



**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**

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

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

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 23, 2017	2017_700536_0021	024325-17	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

CATHIE ROBITAILLE (536), CATHY FEDIASH (214), LISA BOS (683)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): November 9, 14, 15, 16 and 17, 2017

The following inspections were completed concurrently with the Resident Quality (RQI) Inspection.

Critical Incident System Reports:

020922-17-pertaining to: Medication

Complaint:

018866-17-pertaining to: Staffing

During the course of the inspection, the inspector(s) spoke with with residents, family members, personal support workers (PSW's), registered staff, dietary staff, Dietitian, Resident Assessment Instrument-Minimum Data Set Co-Ordinator (RAI-MDS), Director of Resident Care (DRC) and the Administrator.

During the course of the inspection, the inspector(s) toured the home, observed the provision of care and services provided on all home areas, interviewed staff, residents and families, and reviewed relevant documents including, clinical health records, training records, meeting minutes, staffing schedules and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Residents' Council

Skin and Wound Care

Sufficient Staffing



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

- 2 WN(s)
- 0 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

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).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was based on an assessment of the resident and the needs and preferences of that resident.

A review of resident #002's quarterly Minimum Data Set (MDS) coding on an identified date in 2017, indicated that the resident was coded as being frequently incontinent. A review of the corresponding narrative Resident Assessment Protocol (RAP) for incontinence indicated that the resident was frequently incontinent.

A review of the resident's written plan of care in place at the time of the MDS assessment indicated under the toileting program focus that the resident was occasionally incontinent.

An interview with the Resident Assessment Instrument Minimum Data Set (RAI MDS) Coordinator and the Director of Resident Care (DRC) confirmed that resident #002's plan of care had not been based on their assessed needs. [s. 6. (2)]

2. The licensee has failed to ensure that the staff and others involved in the different aspects of care of the resident collaborated with each other in the assessment of the resident so that their assessments were integrated and were consistent with and



complemented each other.

A review of resident #007's quarterly Minimum Data Set (MDS) coding on an identified date in 2017, indicated that the resident was coded as having an alteration in skin integrity.

A review of the resident's MDS coding on an identified date in 2017, indicated that the resident was coded as having a different alteration in skin integrity.

A review of the corresponding narrative RAPs for skin integrity on an identified date in 2017, indicated that the RAP would not be addressed in the resident's care plan as there were no concerns with the resident's skin.

A review of assessments in Point Click Care (PCC) titled, "Wound Care Assessment (June 2015)-V4, which were dated on identified dates in 2017 and conducted most recently before and after the above MDS assessments, indicated that the resident had a specified alteration in skin integrity with an onset date specified in 2017.

A review of resident #007's nutritional progress notes indicated that the Registered Dietitian (RD) documented on specified dates in 2017, that the resident was receiving nutritional interventions for a different alteration in skin integrity.

An interview with the DRC and RAI MDS Coordinator confirmed that resident #007 had an alteration in skin integrity during the above MDS assessments and that these assessments were not integrated or consistent and did not complemented each other. [s. 6. (4) (a)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 45. 24-hour nursing care — exceptions

Specifically failed to comply with the following:

s. 45. (1) The following are the exceptions to the requirement that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, as required under subsection 8 (3) of the Act:



- 1. For homes with a licensed bed capacity of 64 beds or fewer,**
 - i. a registered nurse who works at the home pursuant to a contract or agreement between the nurse and the licensee and who is a member of the regular nursing staff may be used,**
 - ii. in the case of an emergency where the back-up plan referred to in clause 31 (3) (d) of this Regulation fails to ensure that the requirement under subsection 8 (3) of the Act is met,**
 - A. a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, or**
 - B. a registered practical nurse who is a member of the regular nursing staff may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone. O. Reg. 79/10, s. 45 (1).**
- 2. For homes with a licensed bed capacity of more than 64 beds and fewer than 129 beds,**
 - i. in the case of a planned or extended leave of absence of an employee of the licensee who is a registered nurse and a member of the regular nursing staff, a registered nurse who works at the home pursuant to a contract or agreement with the licensee and who is a member of the regular nursing staff may be used,**
 - ii. in the case of an emergency where the back-up plan referred to in clause 31 (3) (d) of this Regulation fails to ensure that the requirement under subsection 8 (3) of the Act is met, a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if,**
 - A. the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, and**
 - B. a registered practical nurse who is both an employee of the licensee and a member of the regular nursing staff is on duty and present in the home. O. Reg. 79/10, s. 45 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the following exceptions to the requirement that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, as required under subsection 8 (3) of the Act: 2.i. For homes with a licensed bed capacity of more than 64 beds and fewer than 129 beds, in the case of a planned or extended leave of absence of an employee of the licensee who is a registered nurse and a member of the regular nursing staff, a registered nurse who works at the home pursuant to a contract or agreement with the licensee and who is a member of the regular nursing staff may be used, if, A. the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, and B. a registered practical nurse who is both an employee of the licensee and a member of the regular nursing staff is on duty and present in the home. O. Reg. 79/10, s. 45 (1).

A review of the registered staffing schedules for Registered Nurses (RN) and for Registered Practical Nurses (RPN) for the identified dates in 2017, identified that agency RN's had worked a specified number of shifts between the identified dates in 2017. The review also indicated for these specified shifts where agency RN's were used, that an RPN employed by the home had been scheduled to work in the home, and that the Director of Resident Care (DRC) was available by phone as per the legislative requirements. During the review, the Inspector identified that on specified dates in 2017, that an agency RN was scheduled for specified shifts. The schedule also identified that an RPN employed by the home had not been scheduled on those specified shifts. The Director of Resident Care (DRC) confirmed that on those specified dates they were unable to get an RPN employed by the home to work however, the DRC had been available by phone. During the period identified in 2017, the home had a specified number of vacant RN lines. At the time of the inspection, recruitment efforts have been successful in filling these extended vacancies.

PLEASE NOTE: This area of non compliance was identified during a Complaint inspection, log # 018866-17, conducted concurrently during this RQI. [s. 45. (1) 2. i.]



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Issued on this 11th day of December, 2017

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

Original report signed by the inspector.