

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

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

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

Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Sep 17, 2020 | 2020_778563_0027 | 017970-20, 018198-20 | Complaint |

Licensee/Titulaire de permis

The Corporation of the City of London
355 Wellington St, 2nd Floor, Suit 248 LONDON ON N6A 3N7

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

Dearness Home for Senior Citizens
710 Southdale Road East LONDON ON N6E 1R8

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

MELANIE NORTHEY (563)

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): September 10, 11, 14 and 15, 2020

Log #017970-20 - Complaint #IL-82199-LO related to visitation and restraints.

Log #018198-20 - Complaint #IL-82336-LO related to care.

Log #018200-20 - Critical Incident #M514-000009-20 related to suspected staff to resident neglect.

Log #018845-20 - Patient Ombudsman Complaint related to visitation and care.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care, a Registered Nurse, Registered Practical Nurses, Personal Support Workers, a Dietary Aide and residents.

The inspector also made observations of residents and care provided. Relevant policies and procedures, investigation notes, video footage, as well as clinical records and plans of care for identified residents were reviewed.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| | |
|---|--|
| <p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p> | <p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p> |
| <p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

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

Findings/Faits saillants :

1. The licensee failed ensure that the home had a dining and snack service that included, at a minimum, tea being served at a temperature that was both safe and palatable to the resident and providing the resident with the proper assistive device and personal assistance required to safely drink as comfortably and independently as possible.

The resident was provided fluids in an adaptive device for drinking that was not recommended for use as part of the care plan. The care plan documented the use of a specific adaptive device and specific staff assistance to ensure adequate food/fluid intake. A progress note stated there were negative outcomes to the resident. Video footage showed the resident was not provided the adaptive device recommended and there was no staff assistance to consume the fluids. The home's investigation concluded that a Personal Support Worker (PSW) did not ensure the temperature of the fluid was safe and did not provide the appropriate adaptive device for drinking. The skin assessments documented injuries to the resident. A Registered Practical Nurse (RPN) verified staff did not use the appropriate adaptive device, staff did not provide assistance and did not ensure the fluid was at a temperature that was safe for drinking at the time of the incident. The use of an adaptive device for drinking was observed in use and the adaptive device was not recommended for use as part of the care plan. The snack cart instructions for the resident documented the use of a specific adaptive device and there was a clean unused adaptive device on the cart. The Director of Care (DOC) and PSW verified that the adaptive device used was incorrect and not a part of the resident's care plan. Without staff assistance and the use of the appropriate adaptive device, the resident was at increased risk for potential injuries.

Sources:

Critical Incident System Report, the resident's clinical record, video footage, investigation notes, Food and Nutrition policies, observations, and interviews with the DOC, RPN, and PSW. [s. 73. (1)]

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, at a minimum, the following elements: food and fluids being served at a temperature that is both safe and palatable to the residents and providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible, to be implemented voluntarily.

Issued on this 18th day of September, 2020

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

Original report signed by the inspector.