



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
prévus le Loi de 2007 les
foyers de soins de longue

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

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347 Preston St, 4th Floor
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jan 9, 10, 11, 12, 13, 16, 17, 23, 24, 27, 2012	2012_038197_0001	Complaint

Licensee/Titulaire de permis

HILLTOP MANOR NURSING HOME LIMITED
82 Colonel By Crescent, Smiths Falls, ON, K7A-5B6

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

HILLTOP MANOR NURSING HOME LIMITED
1005 ST LAWRENCE STREET, P.O. BOX 430, MERRICKVILLE, ON, K0G-1N0

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

JESSICA PATTISON (197)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Director of Nutritional Services, the Clinical Nurse, Registered Nurses, Registered Practical Nurses, Personal Support Workers, maintenance staff, janitorial staff, activity staff, dietary staff, administrative staff and residents.

During the course of the inspection, the inspector(s) conducted two complaint inspections (log 000851-11 and 002121-11). The inspector reviewed resident records, staffing schedules and call-in sheets, the prevention of hot-weather related illness policy, resident heat assessment scores, the activity schedule, incontinence supply order sheets, a service invoice related to fixing the air conditioning, the bathing schedule, a medical mart order and corresponding packing slip, observed all residents rooms, a medication pass, the tub room, part of a lunch meal and the incontinence supply room.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Medication

Nutrition and Hydration

Personal Support Services

Recreation and Social Activities

Safe and Secure Home

Snack Observation

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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.)	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.)
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 subsections:

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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The following findings indicate that the licensee did not comply with r. 8(1)(b) in that they did not ensure that their system to monitor food and fluid intake of residents was complied with. O. Reg 79/10, s. 68(1)(d) states that the licensee shall ensure that the nutrition and hydration program includes a system to monitor and evaluate the food and fluid intake of residents with identified risks. The home's system to monitor food and fluid intake for residents includes the documentation of food, fluid and nutritional supplements intake at all meals and nourishment times for all residents. For the period of October to November 2011 the Director of Nutritional Services indicated that meal supplements were documented on the "Nutritional Intake Records" and that nourishment supplements were documented on the home's computer system, Med-e-care. One resident's Nutritional Intake Records and Med-e-care dietary reports were reviewed for October and November 2011. This resident was assessed as moderate to high nutritional risk and required a particular supplement at all meals and at pm nourishment. In October 2011, 91 out of 93 meal supplements, 15 out of 31 pm nourishment supplements and 10 out of 31 lunch meal intakes were not documented for this resident. In November 2011, 90 out of 90 meal supplements, 12 out of 30 pm nourishment supplements and 6 out of 30 lunch meal intakes were not documented for this resident.



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Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 20. Cooling requirements

Specifically failed to comply with the following subsections:

s. 20. (1) Every licensee of a long-term care home shall ensure that a written hot weather related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices and is implemented when required to address the adverse effects on residents related to heat. O. Reg. 79/10, s. 20 (1).

Findings/Faits saillants :

1. The following findings indicate that the licensee failed to comply with r. 20(1) in that they did not implement their "Prevention of Hot-Weather Related Illness" policy when required.
The home's maintenance staff confirmed that the air conditioning system that services resident rooms was not working from July 8 - July 12, 2011 inclusive.
The home's "Prevention of Hot-Weather Related Illness - In-season procedures" state that the nursing department is to "record air temperatures of resident areas in the provided notebook at the front desk. Note whether the air feels dry or humid. This assessment will determine whether an "intervention alert" or an "emergency alert" should be communicated to all departments".
When the inspector asked for the recorded air temperatures for July 8-12, 2011, the home could not provide the record and the maintenance staff and Director of Care stated that the air temperatures had not been recorded during this time. The home's "Prevention of Hot-Weather Related Illness" policy states that residents are to be assessed by nursing staff and that high risk residents (scores 15 or over) are to be identified on the care plan.
Heat assessment scores were provided by Director of Care printed January 13, 2012 from Med-e-care.
Three residents with heat assessment scores of 15 or above were selected and their care plans reviewed. The care plans for these three residents did not identify their heat assessment scores or the fact that they were at high risk of heat-related illness.
Two full-time Registered Nurses stated that they did not know where to find resident heat assessment scores and indicated that they were not involved in the assessment process.
The Director of Care stated that Med-e-care automatically assigns a heat score to residents based on their health record and that the Registered Nurses are not involved in this process.

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 subsections:

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;
(b) the goals the care is intended to achieve; and
(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).

Findings/Faits saillants :



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1. The following finding indicates that the licensee did not comply with s. 6(1)(b) in that they did not ensure that there is a written plan of care for each resident that sets out the goals the care is intended to achieve. Care plans for two residents, printed January 13, 2012, related to recreational care do not include goals the care is intended to achieve.

