



**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
prévus le Loi de 2007 les
foyers de soins de longue**

Health System Accountability and Performance
Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la
performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
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Aug 16, 17, 18, Sep 2, 2011

2011_099188_0013

Complaint

Licensee/Titulaire de permis

CORPORATION OF THE CITY OF TIMMINS
481 Melrose Blvd., TIMMINS, ON, P4N-5H3

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

GOLDEN MANOR
481 MELROSE BOULEVARD, TIMMINS, ON, P4N-5H3

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

MELISSA CHISHOLM (188)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, the Nursing Care Coordinator, the Informatics Coordinator, registered nursing staff, Personal Support Workers, dietary staff members, rehabilitation staff members and housekeeping staff.

During the course of the inspection, the inspector(s) conducted a walk through of resident care areas, observed the care of residents residing in the home, observed dining room service, reviewed health care records of residents and reviewed various policies and procedures.

The following Inspection Protocols were used in part or in whole during this inspection:

Continance Care and Bowel Management

Dining Observation

Minimizing of Restraining

Personal Support Services

Resident Charges

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Definitions WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Définitions 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. 29. Policy to minimize restraining of residents, etc.

Specifically failed to comply with the following subsections:

**s. 29. (1) Every licensee of a long-term care home,
(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and
(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).**

Findings/Faits sayants :

1. Inspector reviewed the home's policy titled "Restraints & Personal Assistance Services Devices (PASDs)". Page 13 of this policy discusses the care planning requirements when a PASD is being used. It states "The care plan must include a description of the device that is being authorized and instructions relating to the order, the purpose or intent, when it will be used, how it will be used, duration and frequency of use." Inspector reviewed the care plan and Kardex for a resident who was observed using a device reported by the nursing staff to the inspector as a PASD. The care plan for this resident fails to mention the use of a PASD and any directions to staff on the use of this device. The licensee failed to ensure their policy titled "Restraints & Personal Assistance Services Devices (PASDs)" is complied with. [LTCHA 2007, S.O. 2007, c.8, s.29(1)(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 ensuring their policy title "Restraints & Personal Assistance Services Devices (PASDs)" is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits sayants :

1. Inspector noted on August 17, 2011 the alternative lunch meal, according to the weekly and daily menu, was sweet and sour chicken with fried rice and stir fry vegetables. Inspector noted that this was not offered to residents. Residents in both the Special Care Dining Room and the West 1 Dining Room were observed by inspector to be offered a hamburger patty with gravy and vegetables as the alternative meal choice. The licensee failed to ensure that each resident is offered the planned menu item at each meal. [O.Reg. 79/10, s.71(4)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following subsections:

- s. 72. (2) The food production system must, at a minimum, provide for,
- (a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;
 - (b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;
 - (c) standardized recipes and production sheets for all menus;
 - (d) preparation of all menu items according to the planned menu;
 - (e) menu substitutions that are comparable to the planned menu;
 - (f) communication to residents and staff of any menu substitutions; and
 - (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

Findings/Faits sayants :

1. Inspector observed on August 17, 2011 during the lunch meal service that the daily menu and weekly menu both identified sweet and sour chicken as the alternative meal choice. Inspector observed hamburger patties with gravy being served as the alternative in both the Special Care Dining Room and the West 1 Dining Room. Inspector interviewed a dietary aid in the West 1 Dining Room about the difference between the posted menu and the choice provided and was informed "the kitchen ran out, so some floors got a different alternative". The licensee failed to ensure the menu substitution was communicated to residents and staff. [O.Reg. 79/10, s.72(2)(f)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

- s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
- 1. Communication of the seven-day and daily menus to residents.
 - 2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
 - 3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
 - 4. Monitoring of all residents during meals.
 - 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
 - 6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
 - 7. Sufficient time for every resident to eat at his or her own pace.
 - 8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
 - 9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
 - 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
 - 11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

s. 73. (2) The licensee shall ensure that,

- (a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and
- (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 sayants :

