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
Direction de l'amélioration de la performance et de la conformité

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 9, 2013	2013_198117_0008	O-000310-13	Resident Quality Inspection

Licensee/Titulaire de permis

~~(NEW ORCHARD LODGE LIMITED)~~ Extendicare (Canada) Inc.
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE WEST END VILLA
2179 ELMIRA DRIVE, OTTAWA, ON, K2C-3S1

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

LYNE DUCHESNE (117), CAROLE BARIL (150), COLETTE ASSELIN (134), PAULA MACDONALD (138)

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): April 24, 25, 26, 29, 30, May 1, 2, 3, and 6, 2013 at the Long Term Care Home.

During the course of the Resident Quality Inspection (RQI), two complaint inspections (Log # O-000093-13 and # O-000344-13) and four critical incident inspections (Log # O-002246-12, #O-002434-12, # O-001152-12, and #O-000066-13) were also conducted and are incorporated within the RQI inspection report.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Extendicare East Regional Director, several Registered Nurses (RN), several Registered Practical Nurses (RPN), RAI Coordinator, several personal support workers (PSW), Dietary Manager, several food service workers, Program Manager, several activity program staff, Restorative Care Coordinator, Physiotherapist, several physiotherapy aids (PTA), Admission Supervisor, Assistant Director Of Care (ADOC), Clinical Care Coordinator /Infection Control Lead, Support Services Manager, maintenance staff, several housekeeping aides, Pharmacist, Co-Chair of the Family Council, President of the Residents' Council, volunteers, several Residents and several family members.

During the course of the inspection, the inspector(s) reviewed several residents' health care records; toured residents' home areas, residents' common areas and non-common areas; observed the meal service on April 24, 25, May 2 and 3, 2013; observed staff and resident interactions; observed delivery of resident care and services; observed several medication passes; inspected the home's medication storage rooms; reviewed multiple critical incident reports; reviewed the minutes of the Resident and Family Councils meetings; reviewed the home's Infection Control Manual; reviewed the home's Registered Nursing staffing schedule; reviewed the Resident Admission Package; reviewed the Licensee's Drug Destruction and Disposal Policy # 5-4, the Medication Self Administration Policy # 11-23, the Resident Abuse Policy # OPER-02-02-04 and reviewed the home's Environmental Services processes.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Admission Process
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Death
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
Recreation and Social Activities
Resident Charges
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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. 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:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).
2. Every resident has the right to be protected from abuse. 2007, c. 8, s. 3 (1).
3. Every resident has the right not to be neglected by the licensee or staff. 2007, c. 8, s. 3 (1).
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).
5. Every resident has the right to live in a safe and clean environment. 2007, c. 8, s. 3 (1).
6. Every resident has the right to exercise the rights of a citizen. 2007, c. 8, s. 3 (1).
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care. 2007, c. 8, s. 3 (1).
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).
9. Every resident has the right to have his or her participation in decision-making respected. 2007, c. 8, s. 3 (1).
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents. 2007, c. 8, s. 3 (1).
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in

accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible. 2007, c. 8, s. 3 (1).

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act. 2007, c. 8, s. 3 (1).

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. 2007, c. 8, s. 3 (1).

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day. 2007, c. 8, s. 3 (1).

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately. 2007, c. 8, s. 3 (1).

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

i. the Residents' Council,

ii. the Family Council,

iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,

iv. staff members,

v. government officials,

vi. any other person inside or outside the long-term care home. 2007, c. 8, s. 3 (1).

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home. 2007, c. 8, s. 3 (1).

19. Every resident has the right to have his or her lifestyle and choices respected. 2007, c. 8, s. 3 (1).

20. Every resident has the right to participate in the Residents' Council. 2007, c. 8, s. 3 (1).

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy. 2007, c. 8, s. 3 (1).
22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available. 2007, c. 8, s. 3 (1).
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential. 2007, c. 8, s. 3 (1).
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints. 2007, c. 8, s. 3 (1).
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so. 2007, c. 8, s. 3 (1).
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible. 2007, c. 8, s. 3 (1).
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

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 comply with the LTCHA, 2007 S.O. 2007, c.8, s.3(1)(1), in that the licensee failed to ensure that all residents are treated with respect and courtesy.