2. The following findings indicate that the licensee did not comply with s. 6(1)(c) in that the plan of care does not set out clear directions to staff and others who provide direct care to residents.

One resident's plan of care printed January 13, 2012 includes the following statements related to recreational care: "Involved in activities more than 2/3 of the time", "Awake most of the time in the morning", "Awake most of the time in the afternoon" and "Awake most of the time in the evening".

A second resident's plan of care printed January 13, 2012 includes the following statements related to recreational care: "Awake most of the time in the morning", "Awake most of the time in the afternoon", "Involved in activities 1/3 to 2/3 of the time", "Regularly encourage client to attend activities" and "Explain to client what is about to happen when at activities".

A third resident's plan of care printed January 13, 2012 includes the following statements related to recreational care: "Regularly encourage client to attend activities, prn", "Take client to activity room 5 min before program, prn", "Staff to involve client in 1:1 visits with volunteer, or another client, prn" and "Activity as tolerated".

The statements made for the three residents above do not provide clear directions to the staff related to their recreational care.

3. A resident's plan of care related to dental care printed January 13, 2012 states that the resident "has some or all natural teeth", "some or all natural teeth lost", "daily cleaning of teeth or dentures, or daily mouth care by client or staff", "if staff put toothpaste on the resident's toothbrush and give it to resident, resident is not able at this time to brush own teeth, staff are to brush teeth".

Directions to staff are contradictory and do not provide clear direction of how staff should provide oral care to the resident.

4. The following findings indicate that the licensee did not comply with s. 6 (7) in that they did not ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

The plan of care for a resident stated that they were to receive a particular supplement at pm nourishment and at all meals.

On a specified day the home ran out of this supplement after the lunch meal.

The Director of Nutritional Services stated that the home received a shipment of this supplement the next day at approximately 2pm.

Therefore the resident did not receive the supplement as specified in the plan of care for a period of twenty-four hours.

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 written care plans related to recreational care contain goals the care is intended to achieve and provide clear directions to staff who provide direct care to the residents, to be implemented voluntarily.

Issued on this 6th day of February, 2012



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

Jessica Patin, RD



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	JESSICA PATTISON (197)
Inspection No. / No de l'inspection :	2012_038197_0001
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Jan 9, 10, 11, 12, 13, 16, 17, 23, 24, 27, 2012
Licensee / Titulaire de permis :	HILLTOP MANOR NURSING HOME LIMITED 82 Colonel By Crescent, Smiths Falls, ON, K7A-5B6
LTC Home / Foyer de SLD :	HILLTOP MANOR NURSING HOME LIMITED 1005 ST LAWRENCE STREET, P.O. BOX 430, MERRICKVILLE, ON, K0G-1N0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	PETER CRATE

To HILLTOP MANOR NURSING HOME LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, 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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee will prepare, submit and implement a plan in order to achieve compliance with the requirement to ensure that the system to monitor food and fluid intake is complied with.
This plan will include staff accountability for the daily monitoring of food and fluid intake, including staff responsibility for meal and nourishment documentation and the role of supervisory staff in daily quality monitoring.

This plan is to be submitted in writing by February 3, 2012 to Inspector: Jessica Pattison, Ministry of Health and Long-term Care, Performance Improvement and Compliance Branch, 347 Preston Street, 4th Floor, Ottawa ON K1S 3J4 or by fax at 613-569-9670.

Grounds / Motifs :

1. The following findings indicate that the licensee did not comply with r. 8(1)(b) in that they did not ensure that their system to monitor food and fluid intake of residents was complied with.
O. Reg 79/10, s. 68(1)(d) states that the licensee shall ensure that the nutrition and hydration program includes a system to monitor and evaluate the food and fluid intake of residents with identified risks.
The home's system to monitor food and fluid intake for residents includes the documentation of food, fluid and nutritional supplement intake at all meals and nourishment times for all residents.
For the period of October to November 2011 the Director of Nutritional Services indicated that meal supplements were documented on the "Nutritional Intake Records" and that nourishment supplements were documented on the home's computer system, Med-e-care.
One resident's Nutritional Intake Record and Med-e-care dietary report was reviewed for October and November 2011. This resident was assessed as moderate to high nutritional risk and required a particular supplement at all meals and at pm nourishment. In October 2011, 91 out of 93 meal supplements, 15 out of 31 pm nourishment supplements and 10 out of 31 lunch meal intakes were not documented for this resident. In November 2011, 90 out of 90 meal supplements, 12 out of 30 pm nourishment supplements and 6 out of 30 lunch meal intakes were not documented for this resident. (197)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Mar 26, 2012



**Ministry of Health and
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**Ministère de la Santé et
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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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Order(s) of the Inspector
Pursuant to section 153 and/or
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Ordre(s) de l'inspecteur
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 27th day of January, 2012

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Jessica Pattison

Service Area Office /
Bureau régional de services : Ottawa Service Area Office