



**Inspection Report
under the Long-Term
Care Homes Act, 2007**

**Rapport d'inspection
prévue le Loi de 2007
les foyers de soins de
longue durée**

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

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

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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| Date(s) of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection |
|--|-----------------------------|---------------------------------------|
| August 17, 18, 19, 20, 2010 | 2010_141_901_16Aug164800 | Follow up H-00865 |
| Licensee/Titulaire King Nursing Home Limited 49 Sterne Street, Bolton, ON L7E 1B9 | | |
| Long-Term Care Home/Foyer de soins de longue durée King Nursing Home 49 Sterne Street, Bolton, ON L7E 1B9 | | |
| Name of Inspector(s)/Nom de l'inspecteur(s) Sharlee McNally, Long Term Care Home Inspector – Nursing #141 Tammy Szymanowski, Long Term Care Home Inspector – Dietary #165 | | |
| Inspection Summary/Sommaire d'inspection | | |



The purpose of this inspection was to conduct a follow-up inspection to June 22, 2010 dietary monitoring review and May 10, 2010 risk monitoring review.

During the course of the inspection, the inspectors spoke with: Administrator, Director of Care (DOC), Food Service Supervisor, Dietician, registered staff, personal support workers (PSWs), dietary aides, residents and family members.

During the course of the inspection, the inspectors: reviewed resident records, observed resident during meal times and care, observed meal preparation in the main kitchen, reviewed home's policies and procedures.

The following Inspection Protocols were used during this inspection:

- Nutrition and Hydration
- Food Quality
- Dining Observation
- Contenance Care and Bowel Management
- Personal Support Services
- Skin and Wound Care
- Minimizing of Restraining
- Responsive Behaviours
- Pain

Findings of Non-Compliance were found during this inspection. The following action was taken:

- 11 WN
- 6 VPC
- 2 CO: CO # 001, #002

NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

- WN – Written Notifications/Avis écrit
- VPC – Voluntary Plan of Correction/Plan de redressement volontaire
- DR – Director Referral/Régisseur envoyé
- CO – Compliance Order/Ordres de conformité
- WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans la loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the *LTC Homes Act, 2007*, S.O 2007, c. 8, s.6(1)(c)

s.6(1)(c): Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, (c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. Identified residents with documented successful interventions to meet individual needs did not have the interventions included in their plans of care to direct care related to responsive behaviours and pain.
2. Residents with identified and observed individual care needs did not have plans of care written to provide direction in care for these needs related to mouth care, constipation, wound care, responsive behaviours, and dietary needs.
3. Identified residents written plans of care are not revised to identify resident current care needs for staff providing direct care related to continence care and dietary interventions

Inspector ID #: #141, #165

Additional Required Actions:
CO # - #001 will be served on the licensee.

WN #2: The Licensee has failed to comply with the *LTC Homes Act, 2007*, S.O 2007, c. 8, s.6(7)

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:

1. An identified resident's plan of care for mobility and physiotherapy indicate the resident is to be in the wheelchair only for meals to promote swallowing. The resident was observed in their wheelchair in the lounge area between breakfast and lunch throughout the inspection period.
2. An identified resident did not have consistent level of staffing provided as per physician order.
3. An identified resident was observed to receive a menu item at one meal that was not within the diet restrictions set out in their plan of care.
4. An identified resident's did not have documentation of observations of specific feeding needs as per their plan of care.
5. An identified resident received pudding thickened fluids instead of honey consistency fluid as identified in the resident's plan of care.

Inspector ID #: #141, #165

WN #3: The Licensee has failed to comply with the *LTC Homes Act, 2007*, S.O 2007, c. 8, s.6(8)

s.6(8): The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

Findings:

1. Numerous resident's' accessible plans of care utilized by staff who provide direct care were not accurate related to activities of daily living, mobility, responsive behaviours, and dietary needs.

Inspector ID #: #141

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 in ensuring that current resident's plans of care are accessible to staff and others who provide direct care to a resident, to be implemented voluntarily.

