Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 17, 2017	2017_605213_0005	002935-17	Complaint

Licensee/Titulaire de permis

CRAIGWIEL GARDENS
221 MAIN STREET R. R. #1 AILSA CRAIG ON N0M 1A0

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

CRAIGHOLME
221 MAIN STREET R. R. #1 AILSA CRAIG ON N0M 1A0

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

RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 10 & 11, 2017.

This complaint inspection was completed related to falls, skin and wound care and missing personal items.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, one Registered Nurse, two Registered Practical Nurses, three Personal Support Workers, a Housekeeping Aide and the Director of Finance.

The Inspector also made observations and reviewed health records, education records, policies and procedures, meeting minutes, and other relevant documentation.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Reporting and Complaints

During the course of this inspection, Non-Compliances were issued.
- **2 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).

Findings/Faits saillants :

1. The licensee has failed to ensure that the written plan of care for each resident set out clear directions to staff and others who provide direct care to the resident.

In two different observations on April 12, 2017, two quarter length bed side rails were observed in use for a resident. There was a sign above the bed during both observations that said one side rail at night, one side rail during the day. The sign did not indicate which side rail; the left or the right.

In an interview on April 12, 2017 with a Personal Support Worker (PSW) and a Housekeeping Aide (HKA), they said that the sign above the bed for this resident said one side rail at night, one side rail during the day and that the sign did not indicate which bed rail, the left or the right. They both said that at that time, both quarter length bed side rails were in use for this resident. When the Inspector asked how they would know which side rail was to be in use when the sign said one side rail, the PSW said they did not know which side rail should have been in use, and that the direction was not clear related to side rail use.

The written plan of care in Point Click Care (PCC) for this resident was reviewed by the Inspector and the Director of Care (DOC); it did not include any direction related to the use of bed side rails. The last "Bed Rail Assessment V2" completed in PCC was reviewed by the Inspector and the DOC; the assessment said one quarter assist bed rail to be used. It did not specify which side rail was to be used, the left or the right.

In an interview on April 12, 2017 with another PSW, the PSW said that they used the

signs above residents' beds to determine if bed side rails were to be in use for residents when providing care.

In an interview on April 12, 2017 with the DOC, the DOC said that the sign above the bed for the resident noted above said one side rail at night, one side rail during the day and that the sign did not specify which side rail, the left or the right. The DOC said that at that time, both quarter length bed side rails were in use for that resident. When the Inspector asked how staff would know which bed side rail was to be in use when the sign said one side rail, the DOC said the home has never specified which side rail should have been in use when one side rail was used, and if the resident was not able to specify which side rail was to be used, that the direction was not clear related to side rail use.

The licensee failed to ensure that the written plan of care for a resident included clear directions for staff related to the use of bed side rails.

The severity of this non-compliance is minimum risk and the scope is isolated. The home does not have a history of non-compliance in this subsection of the legislation. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

a) In two different observations on April 12, 2017, two quarter length bed side rails were observed in use for a resident. There was a sign above the bed during both observations that said one side rail at night, one side rail during the day. The sign did not indicate which bed rail, the left or the right.

The written plan of care in Point Click Care (PCC) for this resident was reviewed by the Inspector and the Director of Care; it did not include any direction related to the use of bed side rails. The last "Bed Rail Assessment V2" completed in PCC was reviewed by the Inspector and the Director of Care (DOC); the assessment said one quarter assist bed rail to be used. It did not indicate which side rail was to be used, the left or the right.

In an interview on April 12, 2017 with a Personal Support Worker (PSW) and a Housekeeping Aide (HKA), they said that the sign above the bed for this resident said one side rail at night, one side rail during the day and that the sign did not indicate which bed rail, the left or the right. They both said that at that time, both quarter length bed side rails were in use for this resident.

In an interview on April 12, 2017 with the DOC, the DOC said that the sign above the bed for this resident said one side rail at night, one side rail during the day and that the sign did not indicate which bed rail, the left or the right. The DOC said that at that time, both quarter length bed side rails were in use for this resident.

b) In an observation on April 12, 2017, the right quarter length bed side rail was observed in use for another resident while the resident was lying in bed. There was a sign above the bed at the time of the observation that said zero side rails at night, zero side rails during the day.

