



**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
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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
Apr 15, 2014	2014_365194_0002	000059-14, 000907-13	Complaint

Licensee/Titulaire de permis

REGIONAL MUNICIPALITY OF DURHAM
605 Rossland Road East, WHITBY, ON, L1N-6A3

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

FAIRVIEW LODGE
632 DUNDAS STREET WEST, P.O. BOX 300, WHITBY, ON, L1N-5S3

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

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 07 & 08, 2014

During the course of the inspection, the inspector(s) spoke with Administrator, Resident Care Coordinators (RCC), Registered Dietitian (RD), Registered Practical Nurse (RN) Registered Nurse (RPN), Pain Nurse, Physio Therapist (PT) and Resident

During the course of the inspection, the inspector(s) Reviewed clinical health records of identified residents, Medication Administration Records (MARS), Food and Fluid records, Internal incident investigations documentation, Critical Incident Reports, educational records, Human Resources records of identified staff, licensee's policies "Abuse & Neglect-Prevention, Reporting & Investigation" ADM-01-05-01; "Pain Management Program " MED 03-01-07; "Provision of Fluids" FOOD-12-06-11; "Food and Fluid intake record" FOOD-12-06-12; "Nutritional Assessment & Risk Identification" FOOD 12-06-01; "Fall Prevention and Management Program" NUR-04-08-06.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Nutrition and Hydration

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

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. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :



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1. The licensee failed to comply with LTCHA 2007, s.6(10)(b) when Resident #01 was not reassessed and the plan of care reviewed and revised when the care needs changed.

Resident #01 had a fall on an identified date with injury.

The POA stated during an interview with inspector that Resident #01 "appeared thirsty" during visits post fall, stating the resident was looking "worse" and that the resident was in bed all the time.

The RCC #115 confirmed that a hydration assessment for Resident #01 should have been completed.

The food and fluid records for Resident #01 were reviewed for the period of 5 days indicating a significant decrease in fluid intake over a 4 day period

The home's policy related to "Provision of Fluids" directs, that members of the health care team will monitor resident's hydration status as part of their routine assessment. Poor fluid intake (as defined by 3 consecutive days of fluid intake less than 1000 ml) and/or any signs or symptoms of dehydration are to be reported to the charge nurse who will initiate a hydration assessment.

There is no evidence in the clinical health record for Resident #01 that a hydration assessment or interventions were initiated. [s. 6. (10) (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 by ensuring that residents are reassessed and the plan of care revised when the resident's care needs change, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director



Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

Findings/Faits saillants :

1. The Licensee failed to comply with LTCHA 2007, s. 24(1) when the Director was not immediately notified when an incident of alleged abuse was reported.

On an identified date Resident #02 reported to PSW #133 that an incident of alleged abuse had occurred by a staff member on the previous shift. The RN #115 on duty was informed by the PSW #133 of the alleged abuse, but the incident was not immediately reported to the Director.

Four days later the POA for Resident #02 brought the allegation of abuse forward to the management when the POA became aware of the incident. The licensee submitted Critical Incident for the staff to resident abuse allegations.

The Administrator has confirmed that the staff involved in this incident RN #115, RN #132, PSW #133 and PSW #134 have all received abuse education related to mandatory reporting in 2013. [s. 24. (1)]



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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 by ensuring that anyone who has reasonable grounds to suspect that abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or risk of harm, shall immediately report the suspicion and the information upon which it is based to the Director, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :



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1. The licensee failed to comply with O. Reg 79/10 s. 52(2) when pain for Resident #02 was not relieved by initial interventions and a clinically appropriate assessment tool was not completed.

MARS for an identified month for Resident #02 confirmed that Resident #02 was receiving routine analgesics.

Review of the progress notes and MARS for the period of 18 days during the identified month confirm numerous entries documented where PRN analgesic was provided for resident #02 when expressing discomfort. There is no evidence that a clinically appropriate pain assessment tool was completed, when the routine analgesic was not effective.

Physician's order for Resident #02 was received midway through the identified month for a dosage increase of the analgesic.

Interview with RPN #138 confirmed that the pain assessment tool is not routinely being completed.

Interview with RN #139 also confirmed that staff are not routinely using the pain assessment tool after admission.

Licensee's policy "Pain Management Program" MED 03-01-07 dated March 22, 2011 direct staff to utilize the clinically appropriate pain tool if the pain is not relieved by initial interventions.

-Pain assessment tool MED-03-01-07 Appendix A [s. 52. (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 by ensuring that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.



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WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :



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1. The licensee failed to comply with LTCHA, 2007 s. 20(1) when it's policy on Abuse was not complied with.

Review of the licensee's "Abuse & Neglect - Prevention, Reporting & Investigation" ADM-01-05-01 dated September 16, 2013;
General Reporting Requirements directs;

-All staff, volunteers, contractors and affiliated personnel must immediately report any alleged, suspected or witnessed incidents of abuse or neglect to the appropriate supervisor on duty. Together with the person who witnessed the alleged/suspected/witnessed abuse or neglect, the home must immediately report to the MOHLTC.

-The policy outlines the legislative requirements for Mandatory Reporting under LTCHA, 2007 s. 24(1).

-Supervisors/Manager/RN to whom the alleged abuse or neglect is reported will
-notify the DOC/Designate or after hours, the Senior Manager on Call immediately upon receipt of the complaint and initiate investigation
-initiate a critical incident report to the MOHLTC as per reporting requirements

Registered Staff on resident's unit will

-Document and report findings to DOC/Designate
-Notify family member/SDM/POA of the incident as soon as possible, but within 12 hours.

On an identified date Resident #02 reported and incident of alleged staff to resident abuse. RN# 115 did not comply with the licensee's policy when;

-MOHLTC was not immediately notified
-the DOC/Designate was not immediately notified
-The POA was not notified of the incident as soon as possible, but within 12 hours. [s. 20. (1)]



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Issued on this 15th day of April, 2014

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

CHANTAL LAFRENIERE (194)