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
Jul 24, 2015	2015_349590_0028	014823-15	Resident Quality Inspection

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE SOUTHWOOD LAKES
1255 NORTH TALBOT ROAD WINDSOR ON N9G 3A4

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

ALICIA MARLATT (590), ROCHELLE SPICER (516), TERRI DALY (115)

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): July 7, 8, 9, 10, 13, 14, 15 & 16 2015.

CI# 2842-000011-15 - Completed as an inquiry during RQI inspection and was related to misuse/misappropriation of a resident's money.
CI# 2842-000008-15/Log# 008618-15 was related to a significant change in the resident's health status.
CI# 2842-000017-14/Log# 007278-14 was related to a significant change in the resident's health status.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Dietary Manager, the Maintenance Supervisor, the Laundry and Housekeeping Supervisor, a Physiotherapist, a Physiotherapist Assistant, the Ward Clerk, the RAI Coordinator, ten Registered Practical Nurses (RPN), twenty Personal Support Workers (PSW), one Dietary Server, the Resident's Council President, the Family Council President, three Family Members and fifty five Residents.

During the course of the inspection, the inspector(s) reviewed resident clinical records, meeting minutes related to the inspection, relevant policies and procedures, posting of required information and Critical Incident Reports.

During the course of the inspection, the inspector(s) observed all resident home areas, dining services, medication storage rooms, medication administration, the provision of resident care, recreational activities, staff/resident interactions, infection and prevention control practices.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing

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

- **6 WN(s)**
- **6 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).

Findings/Faits saillants :

1. The licensee has failed to ensure the plan of care set out clear directions to staff and others who provided direct care to the resident.

A review of Resident #010's health care record revealed this resident's most recent "Resident Transfer/Lift Assessment" indicated this resident's assessed requirement for safe transfer/lift for toileting was a two person transfer. The Physiotherapist confirmed Resident #010's transfer requirements for transfer/lift for safe toileting remained a two person transfer.

This resident's health care record indicated the resident was a high risk for falls. A review of Resident #010's written plan of care for "Toilet use related to physical limitations and cognitive impairment" indicated "resident will be able to perform some aspect of the toilet process for themselves with extensive two staff assistance". The interventions listed in this plan of care stated Resident #010 required "extensive assistance of one to two staff for transfers on and off the toilet".

An RPN confirmed the intervention required for Resident #010 was a two person transfer for toileting and the interventions in the plan of care at time of review indicated "one to two staff required for transfers on and off the toilet" and that this did not provide clear direction.

The Administrator and DOC confirmed the documentation in Resident #010’s Resident Transfer/Lift and current written plan of care did not provide clear direction. [s. 6. (1) (c)]

2. The licensee has failed to ensure the plan of care set out clear directions to staff and others who provided direct care to the resident.

A review of Resident #013's health care record revealed this resident's most recent "Resident Transfer/Lift Assessment" indicated this resident's assessed requirement for transfer/lift for safe toileting was a two person transfer. The Physiotherapist confirmed Resident #013's transfer requirements for transfer/lift for safe toileting remained a two person transfer.

This resident's health care record indicated the resident was a high risk for falls. A review of Resident #013’s written plan of care goals for “Toilet use related to physical limitations” indicated “this resident will be able to perform some aspects of the toilet process for

themselves with extensive one staff assistance through to next review date". The interventions listed in this plan of care were documented as "extensive assistance: staff provide weight bearing assistance during toileting".

On July 14, 2015, an RPN confirmed this resident's written plan of care had a goal for "one person assistance for toileting" but did not indicate this resident's current assessed transfer assistance requirement of a two person transfer for toileting in the interventions section of the plan. [s. 6. (1) (c)]

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 the plan of care sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure the home was equipped with a resident-staff communication response system that was on at all times.

On a specified date during the RQI, the call bell at the bedside of Resident #013 was not functioning for a three hour period.

On a specified date and time, the call bell at the bedside of Resident #013 was tested by the inspector. The call bell would not activate when the button was pressed. A PSW confirmed the call bell was not functioning.

Approximately three hours later, Resident #013's bed side call bell was still not functioning. This was confirmed by a PSW. The PSW shared that they had attempted to have the call bell for Resident #013 replaced but they were told by an RPN that the home did not have additional call bells on hand and that the call bells were on "back order". The Inspector notified the Administrator of the non-functioning call bell. The Administrator reported that she would speak with the Maintenance staff member to determine whether this person could locate a call bell to replace the non-functioning one.