The written plan of care in Point Click Care (PCC) for this resident was reviewed by the Inspector and the Director of Care; it did not include any direction related to the use of bed side rails. The last "Bed Rail Assessment V2" completed in PCC was reviewed by the Inspector and the DOC; the assessment said no bed rails used.

In an interview on April 12, 2017 with a PSW, the PSW said that they used the signs above residents' beds to determine if side rails were to be in use for residents.

In an interview on April 12, 2017 with a Registered Practical Nurse (RPN), the RPN said that the sign above this resident's bed indicated the resident did not use side rails day or night and that the right quarter length bed side rail was in use at the time of the observation and interview.

The licensee failed to ensure that the care set out in the plan of care, related to the use of bed side rails, was provided to the resident as specified in the plan for two residents.

The severity of this non-compliance is minimum risk and the scope is isolated. The home has a history of non-compliance in this subsection of the legislation, it was issued during the Resident Quality Inspection as a Voluntary Plan of Correction in January 2017. [s. 6. (7)]

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 written plan of care for each resident sets out clear directions to staff and others who provide direct care to the resident and that care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (3) The licensee shall ensure that,
(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).
(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).
(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a documented record of the nature of each verbal or written complaint received by the home, the date the complaint was received, the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required, the final resolution, every date on which any response was provided to the complainant and a description of the response, and any response made in turn by the complainant; was reviewed and analyzed for trends at least quarterly, the results of the review and analysis taken into account in determining what improvements were required in the home, and a written record kept of each review and of the improvements made in response.

A complaint was received from the family of a resident. In an interview with this family member, they said that they were not satisfied with the resolution by the home.

In an interview with the Executive Director (ED) on April 11, 2017, the ED was not aware that anyone in the home completed a quarterly analysis of complaints received by the home or that a record was kept of such a review. The ED said they were aware of the complaint from the family of this resident and provided documentation of receipt of this complaint on a specified date and follow up with the family on a later date indicating that the complaint was resolved.

On April 11, 2017, the Director of Care (DOC) provided for review, the home's binder of documented complaints that included the nature of each verbal or written complaint received by the home, the date the complaint was received, the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required, the final resolution, every date on which any response was provided to the complainant and a description of the response, and any response made in turn by the complainant. In addition to the documented complaints and actions taken, there were three documented quarterly analyses of the complaints received, if trends were identified and improvements needed. The binder included complaints dating from December 2015 to December 2016. The analysis of complaints was documented for three quarters in 2016; including April to June 2016, July to September 2016 and October to December 2016. There was no quarterly analysis documented prior to April 2016, and nothing for the period of January to March 2017. The DOC demonstrated another binder titled “Investigations”. The DOC said that this binder included current and ongoing investigations and that once they were completed, they would be placed in the complaints binder. The DOC also said that they had only completed the quarterly analysis of complaints from April to December 2016; that they had not completed January to March 2017 yet, and had not done an analysis prior to April 2016.

In an interview with the DOC on April 12, 2017, the DOC said that the only complaints that they them-self had documented and that were included in the quarterly analysis were that of nursing complaints, that they did not include complaints received by other departments such as housekeeping, laundry, maintenance, etc. The DOC said that they were the only person who participated in the analysis of the complaints and that complaints were reported to the ED at weekly managers meetings. The DOC said that documentation of the complaint from the family noted above was not included in her “Investigations” binder or the “Complaints” binder and that it would not have been included in their quarterly analysis of the complaints received from January to March 2017.

In an interview with the ED on April 11, 2017, the ED provided a copy of the home’s

Continuous Quality Improvement Program Performance Dashboard (CQIPPD). The CQIPPD did not include any information related to complaints received by the home, analysis, trends or improvements needed related to complaints. The ED said that complaints were not included in the home’s Continuous Quality Improvement Program.

The licensee failed to complete a quarterly analysis of complaints received by the home, the results of the review and analysis taken into account in determining what improvements were required in the home, and a written record kept of each review and of the improvements made in response, prior to April 2016. In addition, the analyses completed from April to December 2016 was not inclusive of all complaints received by the home.

The severity of this non-compliance is minimum risk and the scope is widespread. The home does not have a history of non-compliance in this subsection of the legislation. [s. 101. (3)]

Issued on this 18th day of May, 2017

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

Original report signed by the inspector.