Resident #R933 was interviewed on April 26, 2013, and stated that when residing on the 3rd floor he/she experienced situations where he/she would be left on the toilet too long and staff would get upset at him/her for ringing the call bell. The resident stated that he/she was very frustrated and mad and did report it to a nurse. The resident requested to be transferred to another floor. The resident was transferred and has had no concerns since.

Resident #R860 was interviewed on April 25, 2013, and stated that a 4th floor unit PSW kept telling that resident " You like to be incontinent in your diaper." The resident stated that the comment was upsetting. [s. 3. (1)]

2. Resident #R808 was interviewed. The resident stated that staff member #S110 "is sloppy when providing care to me at night". The resident indicated that staff member #S110 flips the bed sheets in a rough manner after care has been provided. Resident #R808 stated the following: "Staff #S110 is disrespectful and I would expect a bit more professionalism". Resident #R808 also reported that some other staff members are rough when providing personal care. "Not everyone knows how to dress me without difficulty".

Resident #R777, who resides on the 3rd floor unit, reported that staff #S111 is uncommunicative on night shift and that staff's partner #S110 is actually rough during care delivery. Resident #R777, who has mobility problems, stated the following: "I can't move my arms by myself and staff #S110 will throw my arms and legs over my body to one side to turn me over and that hurts". The stated "Those two don't want to learn anything new, they are resentful. I have scheduled my night time repositioning. At 0600hrs they turn me over to dress me partially from waist down. Some morning when they don't come in, I ring the call bell and they'll say in a rough tone "Why did you ring the call bell" ".

Resident #R968, who resides on the 3rd floor unit, reported that "some staff members are rough with me, those that are rough are always rough, it's in their nature."

The Resident Council's meeting minutes of April 26, 2012 were reviewed. There is an

entry indicating that the third floor residents had raised concerns related to the night staff being unpleasant because they ignore the residents and complain about the risk of injuring themselves when repositioning residents.

As such the identified residents were not treated with respect and courtesy.

The above incidents had been reported in April 2012 via the Residents' Council to the home's management. The home's management addressed the concerns at that time. The home's management was not aware that these concerns are currently ongoing issues for the residents. During the course of the inspection, management was informed of the residents' concerns and an investigation was initiated. Actions were taken to address the issues. [s. 3. (1) 1.]

3. Lunch meal service was observed on the second floor dining room on May 2, 2013. It was observed by LTC Homes Inspector #138 that three staff members, staff #S109, staff #S136, and staff #S135 were using feeding techniques that were not respectful of the residents' dignity. The three staff members were observed to repeatedly and frequently wipe the outside of the residents' mouth of food debris using the residents' spoon rather than the napkins that were provided at the meal service. [s. 3. (1) 1.]

4. The licensee failed to comply with LTCHA, 2007 S.O. 2007, c.8, s.3(1)(4) in that the resident #R872's right to be properly cared for in a manner consistent with his/her needs was not respected in March 2013.

On April 25, 2013, Resident #R872 and their family member reported to LTC Homes Inspector #117 an incident in which the resident did not received care in a manner that was consistent with the resident's needs.

On a specified day in March, 2013, Resident #R872 returned from an external medical appointment. The resident rang the call bell to get toileting assistance. The call bell was not answered, within 10 minutes. The family member, who was with the resident, went to the nursing station to get staff assistance. Three staff members were seated at the nursing station and the three staff members went to the resident's room to provide assistance after the family member's request for assistance. While the staff were discussing what approach to use to assist the resident, the resident was incontinent in bed. Resident #R872 was upset by this occurrence as was the family member. Staff #S122 validated the occurrence of the incident to LTC Homes

Inspector #117 on May 2, 2013.

Resident #R872's March 2013 plan of care indicates that resident required 1-2 staff assistance and use of specialized walker for mobility and transfers. Resident #875 did not receive toileting assistance that was consistent with his/her toileting needs. [s. 3. (1) 4.]

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 are treated with respect and dignity according to their individuality and that they receive care as per their individual needs, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to comply with the LTCHA, 2007 S.O. 2007, c.8, s.6(1)(c) in that the licensee failed to ensure the plan of care provides clear directions to staff as it relates to fall management.

Resident #R916's plan of care was reviewed. There is an entry that specifies that the resident is at risk of falls.

