



**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**

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Performance Improvement and
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**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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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 12, 2013	2013_202165_0028	L-000977-13	Resident Quality Inspection

Licensee/Titulaire de permis

PEOPLECARE Inc.
28 William Street North, P.O. Box 460, Tavistock, ON, N0B-2R0

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

HILLTOP MANOR CAMBRIDGE
42 ELLIOTT STREET, CAMBRIDGE, ON, N1R-2J2

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

TAMMY SZYMANOWSKI (165), JULIE LAMPMAN (522), JUNE OSBORN (105),
SALLY ASHBY (520), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 2, 3, 4, 5, 6, 10, 2013

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care (DOC), Director of Resident Care (DRC), 4 Registered Nurses (RN), 6 Registered Practical Nurses (RPN), 13 Personal Support Workers (PSW), 2 Assistant Staffing Managers, Director of Program Services, Food Service Manager, Registered Dietitian, Assistant Food Service Supervisor, Recreation Aide, 2 Housekeeping staff and the Environmental Services Manager.

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

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Contenance Care and Bowel Management

Dining Observation

Family Council

Food Quality

Infection Prevention and Control

Medication

Minimizing of Restraining

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Residents' Council

Responsive Behaviours



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Sufficient Staffing

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 did not ensure that the home's policy and procedures were complied with.

A) The licensee did not ensure that the Wound and Skin Care Management Program policy and procedure reference no:006020.00 was complied with.

The procedure indicated that there would be collaboration with all disciplines and that the team would work collaboratively with an interdisciplinary team.

A review of the meeting minutes revealed that only nursing staff were present at the November 2013, August 2013, and January 2013, meetings. An interview with the Registered Dietitian revealed that she was not aware that the home had a skin and wound team in place, nor had she been invited to participate in team meetings. The Director of Care confirmed that the Registered Dietitian had not been involved in the team meetings and indicated that the Registered Dietitian was only in the home one or two days a week.

B) The licensee did not ensure that the Medication Pass policy reference no:12-5 was complied with. The procedure indicated that staff were to ensure that all medications had been taken by the resident. Observation of the medication pass in December 2013, in an identified dining room revealed that the Registered Nurse left medications for a resident on the dining room table in front of the resident. The Registered Nurse did not ask the resident to take the medications and walked away from the table. The Registered Nurse stated that they would keep an eye on the resident to ensure they consumed the medication. It was observed that the Registered Nurse did not return to the table to check if the resident had taken the medications and there was another resident sitting at the table.(522) [s. 8. (1)]



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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 plan, policy, protocol procedure, strategy or system is complied with, to be implemented voluntarily.

**WN #2: 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 :

1. The licensee did not ensure that residents, staff and visitors were able to access their call bell at all times.

A) In December 2013, for two hours and twenty minutes an identified resident did not have access to the call bell. This was confirmed by a Personal Support Worker. [s. 17. (1) (a)]



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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 home is equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times, to be implemented voluntarily.

**WN #3: 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. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

1. Staff apply the physical device in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:

4. That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition himself or herself.) O. Reg. 79/10, s. 110 (2).

Findings/Faits saillants :



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1. The licensee of the long term care home did not ensure that staff applied a physical device in accordance with manufacturer's instructions.

A) An identified resident was observed on two separate occasions to have a physical device applied too loose. The Director of Resident Care confirmed that the physical device was applied too loose. The physical device was adjusted to the manufacturer's specifications. [s. 110. (1) 1.]

2. The licensee did not ensure that an identified resident was released from a seatbelt and repositioned at least once every two hours.

A) It was observed that the resident did not have the physical device released and was not repositioned for two hours and thirty minutes. Personal Support staff confirmed that they did not release and reposition the resident during this time. [s. 110. (2) 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 staff apply the physical device in accordance with any manufacturer's instructions and that the resident is released from the physical device and repositioned at least once every two hours, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs



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Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

1. The licensee of the long term care home did not ensure that drugs were stored in a medication cart, that was secure and locked.
 - A) The medication cart located in the nursing station on Grand River home area was unlocked and not secured when the inspector arrived on the home area. The medication cart was left unattended by the Registered Practical Nurse. The Director of Resident Care arrived on the floor five minutes later and locked the medication cart. The Registered Practical Nurse arrived ten minutes later and confirmed that the medication cart should not have been left unlocked. [s. 129. (1) (a) (ii)]

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 drugs are stored in an area or a medication cart that is secure and locked, to be implemented voluntarily.

