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
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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 22, 2015	2015_333577_0006	S-000684-15	Resident Quality Inspection

Licensee/Titulaire de permis

RIVERSIDE HEALTH CARE FACILITIES, INC.
110 VICTORIA AVENUE FORT FRANCES ON P9A 2B7

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

EMO HEALTH CENTRE
170 FRONT STREET P. O. BOX 390 EMO ON P0W 1E0

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

DEBBIE WARPULA (577)

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): February 23-27, 2015 and March 2-5, 2015

During the course of the inspection, the inspectors conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home, reviewed resident health care records and reviewed home policies.

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Secretary, Registered Nurses(RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Dietary Aides (DA), Activity Staff, Pharmacists, Family Members and Residents.

The following Inspection Protocols were used during this inspection:
Admission and Discharge
Dining Observation
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Recreation and Social Activities
Residents' Council
Responsive Behaviours
Safe and Secure Home
Trust Accounts

During the course of this inspection, Non-Compliances were issued.
- **13 WN(s)**
- **5 VPC(s)**
- **2 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 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:
1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,
ii.equipped with a door access control system that is kept on at all times, and
iii.equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
A. is connected to the resident-staff communication and response system, or
B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).
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).
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans.O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the following rules are complied with: 1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be, i. kept closed and locked.
O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

On February 23, 2015, Inspector #577 entered the main door to the home and discovered the door to be unlocked. During a tour of the home, Inspector found Door 'E', down the hall from the nursing station, to be unlocked, and inspector could gain access to the outside back of the building. On February 23-27, 2015, and March 2-5, 2015, during the hours of 0800hrs and 2000hrs, the main door to the home, and back door 'E', was found to be unlocked and inspector could enter and exit the home by opening the doors.

Inspector #577 spoke with Director of Care on February 23, 2015, who reported that the front door to the parking lot remains unlocked until 2000hrs, and at that time the doors are programmed to lock. It was further reported that they are having these doors secured this week and they do have a wander guard system for residents that wander. They reported that if a resident on the wander guard system is within close proximity to the door, an alarm will sound and lock the door.

Previous non-compliance was found April 14, 2014, and a VPC was issued, under Inspection #2014_211106_0007. [s. 9. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails

Specifically failed to comply with the following:

s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that where bed rails are used, (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).

Inspector #577 spoke with Director of Care on February 26, 2015, and asked about bed rail assessments. They reported that bed rails had been assessed in December 2014-January 2015, by #s-101. It was further reported that the form used isn't formalized yet and not found on the resident's chart. Inspector #577 met with DOC again on March 5, 2015, and they further reported that they cannot find the completed bed rail assessment forms.

Resident #003 was observed to have 2 half rails in use on February 25 and March 3, 2015. Review of resident #003's kardex on February 27, 2015, indicated the use of 3 bed rails. Review of the resident's care plan indicated bed rails for support. On February 26, 2015, Inspector #577 spoke with #s-102, who reported that bed rails are used for resident #003 for their safety. Inspector could not find a completed bed rail assessment form for resident #003. [s. 15. (1) (a)]

2. Resident #005 was observed to have 2 half rails in use on February 24 and March 3, 2015. Review of resident #005's kardex on February 27, 2015, indicated the use of 3 bed rails. Review of the resident's care plan did not indicate bed rails. On February 26, 2015, Inspector #577 spoke with #s-102, who reported that bed rails are used for resident #005 for safety and for pivoting in and out of bed. Inspector could not find a completed bed rail assessment form for resident #005. [s. 15. (1) (a)]

3. Resident #006 was observed to have 2 half rails in use on February 25 and March 3, 2015. Review of resident #006's kardex on March 4, 2015, indicated the use of 2 bed rails. Review of the resident's care plan did not indicate bed rails. On February 26, 2015, Inspector #577 spoke with #s-102, who reported that bed rails are used for resident #006 for their safety. Inspector could not find a completed bed rail assessment form for resident #006.

