bring the resident their meal tray and leave the room. The inspector entered the room and noted that the resident was not in the specified position and was left unattended to eat their meal.

In an interview with the PSW, they advised that the resident did not require any specific precautions and they ate in their room unattended.

In an interview with a Registered Practical Nurse, they advised that they were not aware of any specific precautions for the resident during meals. Inspector and the RPN entered the resident's room during a mealtime on an identified date and observed the resident not in the specified position. The RPN confirmed the improper position and repositioned the resident.

The RD advised that staff should ensure that the resident was positioned properly when eating in their room and staff supervise the resident while they eat.

The resident was at risk for choking when they were not positioned correctly during a meal service.

Sources: the resident's care plan, SLP's written recommendations, interviews with two PSW's and an RPN.

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COMPLIANCE ORDER CO #001 Care Plan

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee has failed to comply with FLTCA, 2021, s. 6 (10) b

The licensee shall:

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A) Update a resident's care plan to reflect their assessed care needs in relation to their weight bearing status, bed mobility and locomotion

B) A registered dietitian (RD) who is a member of the staff of the home to update a resident 's nutritional care plan to reflect their assessed eating and nutritional needs and interventions; and

C) Implement a process to ensure the resident's eating and nutritional care needs are reassessed and their plan of care revised whenever their care needs change.

Grounds

Non-compliance with: FLTCA, 2021, s. 6 (10) b

The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised when the resident's care needs changed.

Rationale and Summary:

Progress notes in Point Click Care (PCC) indicated that a resident had a fall without injury on an identified date, started complaining of increased pain to an identified area of their body and were sent to hospital for further assessment, where they were diagnosed with a specific injury that required surgical intervention.

Record review of the resident's care plan in PCC, indicated that the resident was independent with particular care activities.

During two separate observations of the resident on an identified date, the resident was observed sitting in a specific mobility aid.

During an interview with a PSW they stated that the resident required specific assistance with particular care activities and with a specific mobility aid.

During an interview with the Director of Care they acknowledged that the resident's care plan was not

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reviewed and revised when their care needs changed.

Sources: Progress notes in PCC, the resident's care plan in PCC, observations of the resident, and interviews with a PSW and the Director of Care.

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B) The licensee has failed to ensure that a resident was reassessed and the nutritional plan of care reviewed and revised when the resident's care needs changed or care set out in the plan was no longer necessary.

Rationale and Summary:

A complaint was received by the Director on an identified date, which alleged weight changes and care issues concerning a resident.

A review of the home's policy "Care Plan and Plan of Care" indicated that each resident care plan and plan of care would be up to date and reflect their current care needs, goals, interventions and be reviewed and revised in accordance with the Long-Term Care legislation. Additionally, each resident must be assessed whenever there was a change.

A review of the resident's care plan at time of inspection indicated that the resident required assistance with eating due to a specific medical impairment. To maintain adequate nutrition, hydration and to minimize choking/aspiration, the following interventions were indicated: if the resident chose to remain in a particular place for a meal, they required specified levels of assistance and positioning.

During a meal observations on an identified date, the resident was in a particular place and a PSW served their food in a particular texture. A PSW advised the inspector that they were unaware of any specific feeding precautions concerning the resident.

During a meal observation on an identified date, in the dining room, the resident was served food in a particular texture. A Dietary Aide (DA) and a PSW advised that the resident's care plan indicated that food was to be prepared in a particular way and they ask the resident their preference. The DA stated that they had not asked the resident at that meal service.

During an interview with the RD, together with Inspector #577, reviewed the resident's care plan interventions related to eating and nutrition. They advised that the residents care needs had changed and they no longer required the particular food texture. They advised that the current care plan

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indicated a specific nutritional risk, and they should have changed their nutritional risk. The RD indicated that they or the Nutrition Manager were required to update the nutritional care plan.

In an interview with the ED, they advised that the Nutrition Manager or the RD were required to update residents nutritional care plans.

The resident was at risk as they were a particular nutritional risk and their nutritional interventions were not reflective of their current needs.

Sources: a complaint report, the home's policy "Care Plan and Plan of Care", the resident's care plan, observations of the resident's meals on two identified dates, interviews with the resident's family member, a DA, two PSWs, the RD and the ED.

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This order must be complied with by February 1, 2023

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

A CO was issued December 23, 2020 during inspection #2020_648741_0020 under LTCHA 2007, s. 6 (10)
b

This is the first time the licensee has failed to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

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Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

COMPLIANCE ORDER CO #002 Nutrition and Hydration

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 75 (1)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee has failed to comply with O. Reg. 246/22, s. 75 (1)

The licensee shall:

- A) Provide training to registered staff on a resident's home area on the home's policy regarding weight measurements and RD referrals
- B) Maintain a record of the training, what the training entailed, who completed the training and when the training was completed
- C) Ensure that a Registered Dietitian (RD) who is a member of the staff of the home immediately assesses and addresses the resident's weight loss and updates their nutritional risk level; and
- D) Implement a process to ensure the home's RD assesses the resident at least monthly for weight loss and changes in their nutritional care needs

Grounds

The licensee has failed to ensure that a resident who had a change of five per cent (%) of body weight, or more, over one month, and any other weight change that compromised the resident's health status.

