Ontario

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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/GeNR/RCe d'inspection
April 2 to April 12, 2012 (onsite)	A 2012_ 2777_200_0007	Other - Data Quality Inspection (Restorative Care and Therapies)

Licensee/Titulaire

Eden House Care Facility Inc.
RR #2 Gueph, Ontario
N1H 6HB
Phone: (519) 856 4622
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Long - Term Care Home/Foyer de soins de longue durée

Eden House Nursing Home
5016 Wellington County Road #29
RR #2 Guelph, Ontario
N1H 6HB

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

Sandy Schmidt (200) Patricia Ordowich (198)

Inspection Summary/Sommaire d'inspection

Date of the Amended Report – August 29, 2012

The purpose of this inspection was to conduct a Data Quality inspection related to restorative care and therapies.

During the course of the inspection, the inspectors spoke with: Administrator, Director of Resident Care (DOC), Assistant Director of Resident Care (ADOC), RAI Co-ordinator (RAI-C), Restorative Care Aide (PSW), and Physiotherapist (PT), Physiotherapist Aide (PTA) and Personal Support Worker (PSW).

During the course of the inspection, the inspectors reviewed: resident health records for 10 residents in the home for the quarters from July 1, 2010 to March 31, 2011 as well as the most current quarter of the RAI-MDS 2.0; as well as home policies and procedures for restorative care including therapies.
The following Inspection Protocol was used in part or in whole during this inspection: Restorative Care and Therapy.

☒ Findings of Non-Compliance were found during this inspection.

NON - COMPLIANCE / (Non-respectés)

Definitions /Définitions:

WN = Written Notifications/Avis écrit
VPC = Voluntary Plan of Correction/Plan de redressement volontaire
DR = Director Referral/Régisseur envoyé
CO = Compliance Order/Ordres de conformité
WAO = Work and Activity Order/Ordres: travaux et activités

ADRC = Assistant Director of Resident Care
AROM = active range of motion
PROM = passive range of motion
CPS = cognitive performance scale
ABS = aggressive behaviour scale
ARD = assessment reference date
CIHI = Canadian Institute for Health Information
DRC = Director of Resident Care
LTCH CAP = Long-Term Care Homes Common Assessment Project
PT = Physiotherapy
NR/RC = Nursing Rehabilitation/Restorative Care (intervention Sheet)
MDS = RAI-MDS 2.0
RAI-C = RAI Co-ordinator
RAPs = Resident Assessment Protocol
SLP = Speech Language Pathologist
PT Flow Sheet = Physiotherapy Daily Attendance Minutes
PT Re-assessment = Physiotherapy Re-Assessment/Discharge

Q2 = July 1 to September 30, 2010
Q3 = October 1 to December 31, 2010
Q4 = January 1 to March 31, 2011
Most recent quarter inspected Q3 = October 1 to December 31, 2011 or Q4 = January 1 to March 31, 2012

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with *Long Term Care Homes Act (LTCHA), 2007*, c. 8, s. 101.

(1) A licence is subject to the conditions, if any, that are provided for in the regulations. 2007, c. 8, s. 101.

(2) The Director may make a licence subject to conditions other than those provided for in the regulations,

(a) at the time a licence is issued, with or without the consent of the licensee; or

(b) at the time a licence is reissued under section 105, with or without the consent of the new licensee. 2007, c. 8, s. 101 (2).

(3) It is a condition of every licence that the licensee shall comply with this Act, the *Local Health System Integration Act, 2006*, the *Commitment to the Future of Medicare Act, 2004*, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).

(4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101 (4);

Findings:

1. The Long-Term Care Homes Service Accountability Agreement (L-SAA) is an agreement entered into between the local health integration network and the Licensee, Eden House Care Facility Inc., under the *Local Health System Integration Act, 2006*. Compliance with the L-SAA is, therefore, a condition of the licence issued to for Eden House Care Facility Inc. for Eden House Nursing Home.

2. The Licensee has failed to comply with the following provisions of the L-SAA:

Article 3.1

(a) The HSP will provide the Services in accordance with:
- (i) this Agreement;
- (ii) Applicable Law; and
- (iii) Applicable Policy.