Inspector ID #: #141

WN #4: The Licensee has failed to comply with O. Reg. 79/10, s.34(1)(a)

s.34(1): Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes, (a) mouth care in the morning and evening, including the cleaning of dentures.

Findings:

1. An identified resident was observed on two days during the inspection. The teeth on both days had a large amount of plaque around the upper edges between teeth and gums.
2. An identified resident was observed during the inspection. There was old food particles observed on the teeth.

Inspector ID #: #141

WN #5: The Licensee has failed to comply with O. Reg. 79/10, s.50(2)(b)(iv)

s.50(2): Every licensee of a long-term care home shall ensure that, (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated

Findings:

1. Multiple identified residents did not have documentation of weekly wound assessments being completed for altered skin integrity.

Inspector ID #: #141

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 in ensuring all residents when identified with skin breakdown receive immediate treatment, the wounds are monitored following the individual resident plan of care and have weekly assessments are completed and documented, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O. Reg. 79/10, s.55(b)

s.55: Every licensee of a long-term care home shall ensure that, (b) all direct care staff are advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk to the resident or others.

Findings:

1. The home does not have a formal mechanism to inform staff of their expected duties in 1:1 care.

Inspector ID #: #141



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 in ensuring that all direct care staff are advised at the beginning of each shift the requirements of care needs for those residents with responsive behaviours, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg. 79/10, s.26(3)(13)(14)

s.26(3): A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

(13) Nutritional status, including height, weight and any risks relating to nutrition care.

(14) Hydration status and any risks relating to hydration

Findings:

1. An identified resident did not have a nutritional plan of care developed that included the following: the identification of nutritional risk level, focus problems, specific goals and interventions associated with nutritional risks related to unplanned weight loss and open areas.
2. An identified resident has a history of dehydration however; the plan of care does not identify the risk despite the resident's fluid consumption being identified below the established fluid requirements per day and the interventions indicated by the Dietitian were not developed into a plan of care for the resident.
3. The following concerns for an identified resident were not developed into a nutritional plan of care for the resident; behavioural issues related to texture and intake at meals, strategies to manage eating behaviour, feeding techniques, weight loss and wound care.
4. There is no evidence that a nutritional plan of care was developed to address an identified residents's risk associated with weight loss and open areas.
5. The nutritional assessment completed notes that an identified resident has a history of dehydration and identifies that current fluid intake does not meet their nutritional requirements per day. There was no plan of care developed to identify and address the risk related to hydration.
6. An identified resident with current treatment for constipation does not have an interdisciplinary assessment completed for this need.

Inspector ID #: 165

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 in ensuring that a plan of care is based on interdisciplinary assessment of the following with respect to the residents: Nutritional status, including height, weight and any risks relating to nutrition care and hydration status, and risks related to hydration, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg. 79/10, s.30(2)

s.30(2): The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Findings:

- Multiple identified residents with identified history or evidence of dietary needs have not had documented assessments, reassessments or evaluation of interventions consistently completed by the dietician related to fluid intake, wounds, lab values, nutrient requirements, weight status, change in health status, dentition, and diet texture.

Inspector ID #: 165

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 in ensuring that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg. 79/10, s. 69(1)

s. 69: Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated: (1) A change of 5 per cent of body weight, or more, over one month.

Findings:

- There is no evidence that an assessment for an identified resident significant weight loss occurred and actions taken to address the significant weight loss from.

Inspector ID #: 165

WN #10: The Licensee has failed to comply with O.Reg. 79/10, s. 72(3)(a)

s. 72(3): The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality;

Findings:

- Ingredients are not always available for dietary staff to follow the standardized recipes in preparing meals.
- Standardized recipes are not consistently followed in the preparation of resident meals.
- Some menu items are cooked too far in advance and held in the steam table.

Inspector ID #: 165

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 in ensuring that all food and fluids in the food production system are prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.