Staff member #S100 was interviewed and indicated Resident #R916 walks independently, has a history of falls and a tendency of falling out of bed at night. Staff #S100 reported that the resident requires a mat on the floor beside the bed at night to be protected from injury when the resident falls. This information is not included in the plan of care.

Resident #R968 had a fall at the beginning of April while trying to self transfer from a wheelchair to a lazy-boy chair.

Resident #R968 was interviewed and indicated that he/she had not been feeling well in the last month. The resident reported to the Inspector that he/she was no longer able to transfer independently and is no longer able to walk independently with a walker. The resident also said that he/she prefers to stay in his/her room for meals and if he/she does go to the dining room staff will take him/her by wheelchair.

The plan of care was reviewed and there are entries that specify that the resident is independent with transfers, is able to walk with a walker and is to have a walker within reach. There is no intervention to describe the resident's change in condition and that the resident is to get a tray in his/her room at mealtime.

According to staff member #S100, this resident was reassessed however the new directions to reflect the resident's current needs and change in condition were not included in the plan of care. [s. 6. (1) (c)]

2. The licensee failed to comply with the LTCHA, 2007 S.O. 2007, c.8, s.6(1)(c) in that the licensee failed to ensure that the plan of care sets out clear direction to staff and others who provide direct care to resident as it relates to dressing change and wound care.

Resident #R916 has an ulcer on a leg. Progress notes were reviewed and there are several entries indicating Resident #R916 is aggressive verbally and physically toward staff during the dressing change possibly due to pain. There are no interventions provided to direct staff related to pain management prior to dressing change as needed.

Staff member #S100 was interviewed and reported that Resident #R916's dressing is to be changed every three days, that on shower day the staff are to cover the wound with a plastic bag and that if the dressing is wet to notify the nurse immediately. This information is not included in the resident's plan of care.

As such, these above mentioned evidences indicate that the plan of care does not set out clear direction to staff that provide direct care to resident. [s. 6. (4) (a)]

3. The licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s.6(4)(a) in that staff involved in different aspects of care for Resident #R865 failed to collaborate with each other in the assessment of Resident #R865 so their assessment are integrated, consistent and complement each other.

Resident #R865's plan of care was reviewed. There is an entry specifying that resident is easily angry/anxious and can be verbally abusive toward staff or other residents. There are no interdisciplinary written strategies, including techniques and interventions to prevent, minimize or respond to the resident's responsive behaviours.

Staff #S145 was interviewed and reported that when Resident #R865 is angry and refuses care, staff pulls away from the resident because they are afraid of being injured. Staff #S145 indicated that staff will return later in the evening to try to assist the resident but if the resident refuses then Resident #R865 is left in his/her day clothes for the night. The night staff does not attempt to change the resident either. Staff #S107 working the day shift reported that on their arrival Resident #R865 is often found wearing the same clothes he/she had on the day before. The clothes are soiled with urine, the bed sheets and blanket are soaked with urine and the floor is wet with urine.

Resident #R865 has a tendency of rummaging through his/her dresser drawers and moving things around from one drawer to another. There are no strategies identified to address this behaviour. Staff #S145 indicated resident shows signs of paranoia and is

suspicious of staff and other residents.

Staff #S147, was interviewed and reported that Resident #R865's behaviour is not well managed with the regular dosage of prescribed medication and therefore there is no point in administering the prescribed PRN medication on evening shift when resident acts out. Staff #S147 indicated that they had requested that another medication to be given PRN 2 weeks ago but no orders were received yet.

Resident #R865 soils her/his clothes with urine and will be incontinent on the floor. There is no adjustment made to housekeeping program to ensure the resident's room is cleaned more frequently based on the resident's individualized needs.

Staff member #S145 reported to the Inspector that Resident #R865 will bring her/his reading books to the table and will lay them out on the table limiting the space for other residents' plates. Staff #S145 indicated that when the books are removed by staff, the resident becomes out of control and is difficult to manage.

The Psycho-Geriatric team assessed Resident #R865 in April 2013, and renewed the forms to ensure resident can be left in a private room. No changes or recommendations were made as it relates to the resident's behaviour management interventions.

The housekeeping aide who was on duty April 30, 2013, was interviewed and indicated that the resident's room is washed every second day and that no one had requested that the room be cleaned more frequently due to lingering urine odour.