Previous non-compliance was found April 14, 2014, and a VPC was issued, under Inspection #2014_211106_0007. [s. 15. (1) (a)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 59. Family Council

Specifically failed to comply with the following:

s. 59. (7) If there is no Family Council, the licensee shall,
(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and 2007, c. 8, s. 59. (7).
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council. 2007, c. 8, s. 59. (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that (b)semi-annual meetings were convened to advise residents' families and persons of importance to residents of the right to establish a Family Council. 2007, c. 8, s. 59. (7).

On February 26, 2015, Inspector #577 met with DOC concerning Family Council. DOC reported that home does not have a Family Council but that they hold an annual family meeting, to advise residents' families and persons of importance to residents of their right to establish a Family Council, but not semi-annually. [s. 59. (7) (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 (b)semi-annual meetings are convened to advise residents' families and persons of importance to residents of the right to establish a Family Council, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following:

s. 78. (2) The package of information shall include, at a minimum,
(a) the Residents' Bill of Rights; 2007, c. 8, s. 78 (2)
(b) the long-term care home's mission statement; 2007, c. 8, s. 78 (2)
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 78 (2)
(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 78 (2)
(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 78 (2)
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 78 (2)
(g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained; 2007, c. 8, s. 78 (2)
(h) the name and telephone number of the licensee; 2007, c. 8, s. 78 (2)
(i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)
(j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)
(k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges; 2007, c. 8, s. 78 (2)
(l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge; 2007, c. 8, s. 78 (2)
(m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs; 2007, c. 8, s. 78 (2)
(n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents; 2007, c. 8, s. 78 (2)
(o) information about the Residents' Council, including any information that may

be provided by the Residents' Council for inclusion in the package; 2007, c. 8, s. 78 (2)
(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations; 2007, c. 8, s. 78 (2)
(q) an explanation of the protections afforded by section 26; 2007, c. 8, s. 78 (2)
(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's admission package of information included information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package; 2007, c. 8, s. 78 (2)

On February 26, 2015, Inspector #577 met with Director of Care concerning Residents' Council. They reported that residents are informed on admission of their right to establish a Council. Upon review of home's Admission Package, it was found to not contain any information regarding Residents' Council. On March 2, 2015, Inspector #577 reviewed the "LTCH Licensee Confirmation Checklist-Admission Process", completed by DOC. Checklist indicated that they only verbally provide information to residents regarding the Residents' Council. [s. 78. (2) (o)]

2. The licensee has failed to ensure that the home's admission package included, information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations; 2007, c. 8, s. 78 (2)

On March 2, 2015, Inspector #577 reviewed the "LTCH Licensee Confirmation Checklist-Admission Process", completed by Director Of Care. Checklist indicated that they only verbally provide information to residents regarding the Family Council. Upon review of home's Admission Package, it was found to not contain any information regarding Family Council. [s. 78. (2) (p)]

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's admission package of information shall include, at a minimum, (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 126. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. O. Reg. 79/10, s. 126.

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. O. Reg. 79/10, s. 126.

On March 4, 2015, Inspector #577 observed the home's medication cart and discovered unlabelled medication. Specifically, opthalmic solution in medication drawer for resident #005, otic suspenion in medication drawer for resident #001, opthalmic solution in medication drawer for resident #009, inhalation and opthalmic solution in medication drawer for resident #003. In the third drawer of the cart was a used tube of nasal gel labelled 'hospital stock', written in pen on tube.

On March 4, 2015, Inspector #577 spoke with #s-105, who reported that medication should have a label affixed to bottle. #S-106 confirmed to inspector that the pharmacy sends the medication in individual boxes, labelled with resident's name. They further reported that the medication should be kept in the labelled box. Inspector spoke with DOC on March 5, 2015, who reported that home does not have a policy for labelling medication, but reported that all medication should be kept labelled with pharmacy label. Inspector spoke with #s-102 and #s-107, who both reported that medication, such as ointments and drops coming from pharmacy are labelled with residents' names and then the medication is taken out of the box. It was further reported by #s-108, that prescribed medication is boxed and affixed with a label. [s. 126.]

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 drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that (iv) they complied with manufacturer's instructions for the storage of the drugs; O. Reg. 79/10, s. 129 (1).