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| <p>WN #11: The Licensee has failed to comply with O.Reg. 79/10 s. 72(6)(a)</p> <p>s. 72(6): The licensee shall ensure that the home has, (a) sufficient storage capacity to support the home's menu requirements;</p> | |
| <p>Findings:</p> <ol style="list-style-type: none"> 1. There is insufficient refrigeration and freezer space to accommodate the homes menu items. 2. The planned menu is changed to use existing stock in order to provide sufficient space to store additional items. 3. Walk in fridges and freezers are overcrowded and staff are unable to walk into the fridge and freezer. 4. There is a large amount of frozen water under the condenser resulting from lack of circulation. | |
| Inspector ID #: | 165 |
| <p>Additional Required Actions: CO # - 002 will be served on the licensee.</p> | |

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| <p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p> | | <p>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</p> | |
| <p>Title: _____ Date: _____</p> | | <p>Date of Report: (If different from date(s) of inspection). <i>May 3 2011</i></p> | |



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

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|-------------------------------|---|--|
| | <input type="checkbox"/> Licensee Copy/Copie du Titulaire | <input checked="" type="checkbox"/> Public Copy/Copie Public |
| Name of Inspector: | Sharlee McNally | Inspector ID # # 141 |
| Log #: | H-00865 | |
| Inspection Report #: | 2010-141-90116-aug164800 | |
| Type of Inspection: | Follow up | |
| Date of Inspection: | August 17, 2010 | |
| Licensee: | King Nursing Home Ltd. 49 Sterne Street, Bolton, Ontario, L7E 1B9 | |
| LTC Home: | King Nursing Home 49 Sterne Street, Bolton, Ontario. L7E 1B9 | |
| Name of Administrator: | Janice King | |

To King Nursing Home Ltd. you are hereby required to comply with the following orders by the date set out below:

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|--|-----|--------------------|--|
| Order #: | 001 | Order Type: | Compliance Order, <i>LTC Homes Act, 2007, S.O 2007, c. 8, s6(1)(c)</i> |
| Pursuant to: <i>LTC Homes Act, 2007, S.O 2007, c. 8, s6(1)(c)</i> | | | |
| 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, (c) clear directions to staff and others who provide direct care to the resident. | | | |
| Order: | | | |
| The licensee shall have written plans of care for each resident that set out clear direction to staff and others who provide direct care to the resident that include care needs for responsive behaviours, incontinence care, mouth care, pain management, wound care, constipation, and nutritional needs. | | | |
| Grounds: | | | |
| <ul style="list-style-type: none"> Identified residents with documented successful interventions to meet individual needs did not have the interventions included in their plans of care to direct care related to responsive behaviours and pain. Residents with identified and observed individual care needs did not have plans of care | | | |



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

written to provide direction in care for these needs related to mouth care, constipation, wound care, responsive behaviours, and dietary needs.

- Identified residents written plans of care are not revised to identify resident current care needs for staff providing direct care related to continence care and dietary interventions

This order must be complied with by: December 3, 2010

Order #: 002 **Order Type:** Compliance Order, O.Reg 79/10, s.72(6)(a)

Pursuant to: O.Reg. 79/10 s.72(6)(a)
s.72(6): The licensee shall ensure that the home has (a) sufficient storage capacity to support the home's menu requirements;

Order:
The licensee shall install adequate fridge and freezer space in order to accommodate all items required to support the homes menu.

- Grounds:**
- Changes to the menu are being made in order to eliminate stock in fridge/freezer.
 - Walk in fridge and freezer are overcrowded and staff are unable to walk into the fridge and freezer. Each time a staff member must pull items out in order to make room to enter the fridge and freezer.
 - There is a large amount of frozen water under the condenser resulting from lack of circulation.

This order must be complied with by: January 4, 2011

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 service for the Licensee.

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

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the

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

Director

c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire 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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|---|------------------------------|
| Issued on this <u>22</u> day of <u>November, 2010</u> . | |
| Signature of Inspector: | |
| Name of Inspector: | Sharlee McNally |
| Service Area Office: | Hamilton Service Area Office |