Staff member #S107 indicated Resident #R865 has been using panty liners. Staff #S107 indicated the liners do not contain the urine and it is a hit and miss for the resident to void in the toilet. No assessment was conducted to determine whether a different incontinence product could be used. There is no established toileting program identified in the plan of care. [s. 6. (4) (a)]

4. The licensee failed to comply with the LTCHA, 2007 S.O. 2007, c.8, s.6(7) in that it failed to ensure the care set out in the plan of care as it relates to physiotherapy for Resident #R122 is provided as specified.

Resident #R122 was interviewed May 3, 2013, and reported that he/she was loosing

their mobility because he/she was not walked as per their care plan due to the outbreak on the units. Resident #R122 indicated that every time the unit is declared in outbreak his/her walking program is reduced for the duration of the outbreak as there is only one physiotherapy assistance available to assist with walking and the resident requires two person assistance with their ambulation.

Resident #R122's current plan of care, dated October 2012, was reviewed and there is an entry that specifies that Physiotherapy is to provide range of motion (ROM), transfer training and ambulation. The goal is to improve ambulation distance with walker and two person assist from 10 meters to 15 meters over the next 10 weeks. The intervention reads as follows: resident will participate in gait training with a walker and assisted by two persons for 10 to 15 minutes.

Staff #S141, was interviewed and indicated that Resident #R122 was able to do 40-50 steps prior to the last outbreak. The outbreak was declared April 3, 2013, and Resident #R122 missed 7 walking sessions. Staff #S141 indicated that due to the respiratory outbreak the second Physiotherapy Assistant (PTA) was not permitted on the 3rd floor to assist the physiotherapist with ambulation of this resident and therefore the resident could not be walked safely.

Resident #R122's flow sheets were reviewed for April and May 2013. According to staff #S141, the Resident would have been able to walk 7 more times but did not because there was no one available to assist the regular PTA. The PTA reported that every time the floor goes on isolation, Resident #R122 is not walked as required. If a second PTA could have come to the unit during the outbreak the resident would have been walked.
[Log # O-000344-13] [s. 6. (7)]

5. The licensee has failed to comply with the LTCHA, 2007 S.O. 2007, c.8, s.6(7) in that the care set out in the plan of care related to the care of urinary bags was not provided as specified.

On May 2, 2013, at 0900hrs, LTC Homes Inspector #150 observed Resident #R955's urinary day bag hanging on the towel bar in the bathroom with no sterile cap to both ports.

On May 3, 2013, at 1300hrs, LTC Homes Inspector #150 observed the resident's

urinary night bag hanging on the inside of the resident's closet with no sterile cap covering the port.

Staff #S142 states that when the urinary night or day bag is removed, rinsed with a solution of water and vinegar and it is stored on the towel bar in the bathroom, the sterile cap is then placed on the catheter port of the urinary bag. The staff states that if the cap is no longer there, they have no individual sterile caps available and therefore would need to open a full urinary bag kit just for the sterile cap. The staff member confirmed that the catheter port was no longer sterile and the urinary bag would need to be discarded. Staff #S113 was interviewed and stated the urinary bag had to be discarded if the cap for the catheter port was lost.

The resident's care plan indicated that Resident #R955 has frequent urinary infections. Identified urinary bag interventions are: "wash the catheter and leg bags with vinegar before hanging and ensure that the catheter cap is on, if found with no cap, to throw out urinary bag and obtain a new bag." [s. 6. (7)]

6. The licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s.6(7) in that the care set out in the resident's plan of care was not given as it relates to the resident's wound care.

In February 2013, Resident #R955's wound measurement is ordered by the Enterostomotherapist RN (ETRN) to be assessed and measured on a weekly basis. No documentation was found in the resident's health care record related to the assessment and measurement of the resident's wound for the weeks of February 21, 29, 2013, and March 7, 14, 2013. [s. 6. (7)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that resident plans of care provide clear directions to staff who provide direct care to residents; to ensure that staff and others involved in different aspect of care collaborate with each other with their assessments and that their assessment are intergrated and consistent with and compliment each other; and shall ensure that the care set out in the plan of care is provided to the residents, to be implemented voluntarily.