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 131.
Administration of drugs**



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Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. The licensee did not ensure that drugs were administered to residents in accordance with directions for use specified by the prescriber.
A) Review of the Medication Administration Record for an identified resident indicated that specified medications were not to be crushed. During the medication pass, the inspector observed the Registered Nurse crush all of the medications contained in the medication package for the resident which included the specified medications. The home's Medical Pharmacies Policy and Procedures Manual reference no: 5-3 Crushing Medications stated that the specified medications were not to be crushed. [s. 131. (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 drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

WN #6: 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. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (12) The licensee shall ensure that any pet living in the home or visiting as part of a pet visitation program has up-to-date immunizations. O. Reg. 79/10, s. 229 (12).

Findings/Faits saillants :



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1. The licensee did not ensure that all staff participated in the infection prevention and control program.

A) Resident care equipment was found to be stored inappropriately in identified resident washrooms on Blair and Grand River home areas.

B) Tour of all home areas revealed that blue ware was stored on bathroom floors, bathroom counters and toilet tanks and did not promote infection prevention and control practices. This observation was verified by the Director of Resident Care.

C) A soiled washcloth was in a resident's washroom sink. This was verified by the Personal Support Worker who removed the cloth.

D) A resident's medical device was observed not to be cleaned on three consecutive days. This was verified by the Registered Staff member on the floor and the expectation for staff was to clean the medical device daily. A review of the progress notes indicated there was a calcium build up and a new device was being ordered.

E) A Registered Nurse was observed not washing their hands prior to administration of medications and between administration for each resident throughout the medication pass.

The Registered Nurse poured medications into unwashed hands and then placed the tablets in a medication cup. [s. 229. (4)]

2. The licensee did not ensure that pets visiting as part of a pet visitation program had up-to-date immunizations.

A) Two of three visiting pets with the St. John Ambulance Therapy Dogs had out of date vaccination records. Current vaccination records in the home revealed that certificates of vaccinations were dated May 2011, this was verified by the the Director of Programs and Services. [s. 229. (12)]

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights



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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 :

1. The licensee did not ensure the the resident's right for his or her personal health information was kept confidential.

A) In December 2013, it was observed that the Health card and other personal health information papers for an identified resident was lying on top of the desk of the nurses station with no staff members in near proximity. The inspector notified the Director of Resident Care, who verified that the personal health information was not kept confidential and proceeded to remove the health information papers and card from the desk and placed it in a secure location. [s. 3. (1) 11. iv.]

WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



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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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

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 did not ensure that the plan of care for resident's provided clear direction to staff.

A) The current plan of care for an identified resident directed staff to tilt the wheelchair to assist with positioning when the resident was up in their wheelchair. The Personal Support Worker indicated that there were times when the wheelchair was not tilted throughout the day. Personal Support staff and Registered Nursing staff confirmed that the plan of care did not include when and for how long the wheelchair should be tilted for the resident throughout the day. [s. 6. (1) (c)]

2. The licensee did not ensure that the care set out in the plan of care was based on an assessment of the resident and the needs and preferences of that resident.

A) During an interview with an identified resident, the resident verbalized they had experienced specific behaviours. The resident's progress notes and staff verified the specific behaviours occurred however; the plan of care did not include this behaviour, or goals and interventions related to this. [s. 6. (2)]

3. The licensee did not ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A) An identified resident's plan of care for the application of an external device directed staff to attempt to remove the physical device at specified times when staff were able to supervise the resident and to have the physical device reapplied after those times. Staff were observed and confirmed that they did not attempt to remove the physical device during the specified time. [s. 6. (7)]

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement

Specifically failed to comply with the following:

s. 33. (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care. 2007, c. 8, s. 33. (3).

Findings/Faits saillants :



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1. The licensee of the long term care home did not ensure that a Personal Assistance Services Device (PASD) was used to assist a resident with a routine activity of living only when the use of the PASD was included in the resident's plan of care.

A) An identified resident was observed to have a PASD in place. Two Registered Practical Nurses and a Personal Support Worker confirmed that the device was used as a PASD to support positioning. Two Registered Practical Nurses and the Director of Resident Care confirmed there was no assessment completed to date and the use of the PASD was not included in the resident's plan of care. [s. 33. (3)]

WN #10: 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. (1) The continence care and bowel management program must, at a minimum, provide for the following:

5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated. O. Reg. 79/10, s. 51 (1).

Findings/Faits saillants :

1. The licensee did not ensure that an annual resident satisfaction evaluation of the continence care products utilized in the home had been conducted in consultation with the residents, and/or substitute decision-makers, this was confirmed by the Director of Care and Executive Director. [s. 51. (1) 5.]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



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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:

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 did not ensure that the dining and snack service included a review of the meal and snack times by the Residents' Council.

A) There was no evidence in the Residents' Council meeting minutes that meal and snack times were reviewed with resident's council, this was confirmed by the Food Service Manager. [s. 73. (1) 2.]

Issued on this 16th day of December, 2013

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

Tammy Szymanowski