Article 8.1

(a) The LHIN's ability to enable its local health system to provide appropriate, co-ordinated, effective and efficient health services as contemplated by LHSIA, is heavily dependent on the timely collection and analysis of accurate information. The Health Service Provider (HSP) acknowledges that the timely provision of accurate information related to the HSP is under the HSP's control;

Article 8.1(b): The HSP [Health Service Provider]

(iv) will ensure that all information is complete, accurate, provided in a timely manner and in a form satisfactory to the LHIN [Local Health Integration Network];

Article 8.1 (c): The HSP will:

(i) conduct quarterly assessments of Residents, and all other assessments of Residents required under the Act, using a standardized Resident Assessment Instrument - Minimum Data Set (RAI-MDS 2.0) 2.0 tool in accordance with the RAI-MDS 2.0 Practice Requirements included in Schedule F and will submit RAI-MDS 2.0 assessment data to the Canadian Institute for Health Information (CIHI) in an electronic format at least quarterly in accordance with the submission guidelines set out by CIHI; and

(ii) have systems in place to regularly monitor and evaluate the RAI-MDS 2.0 data quality and accuracy;

3. The RAI-MDS 2.0 LTC Homes – Practice Requirements are included in Schedule F of the L-SAA and fall within the definition of "Applicable Policy" under the L-SAA.

4. The RAI-MDS 2.0 Agreement between the Minister of Health and Long-Term Care and the Licensee, Eden House Care Facility Inc, is an agreement under the *Long-Term Care Homes Act, 2007* for the provision of funding related to the implementation of RAI-MDS 2.0 assessment tool in long-term care homes. Compliance with the RAI-MDS 2.0 Agreement is, therefore, a condition of the licence issued to Eden House Care Facility Inc. for the Eden House Nursing Home.

5. The documents listed in Schedules A to E of the RAI-MDS 2.0 Agreement between the Licensee, Eden House Care Facility Inc. and the Ministry of Health and Long-Term Care fall within the definition of "Applicable Policy" in the L-SAA. These documents include, but are not limited to, the Sustainability Project Description, the Implementation Information Package together with the Training Module Overview, and the RAI Coordinator Role Description.

6. The level-of-care per diem funding in the Nursing and Personal Care (NPC) envelope paid by the local health integration network to the Licensee pursuant to the L-SAA is adjusted based on resident acuity. The higher the acuity, the greater the funding. The amount of funding in the NPC envelope is calculated using a formula set out in the LTCH Level-Of-Care Per Diem Funding Policy (a policy listed in Schedule F of the L-SAA) and resident acuity is determined using the RAI-MDS 2.0 information submitted by the Licensee to CIHI.

7. The incompleteness and inaccuracy of the RAI-MDS 2.0 data is evidenced by the following:
   a. The RAI-MDS 2.0 coding was not supported by the home's documentation, including the residents' plans of care and the RAPs documentation. There were multiple inconsistencies between what was coded on the RAI-MDS 2.0 and the progress notes found in the residents' plans of care.

8. The following are specific examples of incomplete and/or inaccurate RAI-MDS 2.0 coding and non-compliance with the L-SAA and/or the RAI-MDS 2.0 LTC Homes – Practice Requirements and/or the Implementation Information Package and/or the RAI Coordinator Role Description and/or the RAI-MDS 2.0 Agreement. The RAI-MDS 2.0 Practice Requirements mandates the use of the RAI-MDS 2.0 Manual, which states that a rehabilitation or restorative practice must meet specific criteria including that measureable objectives and interventions must be documented in the care plan and in the clinical record.

   a. The following finding has been amended as a result of a documentation review following the inspection. This finding now reads as follows: There was inconsistency in what was coded on the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS 2.0) and the documentation in the plan of care for resident 001. It was documented on the RAI-MDS 2.0 that the resident received Nursing Rehabilitation/Restorative Care (NR/RC) activities for dressing or grooming. The RAI-MDS 2.0 was coded that the resident received total assistance for dressing and extensive assistance for personal hygiene during the observation period. The care plan documented to provide total care to shave, wash/dry face/hands and perineum. Documentation in the progress notes said to wash face with hand over hand assistance from staff in the morning and evening and after meals. Therefore it is unclear if the resident received the NR/RC activity of dressing or grooming. The RAI-MDS 2.0 LTC Homes Practice Requirements were not followed.

