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

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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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
Jan 29, 2014	2014_128138_0002	O-000032-14	Resident Quality Inspection

Licensee/Titulaire de permis

THE OTTAWA JEWISH HOME FOR THE AGED
10 Nadolny Sachs Private, Ottawa-Carleton, ON, K2A-4G7

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

HILLEL LODGE
10 NADOLNY SACHS PRIVATE, OTTAWA, ON, K2A-4G7

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

PAULA MACDONALD (138), KATHLEEN SMID (161), LYNE DUCHESNE (117)

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): January 20 - 24 and 27 - 28, 2014

Also conducted in conjunction with the Resident Quality Inspection were 2 Complaint Inspections (O-000259-13 and O-000354-13) and a Critical Incident Inspection (O-000945-13).

During the course of the inspection, the inspector(s) spoke with Residents, Family Members, Volunteers, Sitters, Residents' Council member, President of Family Council, the Executive Director, the Director of Nursing, several Registered Nurses (RN), several Registered Practical Nurses (RPN), the RAI-MDS Coordinator, several Personal Support Workers (PSW), the Director of Environmental Services, Director of Food Services, Food Services Workers (FSW), the Receptionist, Manager of Finance, the Coordinator of Quality Management, and the Director of Social Work, Program and Support Services.

During the course of the inspection, the inspector(s) reviewed residents' health care records, reviewed several of the home's policies and procedures, reviewed a Critical Incident Report, observed resident rooms, observed resident common and non common areas, reviewed the admission process and quality improvement system, reviewed Residents' Council and Family Council minutes, observed several medication passes, observed several meal services, and observed the delivery of resident care and services.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance
Admission Process
Dining Observation
Falls Prevention
Family Council
Food Quality
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home

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. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
7. Every release of the device and all repositioning. O. Reg. 79/10, s. 110 (7).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg 79/10 s. 110. (7) 7. in that the licensee failed to document every release of the device and all repositioning for every use of a physical device to restrain a resident.
Residents #8017, #7942 and #7946 were observed in Stage 1 of the Resident Quality Inspection (RQI) to be wearing a restraint of either a seatbelt or a table top. These three residents were triggered for further follow up relating to restraints in Stage 2 of the RQI. Long Term Care Homes (LTCH) Inspectors #138 and #117 reviewed the plans of care for these three residents and determined that the restraints were applied consistent with that outlined in the plans of care. The plans of care further identified the need to monitor each of the restraints hourly and reposition each resident every two hours. On January 24, 2014, the RAI Coordinator provided LTCH Inspector #117 copies of the documentation from POC (Point of Care) relating to monitoring of restraints completed by the nursing staff from October 25, 2013 to January 21, 2014 for the three residents. The documentation showed that staff were documenting the application of each residents' restraint however the documentation did not consistently reflect the release of the device and that the resident had been repositioned every two hours as per directions in the residents' plans of care. [s. 110. (7) 7.]

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 licensee shall document every release and all repositioning related to restraints, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. in that the licensee failed to ensure that the home is a safe and secure environment for its residents.

The home was observed to use a call bell system that when activated makes an intermittent sound at a display panel located in the centre area of the resident home area. This intermittent sound is only heard near the centre area and not heard throughout the entire resident home area including the resident rooms at the end of the home area. The display panel will also indicate the location the call bell was activated. Simultaneously, the call bell when engaged will also immediately signal to a pager that is carried by staff. Finally, the call bell will be transferred to the phone carried by the registered nurse in the resident home area if it is not responded to by staff within three to five minutes.

