



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

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

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Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Apr 4, 2014, 2014_191107_0007, H-000677-13, Complaint

Licensee/Titulaire de permis

FOYER RICHELIEU WELLAND
655 Tanguay Ave, WELLAND, ON, L3B-6A1

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

FOYER RICHELIEU WELLAND
655 TANGUAY AVENUE, WELLAND, ON, L3B-6A1

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

MICHELLE WARRENER (107), LEAH CURLE (585)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 27, 28, March 31, 2014

During the course of the inspection, the inspector(s) spoke with residents, registered and front line nursing staff, Director of Care, Nutrition Manager, front line dietary staff, and the Administrator

During the course of the inspection, the inspector(s) reviewed the home's complaints procedures, relevant policies and procedures, clinical health records, and observed an evening and afternoon snack pass

The following Inspection Protocols were used during this inspection:



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**Reporting and Complaints
Snack Observation**

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements



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Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 30(1)1]

The dietary services and hydration program did not include all relevant policies, procedures and protocols to direct staff in the provision of care to residents.

A) The Nutrition Manager confirmed that policies related to the dietary services and hydration program were under development, however, many were not currently in place.

B) Policies were requested by the inspector related to meal service and snack service, however, these policies were not available during this inspection.

C) Inconsistencies were noted in staff provision of snack service, meal and snack times, and documentation of the provision of snacks. [s. 30. (1) 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 with ensuring that there is a written description of the dietary services and hydration program that includes its goals and objectives and relevant policies, procedures, and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Findings/Faits saillants :



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1. [LTCHA, 2007, S.O. 2007, c.8, s. 84]

The home's quality improvement program did not include a system to monitor, analyze, evaluate and improve the quality of care and services for residents related to the provision of the afternoon and evening snack passes.

A) Food and fluid intake documentation over an identified month reflected that 57% of the home's residents consistently refused or were sleeping during the evening or afternoon snack passes (predominantly the evening snack pass).

B) The Nutrition Manager identified that the home was aware that the evening snack pass was not consistently being consumed/offered, however, an evaluation was not completed to identify the cause and improve the acceptance of the snack pass.

C) The snack menu was noted to be repetitious with only cookies being offered for both the afternoon and evening snacks and the same snack was offered on the same day of the week (e.g. every Monday was the same snack). Staff stated the snack menu was not revised due to the large amount of items being thrown out or not consumed.

D) The observed evening snack pass was started at 6:30 p.m., however, the evening meal was not completed until 6:00 p.m. Staff confirmed that the snack pass was usually started about 6:30 p.m. It appeared that meal and snack times were not spaced to allow sufficient time between the supper meal and the evening snack. [s. 84.]

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 with ensuring that the home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates, and improves the quality of the accommodation, care, services, programs and goods provided to resident of the long-term care home, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



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Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

s. 101. (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).

(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).

(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 101(1)3]

Not all written complaints made to the licensee concerning the care of a resident or the operation of the home, had a response to the person who made the complaint, indicating what the licensee had done to resolve the complaint or that the licensee believed the complaint to be unfounded and the reasons for the belief.

A) A complaint was made to the licensee on a specified date identifying concerns with the operation of the home and resident care. The complainant requested a written correspondence indicating what action was taken to resolve the identified concerns.



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The response that was provided to the complainant stated the home wanted to set up a verbal meeting with the complainant which was never completed. A written response to the complainant, as requested, outlining what the licensee had done to resolve the complaint, was not provided. [s. 101. (1) 3.]

2. [O.Reg. 79/10, s. 101(2)(c)(d)(f)]

The licensee did not ensure that a documented record was kept in the home that included the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required and the final resolution, if any.

A) A written complaint was received by the home on a specified date, however, a written record that included the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required, the final resolution and any response made by the complainant, was not kept by the home. The Administrator sent a letter to the complainant requesting a verbal meeting, however, a written record outlining action taken by the home in response to the complaint, and the complainant's response to the requested meeting was not identified.

B) A written complaint letter was received by the home on a specified date, however, a written record that included the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required, the final resolution and any response made by the complainant, was not kept by the home. The Administrator stated an address was not provided for the complainant, however, a written record of the action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow up action required, was not documented. [s. 101. (2)]

3. [O.Reg. 79/10, s. 101(3)]

The Administrator confirmed that a written record was not kept of a quarterly analysis of complaints received by the home and of the improvements made in response to the analysis. [s. 101. (3)]



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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 with regulation sections, 101(1)3, 101(2)(c)(d)(f), and 101(3), to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 229(9)]

The home's hand hygiene program was not implemented by a staff member providing snacks at the observed afternoon and evening snack passes.

A) At both snack passes, the staff member was observed assisting residents with eating, clearing dirty dishes, and providing cookies to residents (picked up with the staff member's hands) without washing/sanitizing their hands between tasks. The program required sanitizing or washing hands between tasks. [s. 229. (9)]

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 with ensuring that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of care hand hygiene agents, to be implemented voluntarily.



WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 21. Every licensee of a long-term care home shall ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints. 2007, c. 8, s. 21.

Findings/Faits saillants :

1. [LTCHA, 2007, S.O. 2007, c.8, s. 21]

The licensee had a written procedure for dealing with complaints, however, the policy was not consistent with the regulations.

A) The home's policy did not include processes for dealing with written complaints and the need to forward written complaints to the Director.

B) The time frames for responding to complainants was not consistent with the required time frames identified in the regulations. [s. 21.]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. [LTCHA, 2007, S.O. 2007, c.8, s. 22(1)]

The licensee did not forward to the Director written complaints that were received by the home concerning the care of residents or the operation of the home. Written complaints were received by the home, however, these complaints were not forwarded to the Director. The Administrator confirmed that complaints were not forwarded to the Director. The written complaint letters outlined concerns with the care of residents and the operation of the home. [s. 22. (1)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning



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Specifically failed to comply with the following:

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(a) is a minimum of 21 days in duration; O. Reg. 79/10, s. 71 (1).

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 71(1)(a)]

The home's menu cycle for snacks was not a minimum of 21 days in duration.

A) The snack menu was a one week menu cycle (same snack for weeks 1-3) and the menu provided cookies every day for the afternoon and evening snacks. Staff stated the Dietitian had revised the snack menu, however, the revised menu had not been implemented due to budgetary concerns. Staff stated residents had voiced concerns over variety of the snack menu at Resident's Council meetings. [s. 71. (1) (a)]

Issued on this 4th day of April, 2014

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

U. Warriner, RD