WN #3: 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 failed to comply with O. Reg 79/10, s.17(1)(a) in that the licensee failed to ensure that the home is equipped with a resident-staff communication and response system that can be easily accessed and used by residents, staff and visitors at all times.

During stage 1 of the Resident Quality Inspection (RQI) which occurred April 24 – 26, 2013, LTC Homes Inspectors noted the following with respect to call bells not functioning:

- The extension pull cord of the call bell in the washroom of rooms #259, #425 and #468 disconnected from the pull cord when pulled and therefore the call bells would not engage.
- The call bell in rooms #264-1, #267-1, #512-1 and #512-2 would not engage when pressed.
- Resident #R860 from room #452-2 reported to LTC Homes Inspector #150 that he/she experiences long wait times for assistance when the call bell is rung. The inspector pressed the resident's call bell and it was observed that the call bell did not engage.
- On May 1, 2013, the call bell in room #269-1 was also observed to not engage when pressed.
- The call bell in room #207 did not activate the light outside the resident's room. Staff reported that they use both the lights outside the residents' rooms as well as the audible alert and display at the nursing station to determine when a call bell is engaged and assistance in required.
- The call bell in washroom #251 is in disrepair and the pull cord can not be pulled to engage the call bell.
- The pull cords for the four call bell located in the 3rd floor spa and the call bell near the tub in the 4th floor spa were short (approximately 1.5 inches long) and the call bells were placed on the wall approximately five feet from the floor. These pull cords for the call bells are out of reach for most residents in a wheelchair and would not be accessible to these residents. [s. 17. (1) (a)]

2. The licensee failed to comply with O. Reg 79/10, s.17(1)(g) in that the licensee failed to ensure that the home is equipped with a resident-staff communication and response system that, 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.

The home was observed to use a call bell system that, when activated, makes an intermittent sound, displays location on an electronic panel, a light indicator above the room, and a pager carried by registered nursing staff that is sounded after five minutes if a call bell is not answered. It was observed on second floor that the sound of the call bell system was audible only near the nursing station and the sound became less audible towards the ends of the hallways and in the dining room. Staff members #S138, #S123, #S137, #S135, #S139 reported that they are not able to hear the call bell sound throughout the entire second floor. Staff members #S123 and #S139 reported that they must consistently scan the light indicators above resident rooms to monitor for calls bells that may be activated as the call bells are not always audible. Staff member #S139 further stated that when he/she is unable to monitor the lights, ie when in a resident's room, he/she relies on staff to communicate to him/that a call bell has been activated.

Staff #S129 on 5th floor reported that he/she is unable to hear the call bells in the dining rooms and relies on staff who have been out on the unit or the RPN to alert him/her that a call bell has been activated. Staff #S140 on 5th floor reported that the call bell could not be heard the farther one is away from the nursing station such as the end of the hallway. LTC Homes Inspector #138 sounded a call bell and was unable to hear the call bell at the end of the south hallway on 5th floor. The LTC Homes Inspector confirmed that the call bell was functioning and sounding at the nursing station.

One of the call bells in the 4th floor spa area was noted by LTC Homes Inspectors #150 and #138 to not sound when activated. The only indication that this call bell was activated was a red light outside the spa door. This was different than the other three call bells located in the 4th floor spa which sounded at the nursing station when activated as well as displayed location on the visual panel also at the nursing station. [s. 17. (1) (g)]

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 call bell system is functional in all resident rooms and is audible though out the entire resident home area on 2nd and 5th floors, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg 79/10, s. 90 (2) (b) in that the licensee failed to ensure that all devices in the home are kept in good repair.

The home was observed to use a call bell system that, when activated, makes an intermittent sound, displays a location on an electronic panel, a light indicator above the room, and a pager carried by registered nursing staff that is sounded after five minutes if a call bell is not answered.

On the morning of May 1, 2013, LTC Homes Inspector #138 was testing call bells on third floor and it was reported by Staff #S100 that the pager did not register the call bells from the spa room that rang more than five minutes. A call bell from a resident room was then tested and confirmed by Staff #S100 and #S128 that the pager did not register the call bell after five minutes.