LTCH Inspector #138 observed during Stage 1 of the RQI that the call bell pager on resident home area 2 East was not carried by staff. LTCH Inspector spoke with staff member S102 who stated that the pager is not carried by staff during the day due to the type of resident on the unit. Instead, staff member S102 stated that the practice on 2 East is for all staff to pay attention to the locator panel in the centre area and communicate to each other when a call bell has been engaged. LTCH Inspector also spoke with the registered nursing staff on the unit, S103, who stated that the pagers are not carried by staff during the day although they are carried by staff on the evening and nights. Staff member S103 further stated that if there is an issue with a call bell not being answered than the call bell will be transferred to the phone carried by the registered nurse for follow up.
It was observed by the LTCH Inspector that call bells had been engaged on the unit on the day shift during Stage 1 and it was also observed by the LTCH Inspector that staff were not constantly in the vicinity of the centre area to readily identify the call bells that had been engaged.
LTCH Inspector spoke with the Director of Environmental Services and she stated that it is the practice of the home for day staff on resident home area 2 East to not carry a call bell pager. [s. 5.]

WN #3: 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. (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).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6 (7) in that the licensee failed to ensure that care set out in the plan of care is provided to the resident as specified in the plan.
During Stage 1 of the RQI, LTCH Inspector #138 observed Resident #7946 on three separate occasions to be wearing a seatbelt and table top while sitting in a wheelchair. Resident #7946 was triggered in Stage 2 for further follow up relating to restraints. LTCH Inspector reviewed the resident's health care record and noted that there was a physician's order on November 14, 2013 to discontinue the seatbelt. The resident's current plan of care was reviewed along with the MAR (Medication Administrator Record) and the POC (Point of Care) documentation system and all only outlined the use of a table top restraint and bedrails but not the use of a seatbelt.
LTCH Inspector spoke with a member of the registered nursing staff on the resident home area (S112) who stated that the resident was no longer in need of a seatbelt and instead uses a table top. Staff member S112 further stated that the seatbelt was physically attached to the resident's chair and suggested that staff would apply it because it was available. [s. 6. (7)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s. 15 (2) (c) in that the licensee did not ensure that the home's furnishings are in a good state of repair.

It was observed throughout this inspection that thirty-eight resident chairs are in poor repair as evidenced by the condition of the chair's wooden arms and legs, on which the finish has worn away in areas and is scuffed (or gouged) in other areas. These chairs are located in the living rooms, hallways and tub rooms located on the second and third floors.
On January 23, 2014 discussion held with the Director of Environmental Services who indicated that the home's renovation plans initiated in 2013 include the replacement of the furniture in the living rooms on the 2nd and 3rd floors by April 14, 2014. [s. 15. (2) (c)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (6) The licensee shall ensure that a full breakfast is available to residents up to at least 8:30 a.m. and that the evening meal is not served before 5:00 p.m. O. Reg. 79/10, s. 71 (6).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10 s. 71 (3) (6) in that the home did not ensure that a full breakfast is available to residents up to at least 08:30am.

On January 23, Resident #21 informed LTCH Inspector #117 about concerns with the change in the 1 West resident home area breakfast time. The resident indicated that the breakfast time is now 08:45am. On January 24, Resident #8018 also informed LTCH Inspector #117 about concerns with the change in the breakfast time on 1 West. The resident indicated that the breakfast time is now 08:45am and sometimes a bit later but still before 09:00am.

Discussion was held with resident home area staff members S108 and S119. Both stated that the breakfast time on 1 West was changed in early January 2014 to 08:45am from 08:30am in order to accommodate staff provision of personal care to residents. These staff members further stated that the home's Director of Food Services was aware of the change in the meal service time on 1 West. Discussion held with the home's Director of Nursing on January 24, 2013, and she stated that the breakfast meal service time was changed on 1 West in early January 2014 from 08:30am to 08:45am but that all other breakfast in all other resident home areas was available at 08:30am. [s. 71. (6)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 73 (1).

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:
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg 79/10 s. 73. (1) 1. in that it failed to ensure the communication of the seven day and daily menus to residents.

