Ontario

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

London Service Area Office
130 Dufferin Avenue, 4th floor
LONDON, ON, N6A-5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130, avenue Dufferin, 4ème étage
LONDON, ON, N6A-5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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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
Jul 21, 2014	2014_263524_0022	L-000675-14	Resident Quality Inspection

Licensee/Titulaire de permis

TRI-COUNTY MENNONITE HOMES
200 Boullee St., New Hamburg, ON, N3A-2K4

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

GREENWOOD COURT
90 GREENWOOD DRIVE, STRATFORD, ON, N5A-7W5

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

INA REYNOLDS (524), DONNA TIERNEY (569), NANCY JOHNSON (538)

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): July 2, 3, 4, 7, 8, 9, 10, 11, 2014.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Resident Service Director, Director of Recreation and Volunteer Programs, RAI Coordinator, Infection Control Lead, Wound Care Lead, 3 Registered Nurses, 4 Registered Practical Nurses, 10 Personal Support Workers, 1 Recreation Assistant, 1 Dietary Aide, 1 Environmental Aide, 21 Residents and 4 Family Members.

During the course of the inspection, the inspector(s) toured all resident home areas, observed meal service, medication passes, medication storage areas and care provided to residents, resident/staff interactions, infection prevention and control practices, reviewed medical records and plans of care for identified residents, postings of required information, minutes of meetings related to the inspection, reviewed relevant policies and procedures of the home, and observed the general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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 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 "Falls Prevention Program" instituted or otherwise put in place is complied with.

Review of the "Falls Prevention Program" policy dated January 2014 revealed: "The falling leaf symbol is to be placed on walkers/canes/wheelchairs and in the room of residents identified at high risk of falling".

On July 7, 2014, record review of an identified resident revealed the resident was at high risk for falls and was in the falls prevention program requiring a falling leaf symbol in the room and on the walker. Observation of the resident's room revealed that there was no falling leaf symbol inside the resident's room or on the resident's walker. The Personal Support Worker confirmed there was no falling leaf symbol inside the resident's room or on the walker as identification that the resident is at risk for falls.

The Director of Care confirmed it is the home's expectation that the Falls Prevention Program is to be complied with related to the falling leaf symbol as identification of the resident's risk of falling. [s. 8. (1) (a),s. 8. (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 to ensure that the "Falls Prevention Program" instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails

Specifically failed to comply with the following:

s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

A bed entrapment assessment was completed by an independent company on June 19, 2014 which noted beds in identified rooms as having failed zones of entrapment.

Observation by Inspector #569, #524 and 538 and the Director of Care on July 2 and 3, 2014 of identified resident's bed system revealed a gap between the headboard and the end of the mattress (zone 7) of greater than 4.5".

The Director of Care confirmed that steps were not taken to date to prevent resident entrapment for the identified bed systems. [s. 15. (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 to ensure that steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that when a resident has fallen, the resident is assessed and a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Review of the clinical record for two identified residents revealed that during a specified time period the residents had numerous falls. There is no documentation in the clinical record that a post-fall assessment was completed for any of the falls.

Review of the clinical record for a resident on July 7, 2014 revealed there was no documented evidence that a post-fall assessment was completed for a fall sustained by the resident.

This was confirmed by the Registered Staff and the Director of Care. The Director of Care shared that a post-fall assessment, using a clinically appropriate assessment instrument that is specifically designed for falls, was not conducted for falls sustained by the identified residents. [s. 49. (2)]

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 when the resident has fallen, the resident is assessed and a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

WN #4: 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,
(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; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that each resident who is incontinent receives an assessment that includes identification of casual factors, patterns, type of incontinence and potential to restore function with specific interventions using a clinically appropriate assessment instrument.

A resident was noted to be frequently incontinent of bladder according to the plan of care, Minimum Data Set (MDS) and interview. A clinical record review on July 8, 2014 revealed there is no evidence of a continence assessment for this resident.

Review of the clinical record revealed that during the MDS quarterly assessment a resident had a significant change in continence from occasionally to frequently incontinent of bladder. No continence assessment was completed.