On March 2, 2015, Inspector #577 examined the home's medication cart and found expired medication. Specifically, one bottle of prescription cream, expiry date of November 27, 2014, for resident #010, one bottle of prescription gel mixture, expiry date of April 14, 2014, for resident #011, who no longer is a resident in the home, one tube of prescription ointment for resident #010 with expiry date of February 2015, one tube of prescription ointment for resident #001 with expiry date of February 2015. Expired medications were confirmed with #s-102 who reported that night staff check cart for expired medications. [s. 129. (1) (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 they comply with manufacturer's instructions for the storage of the drugs, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
i. persons who may dispense, prescribe or administer drugs in the home, and
ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. The licensee has failed to ensure that steps are taken to ensure the security of the drug supply, including the following: 1. All areas where drugs are stored shall be kept locked at all times, when not in use. 2. Access to these areas shall be restricted to, i. persons who may dispense, prescribe or administer drugs in the home. O. Reg. 79/10, s. 130.

On March 5, 2015, at 0900hrs, Inspector #577 entered the nursing station and discovered the medication room door open, and medication cart unattended by registered staff. Inspector observed #s-109, dressed in street clothes standing at the door way of nursing station, who identified themself as a trainer, not a registered staff employee of the home. Inspector stood at open door way of medication room for 10 minutes. Inspector observed #s-109 walk into open, unlocked medication room and stand beside "Med-dispense" machine. At 0910hrs, #s-105 arrived to nursing station and walked into medication room. Inspector asked #s-105 if medication room door with medication cart, is always kept open, unlocked and unattended. They reported that they do not keep the door open, and further reported that #s-109 was "manning" the station, and they were training staff. Inspector observed #s-105 close the medication room door and walk away. [s. 130. 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 steps are taken to ensure the security of the drug supply, including the following: 1. All areas where drugs are stored shall be kept locked at all times, when not in use. 2. Access to these areas shall be restricted to, i. persons who may dispense, prescribe or administer drugs in the home, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the following rights of residents are fully respected and promoted: 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

On March 3, 2015, at 1745hrs, Inspector #577 was approached by resident #010 after dinner. Resident #010 was upset and in tears, and verbalized, "I want to know why you ruined my supper?" Inspector asked resident what happened, and resident said that staff told them they could not have cake and ice cream after dinner because of their health status. They further reported that staff had told them they could have cake and ice cream after the Ministry leaves. Resident reported that this has never occurred before and that they control their own diet. Resident reported they thought it was being directed by the Ministry. Resident also reported that since the Ministry's visit this week, the sugar has been removed from the tables in the dining room. Inspector explained to resident that those directions did not come from the Ministry and that we do not give directions regarding residents' diets. Informed resident that inspector would meet with Director of Care and reinforced their resident rights.

On March 4, 2015, Inspector #577 reviewed resident #010's plan of care. Records indicated that resident has a health condition,on a regular diet, and resident wishes to control their diet. Chart orders indicate that in July, 2014, any restrictions to the resident's diet in regards to their health condition were discontinued. Inspector spoke with #s-105, who confirmed that resident has a health condition, is on a regular diet and resident has chosen to monitor their own diet. Inspector spoke with Director of Care and informed them of resident's concerns. [s. 3. (1) 4.]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that where the LTCHA or regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and (b) is complied with specifically regarding the home's nutrition care and dietary services. O. Reg. 79/10, s. 8 (1)

On February 26, 2015, Inspector #577 discovered that resident #006 had a 5% weight loss in December 2014.

Inspector #577 reviewed home's policy, 'Nutritional Consult-Long Term Care' on March 4, 2015. Policy indicated reasons for consultation were a 5% weight change over one month. Policy states that a nutritional consult is sent to the Registered Dietitian when there is a 5% weight change over a month. The "Nutrition and Hydration Program Policy" document, reads 'changes in resident's condition and weight loss should be reported to the Physician and Dietitian.

