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

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 apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 6, 2017	2017_570528_0024	001025-17	Complaint

Licensee/Titulaire de permis

DIVERSICARE CANADA MANAGEMENT SERVICES CO., INC
2121 ARGENTIA ROAD SUITE 301 MISSISSAUGA ON L5N 2X4

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

HARDY TERRACE
612 Mount Pleasant Road R. R. #2 BRANTFORD ON N3T 5L5

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

CYNTHIA DITOMASSO (528)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): June 30 and July 4, 2017

This inspection included complaint intake # 001025-17 related to responsive beahviours; and was completed concurrently with critical incident inspection #2017_570528_0023.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Associate Director of Care (ADOC), registered nurses (RN), registered practical nurses (RPN), personal support workers (PSW), residents and families.

During the course of the inspection, the inspector(s) also observed the provision of care and services, reviewed documented including but not limited to clinical health records, staff schedules, meeting minutes, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.
- **1 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 O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).
(b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident were identified, where possible;
(b) strategies were developed and implemented to respond to these behaviours, where possible; and
(c) actions were taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions were documented.

The home's 'Responsive Behaviour Policy and Procedure, LTC-RCM-F-10.20', dated January 2015, directed registered staff complete the following interventions, including but not limited to: conduct a responsive behaviour assessment using Dementia Observation System (DOS) monitoring on admission and whenever there was a change or concern about the resident's responsive behaviours, determine if behaviours were endangering others and strategize with other team members, determine if related to other causes or triggers such as toileting or infection, and refer to available resources such as Behavioural Supports Ontario (BSO) or Psychogeriatric Resource Consultant (PRC) and to document any care measures.

A. In 2016, resident #012 was admitted to the home. The Admission Behavioural Assessment, identified that the resident had a history of responsive behaviours.
i. On admission, seven days of Dementia Observation System (DOS) monitoring of the resident was completed and no physical behaviours were observed. Three days later, progress notes documented that the resident began displaying responsive behaviours.

As a result of the resident's behaviours, the physician ordered medication changes. Over the next month, the resident displayed episodes of behaviours and incidents of altercations with co-residents.
ii. Review of the plan of care did not include any interventions related to how the staff were to manage the resident's responsive beahviours towards co-residents until after several altercations with co-residents, approximately six weeks after the resident began displaying the specific behaviours. Interview with the DOC confirmed that the document the home referred to as the care plan identified that the resident had behaviours towards caregivers only and did not include any information related to the resident's altercations with co-residents until six weeks after the resident began displaying new behaviours. Furthermore, after the resident had had increased altercations with co-residents, DOS monitoring was not initiated after each incident, as outlined in the home's Responsive Behaviour Policy and Procedure.
iii. Interview with the ADOC confirmed that resident #012 was not discussed at the home's Responsive Behaviour monthly meeting during the month that the resident's behaviours changed. Interview with RN #100 confirmed that resident #012 was not discussed with the interdisciplinary team in relation to identifying and implementing triggers and interventions for their behaviours, until six weeks after the resident initially displayed a change in behaviours and altercations with co-residents.

B. In 2017, resident #012 wandered in resident #011's room and an altercation occurred with no injuries. Review of the plan of care identified that as a result of the incident, a new intervention was to be put in place to keep resident's out of resident #011's room. On an identified day during the course of the inspection, resident #011 was observed in their bathroom, their room door was open and the specific intervention was not in place. Interview with PSW #101 and RPN #102 confirmed the intervention was not implemented, as required in resident #011's plan of care. (528)

C. In 2017, resident #013 was admitted to the home with a history of responsive behaviours. Dementia Observation System (DOS) monitoring was initiated the following day. However, review of the DOS charting revealed monitoring was not completed consistently, as required in the home's policy for the first seven days of admission:
i. On day three for three hours DOS monitoring was not completed.
ii. On day four for six hours DOS monitoring was not completed.
iii. On days five, six, and seven DOS monitoring was not completed.
Interview with the DOC confirmed that admission DOS monitoring was not consistently completed every 30 minutes as required. Furthermore, interview with the DOC confirmed that although the resident displayed episodes of responsive behaviours, DOS monitoring

was stopped after four days. On the fifth day after admission, an altercation occurred with resident #013 and a co-resident and DOS monitoring was not being implemented at the time as required in the home's Responsive Behaviour Policy and Procedure. (528) [s. 53. (4)]

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, for each resident demonstrating responsive behaviours,
i. the behavioural triggers for the resident are identified, where possible;
ii. strategies are developed and implemented to respond to these behaviours, where possible; and
iii. actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented, to be implemented voluntarily.

Issued on this 7th day of July, 2017

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

Original report signed by the inspector.