Rationale and Summary:

A complaint was received by the Director on an identified date, which alleged weight loss and care issues concerning a resident.

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A review of the home's policy "Monitoring of Residents Weight and Height", indicated that if a resident had a loss of two kilograms (kg) over a month, a reweigh must be obtained immediately or within 48 hours (hrs). The Registered Dietitian (RD) or Director of Food Services (DFS) were responsible to have reviewed all weight exceptions and the RD must conduct a monthly review to assess for any gradual yet continual resident weight loss/gain. Residents who had lost or gained a significant amount of weight were to be followed up by the RD immediately and documentation was to be completed in point click care.

A review of the home's policy "Nutrition and Hydration Risk Assessment", indicated that the RD or DFS was to reassess the nutrition and hydration risk level using the Nutrition Risk Screening Form and Fluid Assessment tool whenever there had been a change in the resident's condition. The RD or DFS must be notified by a Nutrition Referral whenever there was health changes/condition changes so that the nutrition risk level could be addressed.

During a record review, Inspector #577 found that the resident was admitted to the home on an identified date, and their first recorded weight was documented two weeks later. A progress note indicated that the admission weight documented was provided through the hospital records. Their next weight was documented a month later and they had a specified weight change; their following documented weight four weeks later indicated another specified weight change.

During a record review of the electronic records, Inspector #577 found that an RD referral was not made for the specified weight change, and their nutrition and hydration risk level using the Nutrition Risk Screening Form and Fluid Assessment tool was only completed on admission; an assessment had not been completed to address the weight changes; and they had been assessed as a specified nutrition risk. The resident's care plan and Nutrition Risk Screening form indicated that they were a different nutritional risk.

In an interview with the RD, they advised that they should have changed the resident's nutritional risk when they had specified weight change and then the resident would have been followed monthly. They indicated that they had not assessed the resident after their recent weight change.

Together, the Executive Director (ED) and Inspector reviewed the nutritional assessments, which indicated that the resident had the assessment completed on an identified date, and none thereafter. They advised that they should have had another Nutrition and Hydration Risk

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Level Screening done again after the specified weight change, and the assessment was not done. They further advised that when a resident had a weight loss, staff were required to send an RD referral.

The resident was at risk as they were assessed as a particular nutritional risk, they had specified weight changes, and an RD referral was not initiated; and their nutrition and hydration risk level, Nutrition Risk Screening Form, Fluid Assessment tool were only completed on admission.

Sources: complaint report, the home's policy "Monitoring of Residents Weight and Height", "Nutrition and Hydration Risk Assessment", the resident's weight records, care plan and progress notes, the resident's Nutrition Risk Screening Form, Fluid Assessment form and Nutrition and Hydration Assessment form, interviews with the resident's family member, the RD and the ED.

[577]

This order must be complied with by February 8, 2023

COMPLIANCE ORDER CO #003 Nutrition and Hydration

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 3.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee has failed to comply with O. Reg 246/22, s. 79 (1) 3

The licensee shall:

A) Complete a documented interdisciplinary assessment of a resident's care and safety requirement at meals/snacks

B) Develop and implement an individualized plan, in consultation with the home's RD, to ensure that the resident is monitored and receives the supervision they require at meals and snacks. This plan must be included in the resident's plan of care.

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Grounds

The licensee has failed to ensure that a resident was monitored during meals.

Rationale and Summary:

Inspector #577 reviewed two documents which indicated that the resident had a specific request related to the area that they consumed their meals and there was specific risks; with consideration for the fact that foods were being consumed in areas that were not supervised.

During a meal observation on an identified date, Inspector #577 observed a PSW who brought the resident their meal tray and left the resident unsupervised.

In an interview with the PSW, they advised that the resident did not require any specific feeding precautions and they ate their meals unattended.

In an interview with an RPN, they advised that the resident would eat unattended in a particular area at a specified meal time.

During an interview with the Director of Care (DOC) they acknowledged that due to staffing, the resident could not be attended by staff in a particular area. They indicated that staff should be frequently walking the halls and walking past the room.

The resident was at risk for choking when they consumed their meals in an unsupervised area.

Sources: Negotiated Risk Agreement forms, the resident's care plan, a meal observation of the resident in a particular area, the resident's progress notes, interviews with the resident's family member, two PSWs, an RPN and the DOC.

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This order must be complied with by February 8, 2023

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.