   b. The following finding has been amended as a result of a documentation review following the inspection. This finding now reads as follows: for resident 002 it was coded on the RAI-MDS 2.0 that the resident was receiving the NR/RC activity of a scheduled toileting plan for bowel. However, it was documented in the clinical record that the resident toileted self after breakfast around 9:15 a.m. and PRN for bowel movement. This does not meet the RAI – MDS 2.0 definition for the coding of a scheduled toileting plan. It was unclear according to the documentation if the resident received the NR/RC activity of a scheduled toileting plan. The RAI-MDS 2.0 LTC Homes Practice Requirements were not followed.

c. The following finding has been amended as a result of a documentation review following the inspection. This finding now reads as follows: There was inconsistency in what was coded on the RAI–MDS 2.0 and the documentation in the plan of care for resident 003. The RAI-MDS 2.0 was coded that the resident was on a scheduled toileting plan however the interventions documented in the care plan do not meet the RAI-MDS 2.0 definition for the coding of a scheduled toileting plan. The plan of care documented to toilet the resident at 1330, ac, pc meals and qhs. This does not meet the RAI – MDS 2.0 definition for the coding of a scheduled toileting plan. The RAI-MDS 2.0 LTC Homes Practice Requirements were not followed.

d. The following finding has been amended as a result of a documentation review following the inspection. This finding now reads as follows: There was inconsistency in what was coded on the RAI–MDS 2.0 and the documentation in the plan of care for resident 005. The resident was coded as receiving the NR/RC activity for bladder retraining however there was no documentation including measureable objectives and interventions in the care plan or in the clinical record related to bladder retraining as coded on the RAI-MDS 2.0. It was unclear according to the documentation if the resident received NR/RC activity of bladder retraining as coded during the observation period. The RAI-MDS 2.0 LTC Homes Practice Requirements were not followed.

e. There was inconsistency in what was coded on the RAI–MDS 2.0 and the documentation in the plan of care for resident 006. The resident was coded as receiving the NR/RC activities of AROM, bed mobility and a scheduled toileting plan however there was documentation in the plan of care that the resident was also receiving the NR/RC activity of hygiene that was not coded on the MDS. It was unclear according to the documentation if the resident received NR/RC activity for hygiene as documented in the plan of care. The RAI-MDS 2.0 was not coded that the resident did not use the bedrails for bed mobility or transfer during the observation period. The RAI-MDS 2.0 LTC Homes Practice Requirements were not followed.

f. There was inconsistency in what was coded on the RAI-MDS 2.0 and the documentation in the plan of care for resident 007. It was documented on the RAI-MDS 2.0 that the resident received the NR/RC activity for eating. The RAI-MDS 2.0 was also coded that the resident received total assistance for eating and was coded as being totally dependent during the entire observation period. The resident was coded as being totally dependent for the NR/RC activity indicating that the resident did not participate during the observation period. The RAI-MDS 2.0 LTC Homes Practice Requirements were not followed.

g. There was inconsistency in what was coded on the RAI–MDS 2.0 and the documentation in the plan of care for resident 008. The RAI-MDS 2.0 was coded that the resident received the NR/RC activities of bed mobility, dressing or grooming and a scheduled toileting plan however it was documented in the care plan in the clinical record the resident was receiving the NR/RC activities for PROM and walking. These NR/RC activities documented in the clinical record were not coded on the RAI-MDS.2.0. It was unclear according to the documentation if the resident received the NR/RC activities as documented in the clinical record during the observation period. The RAI-MDS 2.0 LTC Homes Practice Requirements were not followed.

h. There was inconsistency in what was coded on the RAI–MDS 2.0 and the documentation in the plan of care for resident 009. The RAI-MDS 2.0 was coded that the resident received the NR/RC activities of a scheduled toileting plan however there were no measureable objectives or interventions documented in the care plan or in the clinical record for the NR/RC activities coded on the MDS. The RAI-MDS 2.0 was coded that the resident was completely continent during the observation period. It was unclear according to the documentation if the resident received the NR/RC activity of a scheduled toileting plan as coded during the observation period. The RAI-MDS 2.0 LTC Homes Practice Requirements were not followed.

Inspector ID #: 200, 198

Additional Required Actions:

Voluntary Plan of Correction (VPC) - Pursuant to the Long Term Care Homes Act (LTCHA), 2007, c.8, s.101, the licensee is hereby requested to prepare a written plan of corrective action for achieving compliance with the RAI-MDS 2.0 Long Term Care Homes Practice Requirements, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. Nancy Rawlings / Sandy Schmidt
Title: Date:	Date of Report: (if different from date(s) of inspection). September 4, 2012.