Review of the clinical record revealed a resident was continent when admitted to the home. Further review of the clinical record revealed that during the most recent MDS quarterly assessment the resident had a significant change in continence and was frequently incontinent of bladder. No continence assessment was completed.

The Director of Care confirmed that the home is not completing incontinence assessments to identify causal factors, patterns, type of incontinence and potential to restore function for residents with incontinence. Director of Care shared that it is the home's plan to begin using a clinically appropriate incontinent assessment instrument. [s. 51. (2) (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 to ensure that each resident who is incontinent receives an assessment that includes identification of casual factors, patterns, type of incontinence and potential to restore function with specific interventions using a clinically appropriate assessment instrument, to be implemented voluntarily.

WN #5: 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. (10) The licensee shall ensure that the following immunization and screening measures are in place:
1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The licensee failed to ensure that each resident admitted to the home is screened for tuberculosis within 14 days of admission, unless the resident has already been screened at some time in the 90 days prior to admission.

On July 7, 2014, a review of the immunization records for four randomly selected residents revealed not all residents were screened for tuberculosis within 14 days of admission or within 90 days prior to admission to the home.

Interview with the Infection Control Lead confirmed that the identified residents were not screened for tuberculosis within 14 days of admission or within 90 days prior to admission. [s. 229. (10) 1.]

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 admitted to the home is screened for tuberculosis within 14 days of admission, unless the resident has already been screened at some time in the 90 days prior to admission, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

Observation of medication pass revealed a registered staff administering a medical treatment to a resident in the common area while other residents and staff were present in the room.

The Director of Care confirmed that it is the expectation of the home that the resident be afforded privacy while receiving treatment. [s. 3. (1) 8.]

2. The licensee failed to ensure that every resident have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act.

Observation of the medication cart in the two common areas on July 4 and 7, 2014 revealed an unattended medication cart and the computer screen unlocked and open with resident personal health information visible.

Registered staff and the Director of Care confirmed that it is the homes expectation that the computer screen on the medication cart not be left unlocked and visible when unattended. [s. 3. (1) 11. iv.]

WN #7: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :

1. The licensee failed to ensure that the written plan of care set out clear directions to staff and others who provide direct care regarding toileting care.

On July 7, 2014, plan of care and Kardex review for a resident revealed the intervention under the toileting section conflicted with the urinary incontinence section relating to the resident's specified toileting routine.

Staff interview with a Personal Support Worker further revealed the resident was toileted as per schedule posted in the resident's bathroom which was different than the plan of care and Kardex.

The Director of Care confirmed the plan of care does not set out clear direction relating to the resident's toileting care needs. [s. 6. (1) (c)]

2. The licensee failed to ensure that the care set out in the plan of care with respect to toileting for the resident is provided as specified in the plan.

Record review of plan of care for a resident outlined a toileting schedule for specified times.

Staff interview with the Personal Support Worker on July 8, 2014 revealed the resident

was not toileted as specified in the plan of care.

Staff interview with the Registered Practical Nurse on July 9, 2014 confirmed that it is the home's expectation that the plan of care for toileting be provided as specified in the plan. [s. 6. (7)]

3. The licensee failed to ensure that the provision of care set out in the plan of care was documented.

a) Plan of care review for an identified resident revealed an intervention for resident safety at specified intervals. There was no evidence to support that documentation was completed regarding the intervention for resident safety as per plan of care.

Interview with the Personal Support Worker revealed that there are no monitoring sheets to document resident safety at specified intervals as required in the plan of care.

The Director of Care confirmed that the care set out in the plan of care for the resident was not documented as per plan of care.

b) On July 7, 2014, a record review of the weekly assessments for a resident revealed that the residents' altered skin integrity was not always documented as indicated in the plan of care. This was confirmed by the Registered Nurse.

The Director of Care confirmed it is the home's expectation that registered staff complete and document weekly assessments for this resident as set out in the plan of care. [s. 6. (9) 1.]

Issued on this 21st day of July, 2014

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