LTCH Inspector #138 observed a lunch dining service on January 20, 2014 in the 2 East dining room and noted that the seven day regular menu was posted in the unit along with a consistent daily menu. It was observed during the dining service that meal options available to residents on texture modified diets were different than that of the posted menu. LTCH Inspector spoke with the food service staff who stated that the menus for texture modified diets were different for that lunch meal and that the textured modified menus are not always the same as the regular menu. There were nine of twenty-five resident on 2 East who required a texture modified diet.
LTCH Inspector spoke with the Director of Food Services who also stated that the texture modified menus did not exactly mirror the regular menu. The Director of Food Services also stated that the only menu posted in the home was the regular menu and that the other menus were not posted.
The home failed to communicate all menus other than the regular texture menu to residents. [s. 73. (1) 1.]

2. The licensee failed to comply with O. Reg 79/10 s. 73. (1) 2. in that the home failed to review, subject to compliance with subsection 71 (6), the meal and snack times by the Residents' Council.

LTCH Inspector #138 interviewed a regular member of the Residents' Council who could not recall reviewing the meal and snack times at the Residents' Council.
LTCH Inspector spoke with the Director of Social Work, Program and Support Services who assists the Residents' Council. She stated that the meal and snack time have not been reviewed at the Residents' Council but may have been reviewed at the Food Committee which is a sub council of the Residents' Council.
LTCH Inspector spoke with the Director of Food Services who assists and attends the Food Committee. She stated that the Food Committee has not reviewed the meal and snack times. [s. 73. (1) 2.]

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
(a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
(b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
(h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
(i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
(j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
(k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
(p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
(q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79 (3) (c) and (g) in that the home's policy to promote zero tolerance of abuse and neglect of residents and the notification of the long-term care home's policy to minimize the restraining of residents and how to obtain a copy is not posted.

On January 20, 2014, LTCH Inspector #117 noted that the home has a large information bulletin display by the home's front lobby. The information/bulletin display holds various information documents required to be posted as per LTCHA s. 79. When reviewing the posted information, it was noted the home's policy to promote zero tolerance of abuse and neglect of residents was not posted. It was also noted that the home's minimizing restraints policy was not posted nor was there any notification posted on how to obtain the minimizing restraints policy. A review of the information/bulletin display on January 21, 22 and 23 also found the policies were still absent from the display area.

On January 23, 2014, LTCH Inspector #117 spoke with the home's Director of Social Work, Program and Support Services, the Director of Nursing, and the Director of Environmental Services. All three examined the information/bulletin display area. They stated that copies of the home's policies related to zero tolerance of abuse and neglect as well as the home's minimizing restraints policy are usually kept in the home's front entrance for resident, family and visitor information. They stated that they are each responsible for ensuring that there are copies of these policies posted and available to residents and visitors however there is no set process to monitor and ensure that copies of these policies are posted and readily available to residents and visitors. The home's receptionist did confirm that the policies are usually posted on the information/bulletin display and readily available for residents and visitors.

Although the home does post their zero tolerance for abuse and neglect and minimizing restraints policies, these were not posted and available to residents and visitors on January 20,21,22 and 23, 2014 during the RQI. [s. 79. (3) (c)]

WN #8: 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 :

1. The licensee failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85 (1) in that the licensee failed to ensure that at least once in every year, a survey is taken of the residents and their family to measure their satisfaction with the home and the care, services, programs and goods provided at the home.

LTCH Inspector #117 spoke with the President of the Family Council and was made aware that the Family Council, in conjunction with the home, conducted a survey of the care and services of the home but that this survey was only distrubuted among family members and not among residents.

LTCH Inspector #138 spoke with a resident from the Residents' Council. The resident described being a regular member of the resident council for a few years and could not recall the Residents' Council discussing or taking part in a satisfaction survey. LTCH Inspector spoke with the Director of Social Work, Program and Support Services who assists the Residents' Council. The Director of Social Work, Program and Support Services stated that the home did not conduct a resident satisfaction survey for 2013. This was also confirmed by the Director of Environmental Services. [s. 85. (1)]

Issued on this 29th day of January, 2014

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