



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
Dec 16, 2014	2014_262523_0037	T-000040-14	Resident Quality Inspection

Licensee/Titulaire de permis

HILLCREST VILLAGE INC.
255 RUSSELL STREET, MIDLAND, ON, L4R-5L6

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

HILLCREST VILLAGE CARE CENTRE
255 RUSSELL STREET, MIDLAND, ON, L4R-5L6

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

ALI NASSER (523), ALICIA MARLATT (590), ALISON FALKINGHAM (518), SALLY ASHBY (520)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): Nov 10, 11, 12, 13, 18,19 & 20, 2014

CI # T-000606-14 completed during RQI

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Administrator, Director of Resident Care, Assistant Director of Resident Care, Laundry Services Manager, Maintenance and House Keeping Services, Nutrition Manager, RAI-MDS Coordinator, Restorative Care Coordinator, Recreational Activity Manager, seven Personal Support Workers, seven Registered Staff, Resident Council President, three Family Members & Residents.

During the course of the inspection, the inspector(s) toured the home, observed meal service, medication pass, medication storage areas and care provided to residents, reviewed health records and plans of care for identified residents, reviewed policies and procedures of the home and observed general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:



**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**

**Accommodation Services - Laundry
Accommodation Services - Maintenance
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**

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. 3. Residents' Bill of Rights



**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**

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:

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 :



**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**

1. The licensee has failed to ensure that the following rights of residents are fully respected and promoted: every resident has the right to, 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, as evidenced by:

Observations throughout the RQI revealed:

On November 10, 2014: 3 separate locations (laundry room, photocopy/room across from receptionist and life labs office) were observed unlocked and unattended with personal health information not kept confidential and it was readily accessible. This was confirmed by staff members.

On November 13, 2014: Medication observation revealed that resident's strip packages were being discarded into the medication cart general garbage with personal health information not altered in any way. The Registered Staff member confirmed that this was the normal practice, that strip packages were not destroyed, that personal health information was visible and not kept confidential. This was confirmed by the Director of Resident Care.

The Director of Resident Care confirmed in an interview that the home's expectation is to keep all PHI confidential and not readily accessible.

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 every resident has the right to 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, to be implemented voluntarily.

WN #2: 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 has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, as evidenced by;

Review of Drug Destruction and Disposal Policy (# 5-4) dated January 2014, stated under procedure # 13:

List all surplus and discontinued Monitored Medications, on a separate Drug Destruction and Disposal Monitored Medication list. The list shall include documentation of:

- a. Date of removal of the drug from the drug storage area (i.e. medication cart narcotic bin)
- b. Name of the resident
- c. Prescription number
- d. Drug name, strength and quantity
- e. Reason for destruction
- f. Date drug was destroyed
- g. Names of members of destruction team
- h. Manner of destruction of the drug (possibilities include crushing, denaturing with liquid or moist substance)
- i. Document a. to e. when drug removed from active orders in cart
- j. Document f. to h. when drug destroyed by team

Review of Drug Destruction records revealed missing documentation from list a. to j. on certain dates.

The Director of Resident Care confirmed the missing documentation on the Drug Destruction Records and confirmed that the home's policy was not complied with.

Review of Shift Change Monitored Drug Count policy (# 6-6) dated January 2014



**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**

stated under Procedure:

2. a. Two Registered Staff count the actual quantity of medications remaining
3. This Shift Count is a means to regularly audit the monitored medication for accuracy. Report any discrepancies to the Director of Resident Care (or delegate) immediately.

Review of the Critical Incident submitted by the home stated that the narcotic count was completed by two students (not Registered Staff) who were not being supervised during the narcotic count.

On November 19, 2014 an interview with the Director of Resident Care verified that the students were not considered employees of the home and should not have completed the narcotic count without supervision. The Director of Resident Care verified the home had not followed their policy called Shift Change Monitored Drug Count dated January 2014.