The Maintenance staff member was able to replace the non-functioning call bell. [s. 17. (1) (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 the home is equipped with a resident-staff communication response system that is on at all times, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

A) A review of Resident #008's progress notes revealed a new skin integrity impairment was observed on this resident. In an interview with the Administrator, they confirmed the expectation that weekly skin assessments were to be completed and documented. The Administrator also confirmed weekly skin assessments had not been documented for the identified new skin integrity impairment for this resident.

B) A review of Resident #008's Treatment Administration Record (TAR) indicated treatment for a skin integrity impairment on this resident was initiated. In an interview with the Administrator, they verified the TAR indicated treatment was ordered by the Physician. The TAR was to be electronically signed once the treatment was provided. The Administrator confirmed the TAR did not have documented electronic signatures to verify treatment was provided to the skin integrity impairment on every outlined treatment day.

C) A review of Resident #008's TAR indicated treatment for a skin integrity impairment was initiated. A review of the treatment orders documented in Resident #008's TAR indicates the treatment was to be provided on specific days.
The Administrator verified the TAR indicated treatment was to be provided on the specific days. The TAR was to be electronically signed once the treatment was provided. The Administrator confirmed the TAR did not have documented electronic signatures to verify treatment was provided to the resident's skin impairment on the specifically ordered days. [s. 30. (2)]

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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents in the home were bathed, at a minimum, twice a week.

A review of a two month time period clinical flow sheet/bathing records revealed 11 residents who had missing signatures/documentation indicating they had received a bath/shower per their care plan two times per week.

Resident #032's spouse confirmed that this resident had missed a bath recently, as the unit was short staffed. Staff were unable to provide a make up bath and the resident was not bathed again until their next regular scheduled bath day resulting in only one shower during the week.
A PSW staff member confirmed that due to working short staffed Resident #032 had missed their bath.

Resident #039 confirmed that they do not always get a shower twice a week. The resident could not recall exactly when this occurred but stated "this happened within the past few weeks". A review of the flow sheet/bathing records revealed that during one week in a specified month, documentation to support they had a second shower that week was absent.

Resident #038's spouse indicated they were not sure when their spouse received their baths but that they did not think they were always getting two per week as per their plan of care. The spouse commented that "they do not always smell fresh". A review of the flow sheet/bathing records revealed that during one week in a specified month, documentation to support that they had a second bath that week, was absent.

Two PSW staff confirmed that if the bathing record was not signed it was because a bath or shower was not provided and due to the fact the home was working short staffed.

The DOC indicated that it was the expectation that all residents receive two baths per week according to their individualized plan of care, and that the bathing records reflected the care provided. [s. 33. (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 residents in the home are bathed, at a minimum, twice a week, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A review of Resident #008's progress notes revealed a new skin impairment was observed on this resident. The progress note entry did not include any other assessment findings such as a description of the impairment.

The Administrator shared the initial assessment of this skin impairment was to be documented on one of two of the licensee's chosen clinically appropriate skin assessment instruments – a Head to Toe Skin Assessment or a Weekly Wound Assessment. The Administrator confirmed the initial assessment of this skin impairment was not documented using the licensee's chosen clinically appropriate skin assessment instrument. [s. 50. (2) (b) (i)]

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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records
Every licensee of a long-term care home shall ensure that,
(a) a written record is created and maintained for each resident of the home; and
(b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.

Findings/Faits saillants :

1. The licensee has failed to ensure that resident's written records were kept up to date at all times.

A review of current flow sheet bathing records for residents who requested two baths/showers twice per week revealed missing documentation and signatures to indicate that these tasks were completed.

Resident #036, #037, #038, and #039's flow sheets for a specified month, indicated documentation that supported each of these residents only received one bath/shower that week as opposed to two as indicated on the bath schedule.

Resident #033, #034, #035, #036, #040, #041, #042, #043, #044 and #045's flow sheets for a specified month, indicated documentation that supports each of these residents only received one bath/shower that week as opposed to two as indicated on the bath schedule.

The DOC indicated that missing or absent documentation/signatures were an indication that care was not provided. [s. 231. (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 resident's written records are kept up to date at all times, to be implemented voluntarily.

Issued on this 28th day of July, 2015

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

Original report signed by the inspector.