On March 5, 2015, Inspector #577 spoke with Director of Care, who confirmed that the Registered Dietitian comes to the home once a month and the "Resident Weight Monitoring" sheet is sent to them once monthly. It was further reported that they don't use the referral form as a consult to the Registered Dietitian because they fax them weights each month.
Director of Care further confirmed that resident #006 was not referred to the Registered Dietitian for weight loss. [s. 8. (1) (a),s. 8. (1) (b)]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care

Specifically failed to comply with the following:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
(a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).
(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).
(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes, (c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

On February 24, 2015, Inspector #577 spoke with resident #003 about their oral care, who reported they had concerns regarding their teeth/dentures.

Inspector #577 spoke with #s-103 on February 26, 2015, who reported that annual dental assessments are not offered to residents and that they would notify resident's family of any dental concerns. It was further reported by Director of Care, that they do not offer annual dental assessments to all residents, and that if staff notice a concern, they will notify family and resident's family will arrange a dental appointment with dentist in the basement. [s. 34. (1) (c)]

2. On February 24, 2015, Inspector #577 spoke with resident #004 about oral care, who reported they had concerns regarding their teeth/dentures. [s. 34. (1) (c)]

3. On February 25, 2015, Inspector #577 spoke with resident #005's daughter about oral care, who reported they had concerns regarding the resident's teeth/dentures. [s. 34. (1) (c)]

WN #11: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 56. Residents' Council

Specifically failed to comply with the following:

s. 56. (1) Every licensee of a long-term care home shall ensure that a Residents' Council is established in the home. 2007, c. 8, s. 56 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a Residents' Council is established in the home. 2007, c. 8, s. 56 (1).

On February 23, 2015, Inspector #577 reviewed the "LTCH Licensee Confirmation Checklist-Admission Process", completed by DOC. Checklist indicated that they only verbally provide information to residents regarding the Residents' Council. On February 26, 2015, Inspector #577 met with DOC concerning Residents' Council. They report that residents are informed on admission of their right to establish a Council. It was further reported that since residents have not expressed an interest in the Residents' Council, herself and the Activities Coordinator informally meet with residents quarterly, during coffee hour. At that time, they will ask residents about any concerns or special interests. Reported that the home has never had a Residents Council. [s. 56. (1)]

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes
Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

1. The licensee has failed to ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated: 1. A change of 5 per cent of body weight, or more, over one month. O. Reg. 79/10, s. 69.

During record review for resident #006, Inspector #577 found that resident had a 5% weight loss between November and December 2014.

On March 4, 2015, Inspector #577 reviewed the resident's care plan related to altered nutrition status. The care plan was last updated December 2014, and indicated a nutritional concern and interventions.

Inspector #577 reviewed the most recent quarterly nutrition assessment completed for resident #006, which was dated July 2014, and documented by #s-104. Assessment indicated that resident has had more documented nutritional concerns this quarter. Upon further record review, Inspector #577 could not find additional nutrition assessments and Director of Care confirmed that #s-104 has not completed a nutritional assessment on resident since July 2014. [s. 69. 1.,s. 69. 2.,s. 69. 3.,s. 69. 4.]

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 224. Information for residents, etc.

Specifically failed to comply with the following:

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:
1. The resident's ability under subsection 82 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82 (1). O. Reg. 79/10, s. 224 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's package of information provided, includes information about the following: 1. The resident’s ability under subsection 82 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82 (1). O. Reg. 79/10, s. 224 (1).

On March 2, 2015, Inspector #577 reviewed the completed "LTCH Licensee Confirmation Checklist-Admission Process" that indicated that the home did not provide information on the ability to retain a physician or RN (EC) to perform required services. On March 5, 2015, inspector spoke with Director of Care, who further confirmed that the admission package did not provide information on the ability of residents to retain a physician or RN (EC) to perform required services. It was further reported by DOC, that residents are informed by a verbal process and residents are under the home's physician. Inspector reviewed a copy of the home's admission package and it did not contain any information regarding the residents' ability to retain a physician or RN (EC) to perform required services. [s. 224. (1) 1.]