1. Inspector observed on August 17, 2011 during the breakfast meal service on the West 2 Dining Room that a resident had a bowl of hot cereal with blue berries and juices on the table in front of the resident at 08:06h upon the inspector entering the dining room. This resident's care plan identifies that they require total assistance with meals. Inspector observed this resident remained in the wheelchair in a reclined position unable to reach the table with the hot cereal on the table in front of the resident until 08:42h when a staff member moved the resident into a sitting position (from the reclined position) and began providing the resident with total assistance for eating. The licensee failed to ensure that a resident who requires assistance with eating or drinking is only served a meal when someone is available to provide the assistance. [O.Reg. 79/10, s.73(2)(b)]
2. Inspector observed on August 17, 2011 that no weekly menu is available to resident's in the Special Care Unit. Inspector noted that the daily menu for lunch was hand written on a board in the dining room, however this dining room is only available to residents during meal times and is kept locked at all other times throughout the day. Inspector noted that the daily and weekly menu was posted on the wall in the hallway outside of the locked doors to the Special Care Unit, however residents who reside on the Special Care Unit do not have access to this area. Inspector also noted that the weekly menu posted in the hallway outside of the doors to the Special Care Unit was for the previous week (Aug 8-14/11). The licensee failed to ensure that the daily and weekly menus are communicated to residents. [O.Reg. 79/10, s.73(1)(1)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care

Specifically failed to comply with the following subsections:

- s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,**
- (a) mouth care in the morning and evening, including the cleaning of dentures;**
 - (b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and**
 - (c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).**

Findings/Faits sayants :

1. Inspector reviewed the plan of care for two residents related to mouth care. The plan of care for both residents identify the residents need for staff to perform mouth care after each meal. On August 18, 2011 inspector observed these two residents after breakfast. Both residents did not receive assistance with mouth care. The licensee failed to ensure residents received assistance with mouth care as required. [O.Reg. 79/10, s.34(1)(a)]
2. Inspector reviewed the plan of care for a resident. The plan of care identifies the resident requires assistance with mouth care after each meal. Inspector observed on August 18, 2011 at 14:15h that this resident was in bed. Inspector examined the resident's mouth and noted food debris on the resident's teeth and gums and around the resident's mouth. The licensee failed to ensure this resident received oral care following the lunch meal, as required as per the plan of care. The licensee failed to ensure residents receive oral care to maintain the integrity of the oral tissue. [O.Reg. 79/10, s.34(1)(a)]

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 ensuring all resident receive assistance with oral care in the morning and evening at any other time required by the resident's plan of care, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following subsections:

s. 51. (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits sayants :

1. Inspector observed August 18, 2011 following breakfast that a resident was assisted from the dining room in their wheelchair. This resident was observed by the inspector to be incontinent of urine, with a wet spot on the resident's pants. This resident remained in wet pants, having been incontinent of urine for an hour and a half after the initial observation by the inspector. During this hour and a half the inspector observed that the resident was sitting in front of the nursing station, participated in an exercise program with rehabilitation staff and was assisted from the wheelchair to walk around the unit and returned to the wheelchair. Staff took no action during this time and these activities to provide continence care to this resident. Inspector spoke with the Registered Nurse (RN) following an hour and a half of observation and identified that this resident had been incontinent of urine and care was not being provided. Continence care was then provided under the direction of the RN. The licensee failed to ensure that residents who require continence care products have sufficient changes to remain clean, dry and comfortable. [O.Reg. 79/10, s.51(2)(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 ensuring residents who require continence care products have sufficient changes to remain clean, dry and comfortable, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 245. Non-allowable resident charges

The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
 - i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
 - ii. the Minister under section 90 of the Act.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network.
4. Charges for goods and services provided without the resident's consent.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home.
6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

Findings/Faits sayants :

1. Inspector reviewed the health care record for a resident related to restraints. Inspector noted that in the progress notes for this resident it identifies that the family of the resident was asked to pay for two pieces of equipment for which the resident was assessed as requiring as a PASD. The progress notes indicate that the family agreed to pay for the equipment and that the resident's trust fund was charged for the purchase. The licensee failed to provide at no charge, other than the accommodation charge payable under the LTCHA, 2007, equipment and supplies to its residents. [O.Reg. 79/10, s.245(1)]
2. Inspector interviewed Diane Stringer, Nursing Care Coordinator (NCC) on August 18, 2011. The NCC reported to the inspector that sometimes families of residents are asked to purchase and supply resident equipment and as the home has a limited supply. The NCC identified that families of residents have been asked to purchase equipment such as hip protectors, bed and chair monitors and transfer poles if the home does not have any available and the resident requires the equipment. The licensee failed to provide at no charge, other than the accommodation charge payable under the LTCHA, 2007, equipment and supplies to its residents. [O.Reg. 79/10, s.245(1)]

Issued on this 9th day of September, 2011

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