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home



Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,
ii. equipped with a door access control system that is kept on at all times, and
iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee has failed to ensure that all doors leading to non-residential areas must be kept closed and locked when they are not being supervised by staff, as evidenced by:

During the initial tour of the home it was observed that in different areas of the home several doors that lead to non-residential areas were kept unlocked and unattended.

This was confirmed by the Director of Resident Care and Maintenance Manager who worked on resolving the issue immediately and ensured all doors were then locked. [s. 9. (1)]



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

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 all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff, to be implemented voluntarily.

**WN #4: 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 has failed to ensure that where bed rails are used, 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, as evidenced by:

During resident observations, it was noted that 3 identified residents had potential bed entrapment concerns.

On November 14, 2014 at 0900 the Director of Resident Care confirmed that no bed system evaluation had been completed for these residents. [s. 15. (1) (a)]



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

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 where bed rails are used, 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, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 17.

Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).

(b) is on at all times; O. Reg. 79/10, s. 17 (1).

(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).

(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).

(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).

(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :



**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**

1. The licensee has failed to ensure that the resident-staff communication and response system can be easily accessed by residents at all times, as evidenced by:

Observations during Stage 1 of the RQI revealed that the call bell in identified resident's bathrooms were wrapped around the grab bar. Inspector and Registered Staff member were unable to activate the system when pulled beyond the wrapping point. This was confirmed by the Assistant Director of Resident Care (ADRC).

The ADRC confirmed in an interview that the home's expectation is to have all resident-staff communication and response system to be easily accessed by residents. [s. 17. (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 to ensure that the resident-staff communication and response system can be easily accessed by residents at all times, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :



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

1. The licensee has failed to ensure that a response in writing is done within 10 days of receiving Residents' Council advice related to concerns or recommendations, as evidenced by:

An interview with a Resident Council representative revealed that the home did not respond to the Residents' Council concerns in 10 days.

A review of the Resident Council minutes of 3 different meetings revealed that the home's responses to the Council's concerns were between 28-58 days.

During an interview with the Recreational Services Manager it was confirmed that the home's expectation would be to have written responses to Resident Council within 10 days of receiving advice related to concerns or recommendations. [s. 57. (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 a response in writing is done within 10 days of receiving Residents' Council advice related to concerns or recommendations, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).

Findings/Faits saillants :

4



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

1. The licensee has failed to ensure that at least once in every year a survey is taken of the residents to measure their satisfaction with the home and the care, services, programs and goods provided at the home, as evidenced by:

An interview with a Resident Council Representative revealed that resident has been living in the home for over 4 years and had never completed a satisfaction survey.

An interview with the Recreational Services Manager revealed that the home has not completed a resident satisfaction survey for the 6 years she had been in the home. The Recreational Services Manager confirmed that the home's expectation would be to work with the Resident Council to develop a resident satisfaction survey to be conducted annually. [s. 85. (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, at least once in every year, a survey is taken of the residents to measure their satisfaction with the home and the care, services, programs and goods provided at the home, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :



**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**

1. The licensee has failed to ensure that procedures and schedules were in place for routine, preventative and remedial maintenance as part of the organized program of maintenance services, as evidenced by:

On November 13, 2014 at 1330 a review of the preventative maintenance program with the Maintenance Manager and Assistant Administrator revealed that the home does not have policies and procedures nor completed schedules as part of the preventative maintenance program.

On November 13, 2014 at 1400 a home tour and observations with the Maintenance Manager confirmed stained ceiling tiles in identified resident's bathrooms and hallways of Resident Care Areas, paint scrapes and chips on walls and door frames, visible thick dust on air vents in bathrooms.

In an interview with the Assistant Administrator and Maintenance Manager it was confirmed that the Home's expectation would be to have an organized program of maintenance services that would include schedules and procedures in place for routine, preventative and remedial maintenance. [s. 90. (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 procedures and schedules were in place for routine, preventative and remedial maintenance as part of the organized program of maintenance services, to be implemented voluntarily.



**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**

Issued on this 16th day of December, 2014

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

ALI NASSER