Later in the afternoon that same day, LTC Homes Inspector #138 returned to 3rd floor and tested the call bells for rooms #368 and #317. Both calls bells were engaged for ten minutes and LTC Homes Inspector verified that the pager did not register the call bells. Staff member #S100 confirmed that the pager was not working because it was off. Staff member #S127 stated that the back of the pager was missing and this causes the batteries to pop out and power down the pager. Staff member #S100 confirmed this was the case and contacted maintenance for repairs.

On May 3, 2013, LTC Homes Inspector #S138 activated the call bell from room #560 at 1244 hrs and verified that the call bell was functioning. At 1254 hrs, Staff #S140 and Staff #S143 confirmed that both pagers for the 5th floor were not working and did not register that call bell from room #560.

On the morning of April 26, 2013, LTC Homes Inspector #117 observed that the second floor unit call bell pagers were not functioning. Staff #S120 stated that the call bell pagers, carried by the registered staff were not functioning that morning and that maintenance had been called to fix the pagers. Staff #S120 and Staff #S122 reported to LTC Homes Inspector #117 that the call bell pagers are often non-functional, and require ongoing repair by maintenance staff. The maintenance staff verified that pagers are repaired as requested by nursing. LTC Homes Inspector #117 verified the maintenance log and observed entries for requests to repair pagers. [s. 90. (2) (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 call bell pagers being used are in working order, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (3) The drugs must be destroyed by a team acting together and composed of,
(b) in every other case,
(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
(ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 79/10, s. 136 (3).

s. 136. (6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable. O. Reg. 79/10, s. 136 (6).

Findings/Faits saillants :

1. The licensee failed to comply with the O. Reg 79/10, s.136(3)(b), in that it failed to ensure that drugs to be destroyed are removed from the unit by a team as determined by the Director of Care.

The licensee's Drug Destruction and Disposal Policy # 5-4, was reviewed. There is an entry under bullet (5) specifying that on a routine basis (monthly at minimum), medications for destruction are transferred from the separate storage area in the medication room to a designated Stericycle box/container by the team of a nurse and another staff member.

The Director of Care was interviewed and indicated the removal of medication from each units medication room is being done by one nurse only. The surplus medications, which are intact are removed from the unit and placed in a special container to be picked up by company "Stericycle" for destruction. [s. 136. (3) (b)]

2. The licensee has failed to comply with the O.Reg 79/10, s.136(6), in that the licensee failed to alter or denature the surplus medications on site.

The licensee's Destruction and Disposal Policy # 5-4 stipulates that "all medications which are surplus, excluding narcotics or controlled drugs, are destroyed by the team of nursing staff and one other staff member appointed by the Director of care". Bullet (5) specifies that drugs are to be destroyed or denatured making the medication unusable (by adding a small amount of liquid or crushing medications)

The Director of Care was interviewed May 2, 2013 and indicated the surplus medication other than the narcotics are stored safely in the storage room for destruction by "Stericycle". These surplus medications are not destroyed on site by a team of nursing staff members.

The locked medication storage room was inspected by Inspectors #134 and #117 and it was observed that the surplus medications were stored in a box for pick up by the Stericycle company and that the surplus medications were not denatured. [s. 136. (6)]

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 removal of surplus drugs from the unit's medication room is done by a team appointed by the DOC as per the licensee's policy 5-4 and that the surplus medications be destroyed or denature on site, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10, s.13, in that Residents #R749 and #R915 do not have sufficient privacy curtains to provide privacy.

On April 25 and April 30, 2013, Resident #R749's privacy curtain was observed to be insufficient to provide privacy. One privacy curtain panel was missing.

On April 25, 2013 during Resident #R915's observation inspection, the privacy curtain between the resident's bed and his/her roommate's bed had a missing curtain panel. [s. 13.]

WN #7: 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. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10, s.73(2)(b) in that the licensee did not ensure that residents who require assistance with eating or drinking are served a meal until someone is available to provide the assistance required by the resident.

Resident #R777, who was determined to be a reliable and fair source of information regarding care and services of the home, stated to LTC Homes Inspector #134 during stage 1 of the Resident Quality Inspection that the supper meals were not hot enough because they were served prior to staff being ready to provide feeding assistance. LTC Homes Inspector #138 also spoke with Resident #R777 who again stated that the evening meal was often not hot enough. Resident #R777 explained that the supper meal is served by a personal care worker but that feeding assistance is provided by the registered practical nurse who is usually busy finishing the medication pass and not ready to assist the resident when the meal is delivered. Resident #R777 stated that the delay in feeding assistance after the meal was served results in supper meals that were routinely not hot enough.

