



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

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 22, 2013	2013_201167_0019	H-000364- 13, H- 000235-13	Complaint

Licensee/Titulaire de permis

THE CORPORATION OF HALDIMAND COUNTY
45 Munsee Street, Box 400, Cayuga, ON, N0A-1E0

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

GRANDVIEW LODGE / DUNNVILLE
657 LOCK STREET WEST, DUNNVILLE, ON, N1A-1V9

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

MARILYN TONE (167)

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): July 17, 18, 19, 22, 23, 29, 30, August 1, 2013

Area of non compliance LTCHA, 2007 S.O.c.8, s.6(10)b related to review and revision of plan of care was issued as an order on inspection 2013_201167_0020, conducted simultaneously with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the identified resident and family members, registered staff and personal support worker staff, recreation and restorative care staff, the Resident Assessment Instrument Coordinator (RAI Coordinator), housekeeping staff, the Facility Operations Supervisor, laundry staff, unit clerk

During the course of the inspection, the inspector(s) conducted a review of the health files for identified residents, reviewed investigation notes completed by the home, reviewed relevant policies and procedures, conducted a tour of relevant home areas and observed care.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Contenance Care and Bowel Management

Dignity, Choice and Privacy

Medication

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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 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 did not ensure that resident # 001's plan of care was reviewed and revised when their care needs changed related to their toileting needs.

A) It was reported that resident # 001 or their family member asked frequently that the resident be toileted during meal time.

- Staff interviewed confirmed that it is common for the resident or their family member to request that the resident be toileted during meal service. Staff interviewed also confirmed that the resident is currently being toileted in the morning, before and after each meal and at bedtime. The staff confirmed that they ensure that the resident is toileted within one half hour prior to the meal service so that the resident does not require toileting during the meal and that this has been effective most of the time in preventing the need to be toileted during the meal. Staff also confirmed that the resident will ask to go to the bathroom if they require it and that the resident knows when they need to go.

- It was observed that the resident was toileted prior to meal service during observations throughout this inspection.

- The document that the home refers to as the care plan, confirmed as being the most current by the Resident Assessment Instrument Coordinator indicated that the resident is on a scheduled toileting program and the plan directed staff to toilet the resident in the morning, after breakfast, after lunch, after supper and before bed and did not identify the current plan related to toileting the resident within one-half hour prior to meals. It was also noted that care plan did not include toileting the resident upon their request.

The plan of care was not revised to include the most current interventions related to the resident's toileting needs. [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 to ensure that residents are reassessed and their plans of care reviewed and revised at least every six months and at any other time when the residents' care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.



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WN #2: 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:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

1. The licensee did not ensure that resident # 001 received staff assistance to toilet when assistance was requested at mealtime.

A) It was reported that the staff will not toilet the resident if they request toileting during meal time.

- During a review of the documentation on the resident's health file, it was noted that there was documented evidence on four occasions over the past year of staff refusing to toilet the resident if it was during meal service.

- Staff interviewed confirmed that when a resident asks to be toileted during mealtime, they will ask the resident if they can wait until after the meal. Staff indicate that they would only leave the dining room to toilet a resident if they could safely do so. If they were in the middle of serving or feeding it might not be possible.

It was confirmed that resident # 001 did not always receive assistance with toileting when they requested to manage and maintain their continence. [s. 51. (2) (c)]

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 that each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs



Specifically failed to comply with the following:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).**
- 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).**
- 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
- 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

Findings/Faits saillants :

1. The licensee did not ensure that the following interdisciplinary program was implemented within the home: A continence care and bowel management program.

A) The home's policy related to Bladder and Bowel Continence [Nursing- 05-1.1] dated January 2011 directed staff to conduct a bowel and bladder assessment using a clinically appropriate instrument identified as Appendix A- [Bladder and Bowel Continence Assessment]. This assessment was to be completed on admission, quarterly and after any change in condition that may affect continence.

The policy also indicated that a Bowel Monitoring Record and a Bladder Monitoring Record were to be completed with each assessment [Appendix B and Appendix C].

- The RAI Coordinator and the Director of Care confirmed that this is the most current policy and also confirmed that staff are currently not using these forms for assessment.

- During a review of the health file for resident # 001, it was confirmed that the resident's continence was not assessed using any of the forms identified in the the home's policy.

The home's policy related to Continence Care and Bowel management was not implemented within the home. [s. 48. (1) 3.]



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WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following:

- s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,**
- (a) procedures are developed and implemented to ensure that,**
 - (i) residents' linens are changed at least once a week and more often as needed,**
 - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**
 - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**
 - (iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).**

Findings/Faits saillants :



1. The licensee did not ensure that there was a process in place to report and locate lost clothing or personal items.

A) During interviews with registered staff and personal support worker staff at the home, it was reported that when staff become aware of a report of lost clothing, they would first look on the unit for the item and speak with laundry staff. They would then document the lost item in their report book on the unit. The registered staff interviewed also indicated that they would document the lost clothing on the 24 hour report sheet. None of the nursing staff interviewed were aware of any form to be used to report lost clothing.

- During an interview with the Facility Operations Supervisor, a form was provided related to missing clothing but it appeared that this form was not being used.

- During an interview with two laundry staff, it was confirmed that nursing staff do not use any form to report missing laundry.

- The laundry staff provided another form related to missing laundry that they located after the interview, but this form is not currently being used at the home either.

- None of the staff interviewed were able to provide any information related to a process for follow up with the resident or their family related to the outcome of the search.

- The laundry staff confirmed that the usual process for missing clothing is passed on by word of mouth.

The licensee does not currently have a process in place to report and locate missing clothing. [s. 89. (1) (a) (iv)]



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Issued on this 17th day of September, 2013

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

Marilyn Lowe