Issued on this 29th day of June, 2015

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	DEBBIE WARPULA (577)
Inspection No. / No de l'inspection :	2015_333577_0006
Log No. / Registre no:	S-000684-15
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Report Date(s) / Date(s) du Rapport :	May 22, 2015
Licensee / Titulaire de permis :	RIVERSIDE HEALTH CARE FACILITIES, INC. 110 VICTORIA AVENUE, FORT FRANCES, ON, P9A-2B7
LTC Home / Foyer de SLD :	EMO HEALTH CENTRE 170 FRONT STREET, P. O. BOX 390, EMO, ON, P0W-1E0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	WAYNE WOODS

To RIVERSIDE HEALTH CARE FACILITIES, INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
   i. kept closed and locked,
   ii.equipped with a door access control system that is kept on at all times, and
   iii.equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
      A. is connected to the resident-staff communication and response system, or
      B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

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.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans.O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Order / Ordre :

The licensee shall ensure that all doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be kept closed and locked, specifically in regards to the main entrance of the home and back entrance.

Grounds / Motifs :

1. The licensee has failed to ensure that the following rules are complied with: 1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be, i. kept closed and locked.
O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

On February 23, 2015, Inspector #577 entered the main door to the home and discovered the door to be unlocked. During a tour of the home, Inspector found Door 'E', down the hall from the nursing station, to be unlocked, and inspector could gain access to the outside back of the building. On February 23-27, 2015, and March 2-5, 2015, during the hours of 0800hrs and 2000hrs, the main door to the home, and back door 'E', was found to be unlocked and inspector could enter and exit the home by opening the doors.

Inspector #577 spoke with Director of Care on February 23, 2015, who reported that the front door to the parking lot remains unlocked until 2000hrs, and at that time the doors are programmed to lock. It was further reported that they are having these doors secured this week and they do have a wander guard system for residents that wander. They reported that if a resident on the wander guard system is within close proximity to the door, an alarm will sound and lock the door.

Previous non-compliance was found April 14, 2014, and a VPC was issued, under Inspection #2014_211106_0007. (577)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : May 27, 2015

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Order / Ordre :

The licensee shall ensure that where bed rails are used, specifically for resident's #003, #005, #006, and any other resident, (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability.

Grounds / Motifs :

1. The licensee has failed to ensure that where bed rails are used, (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).

Inspector #577 spoke with Director of Care on February 26, 2015, and asked about bed rail assessments. They reported that bed rails had been assessed in December 2014-January 2015, by #s-101. It was further reported that the form used isn't formalized yet and not found on the resident's chart. Inspector #577 met with DOC again on March 5, 2015, and they further reported that they cannot find the completed bed rail assessment forms.

Resident #003 was observed to have 2 half rails in use on February 25 and March 3, 2015. Review of resident #003's kardex on February 27, 2015, indicated the use of 3 bed rails. Review of the resident's care plan indicated bed rails for support. On February 26, 2015, Inspector #577 spoke with #s-102, who reported that bed rails are used for resident #003 for their safety. Inspector could not find a completed bed rail assessment form for resident #003.

Resident #005 was observed to have 2 half rails in use on February 24 and March 3, 2015. Review of resident #005's kardex on February 27, 2015, indicated the use of 3 bed rails. Review of the resident's care plan did not indicate bed rails. On February 26, 2015, Inspector #577 spoke with #s-102, who reported that bed rails are used for resident #005 for safety and for pivoting in and out of bed. Inspector could not find a completed bed rail assessment form for resident #005.

Resident #006 was observed to have 2 half rails in use on February 25 and March 3, 2015. Review of resident #006's kardex on March 4, 2015, indicated the use of 2 bed rails. Review of the resident's care plan did not indicate bed rails. On February 26, 2015, Inspector #577 spoke with #s-102, who reported that bed rails are used for resident #006 for their safety. Inspector could not find a completed bed rail assessment form for resident #006.

Previous non-compliance was found April 14, 2014, and a VPC was issued, under Inspection #2014_211106_0007. (577)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : May 27, 2015

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

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

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 22nd day of May, 2015

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Debbie Warpula

Service Area Office /
Bureau régional de services : Sudbury Service Area Office