Lunch meal service was observed on the second floor dining room on May 2, 2013. It was observed by LTC Homes Inspector #138 that three residents, Resident #R105, Resident #R106 , and Resident #R108, each had an untouched pureed meal sitting on the table in front of them at 1245 hrs. The meals remained untouched for the three residents until 1255 hrs when Staff #S135 and Staff #S136 finished assisting other residents. Staff #S135 commenced assisting both Resident #R105 and Resident #R106 while Staff #S136 commenced assisting Resident #R107. This resulted in a delay of at least ten minutes from the time the meal was served to the three residents until the time assistance was provided. All three residents were confirmed by staff to require total assistance with feeding.

Also, it was also observed at the same meal service at 1305 hrs that a meal covered with a dome lid was on the table in front of Resident #R109. Assistance with the meal was provided to Resident #R109 by Staff #S123 twelve minutes later at 1317 hrs once the staff member had finished serving duties in the dining room. Staff #S123 confirmed that the Resident #R109 required total assistance with eating. [s. 73. (2) (b)]

WN #8: 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 failed to comply with the LTCHA, 2007 S.O. 2007, c.8, s.78(2)(c), in that the Admission Information Package for residents did not include the long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

LTC Homes Inspector #150 reviewed the Residents Admission Information package with the home's Admissions Supervisor. The package included a one page information sheet, with point form items, related to home's zero tolerance of abuse and neglect policy. The package did not include the home's policy as required under the legislation. [s. 78. (2) (c)]

WN #9: 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 failed to comply with the O.Reg 79/10, s.129(1)(a) in that the licensee failed to keep the drugs in a secure and locked area.

During the course of the inspection, LTC Homes Inspectors #134 and #150 observed the medication room doors to be open and unsupervised on several occasions on both the 3rd and 4th floor resident care units. Medications were visible and accessible to anyone.

On May 2, 2013, at 1450hrs, LTC Homes Inspector #134 observed the medication room door on 3rd floor open and drugs were readily visible from the hallway. The Inspector reminded the registered staff to ensure that the medication room door remains closed when not in use. [s. 129. (1) (a)]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (7) The licensee shall ensure that no resident who is permitted to administer a drug to himself or herself under subsection (5) keeps the drug on his or her person or in his or her room except,
(a) as authorized by a physician, registered nurse in the extended class or other prescriber who attends the resident; and O. Reg. 79/10, s. 131 (7).
(b) in accordance with any conditions that are imposed by the physician, the registered nurse in the extended class or other prescriber. O. Reg. 79/10, s. 131 (7).

Findings/Faits saillants :

1. The Licensee failed to comply with the O.Reg 79/10, s.131(7) in that Resident # 21 has medication at the bedside without the authorization of the attending physician.

Resident #R121 has an order for two pulmonary inhaler medication. Both inhaler medications were left at the resident's bedside and there is no physician's order to indicate the resident could keep the medication at the bedside.

The licensee's Medication Self Administration policy # 11-23 was reviewed. The policy specifies the following: " Residents are permitted to self administer medications only when a Physician or Nurse Practitioner's written order is present in the resident's health record. This order must be re-ordered with the Three Month Medication Review." [s. 131. (7)]

WN #11: 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 failed to comply with O.Reg 79/10, s.224(1)(1) in that the package of information provided for under section 78 of the Act includes information about: (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.

LTC Homes Inspector #150 reviewed the Residents Admission Information package with the home's Admissions Supervisor. No information was seen in the Resident Admission Information package related to resident's ability to retain the services of a physician or registered nurse in the extended class to perform the services required under the Regulations.

The Admission's Supervisor stated that there is discussion with the resident and or their legal substitute decision maker (SDM), regarding the resident's ability to retain a physician not working in the home. Should the residents / SDM want to retain an external physician, the Admission's supervisor will give them the policy related to physician contract that have to be signed to have medical practice privileges in the long-term care home. [s. 224. (1) 1.]

Issued on this 9th day of May, 2013

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

Lynne Duchesneau #117

Carole Bird

Colette Asselin, LTCH Inspector #134