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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119 rue King Ouest 11iém étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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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
Feb 14, 2017	2016_560632_0013	034148-16	Resident Quality Inspection

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF NIAGARA
2201 ST. DAVID'S ROAD THOROLD ON L2V 4T7

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

GILMORE LODGE
50 Gilmore Road Fort Erie ON L2A 2M1

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

YULIYA FEDOTOVA (632), KELLY CHUCKRY (611)

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): December 12, 13, 14, 15, 16, 2016.

During the course of the inspection, the inspector(s) observed the provision of care and services, toured the home, and reviewed relevant documents including but not limited to meeting minutes, policy and procedures, and clinical records.

In addition to RQI, the following inspections were completed:
1. Critical Incident System 032127-16 in relation to staff to resident improper care/rough handling, 013117-16 in relation to improper/incompetent treatment of a resident.
2. Complaint 019628-16 in relation to bed refusal for new resident in Gilmore Lodge.

During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSWs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Nutrition Environmental Services Manager (NESM), Clinical Documentation and Information (CDI) Co-ordinator, Administrator, and Director of Care (DOC).

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
4 WN(s)
1 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. 44. Authorization for admission to a home

Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,
(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).
(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).
(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Findings/Faits saillants :

1. The licensee failed to ensure to approve the applicant's admission to the home unless,

(a) the home lacked the physical facilities necessary to meet the applicant's care requirements;
(b) the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements; or
(c) circumstances existed which were provided for in the regulations as was a ground for withholding approval.

On an identified date in December, 2015, the home declined admission for resident #022 indicating that the resident "had a serious change of condition from July 2015 to present" and provided some examples of their condition and that the home lacked of "nursing expertise and their physical environment" for the resident. Interview with the Administrator and the Director of Care on an identified date in December, 2016, indicated that home admitted and provided care for residents with similar health conditions and there were two vacant rooms to accommodate the needs of the residents in the home. The home failed to ensure to approve resident #022 admission, where exceptions for the admissions were not met. [s. 44. (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 the approval of applicants' admission to the home unless,
(a) the home lacks the physical facilities necessary to meet the applicant's care requirements;
(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or
(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval., 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. (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 :

1. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any time when, the resident`s care needs change or care set out in the plan was no longer necessary.

Resident #021 had unwitnessed fall and sustained an injury. Review of resident's plan of care contained information on identified dates in September, 2016, about care plan changes to have more assistance and help for the resident during their Activities of Daily Living (ADL). Review of written plan of care for resident #021 on an identified date in October, 2016, contained information related to transfers, bed mobility, locomotion on and off unit and walk in room requiring extensive assistance with one staff. Review of Minimum Data Set (MDS) assessment records, updated on an identified date in September, 2016, about Activities of Daily Living (ADL), that is self-performance related to transfers, bed mobility and walk in room, which were coded as extensive assistance with two staff and ADL support provided for locomotion on and off unit were coded as total dependence one person physical assist. On an identified date in December, 2016, CDI Co-ordinator confirmed that records in the resident's plan of care were not updated and consistent with MDS assessment. [s. 6. (10) (b)] (632)

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee failed to ensure that the policy and procedure were complied with.

Review of Weight Monitoring Policy INDEX NO: RS00-015 (revised on April 1, 2016) indicated that if weight change triggered a significant weight change section in Point Click Care (PCC), then a reweigh should be done. If second weight for the month confirmed significant weight change, electronic referral to be sent to the Food Service Manager and/or the Registered Dietitian(RD) for assessment.
On an identified date in September, 2016, resident #003 sustained a significant weight loss, which was indicated in resident's plan of care. On December 15, 2016, interview with staff # 107 and #108 indicated that any significant weight changes were flagged in the system for the staff and re-weigh was to be completed. On December 15, 2016, interview with staff # 101 indicated that significant weight change alerts were to be addressed by the RD or by the registered staff on the floor by requesting re-weigh for residents with significant weight changes and once it was confirmed, the referral was to be completed for the RD. On December 14, 2016, the Nutrition Environmental Services Manager (NESM) confirmed that the resident was not re-weighed and no referral was sent to the RD for assessment. On December 16, 2016, CDI Co-ordinator also confirmed that no nutritional referral was submitted to the RD and no nutritional assessment was completed. Staff in the home did not ensure that Weight Monitoring Policy was complied with when there were significant weight changes in the weight of resident #003. [s. 8. (1) (a),s. 8. (1) (b)]

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

Findings/Faits saillants :

1. The licensee failed to ensure that residents with the following weight changes were assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated:
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.

Resident #003 was at moderate nutritional risk level. On an identified date in September, 2016, resident #003 sustained a significant weight loss, which was indicated in resident's plan of care. On December 15, 2016, interview with staff # 107 and #108 indicated that any significant weight changes were flagged in the system for the staff and re-weigh was to be completed. On December 15, 2016, interview with staff # 101 indicated that significant weight change alerts were to be addressed by the Registered Dietitian (RD) or by the registered staff on the floor by requesting re-weigh for residents with significant weight changes and once it was confirmed, the referral was to be completed for the RD. On December 14, 2016, the Nutrition Environmental Services Manager (NESM) confirmed that the resident was not re-weighed and no referral was sent to the RD for assessment. On December 16, 2016, CDI Co-ordinator also confirmed that no nutritional referral was submitted to the RD and no nutritional assessment was completed. Staff in the home did not ensure that resident #003 with significant weight changes was assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated. [s. 69. 1.,s. 69. 2.,s. 69. 3.,s. 69. 4.]

Issued on this 15th day of February, 2017

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

Original report signed by the inspector.