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

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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
Oct 20, 2014	2014_182128_0004	L-001312-14	Resident Quality Inspection

Licensee/Titulaire de permis

KNOLLCREST LODGE LIMITED
50 William Street, Milveton, PERTH, ON, N0K-1M0

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

KNOLLCREST LODGE
50 WILLIAM STREET, MILVERTON, ON, N0K-1M0

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

RUTH HILDEBRAND (128), MARIAN MACDONALD (137), RUTHANNE LOBB (514)

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): October 1-3, and 6-9, 2014

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Director of Resident Care (DRC), Finance and Business Manager, Dietary, Housekeeping and Laundry Manager, Activation Lead, Maintenance Manager, Registered Nurses, Registered Practical Nurses, Personal Support Workers/Nurses Aides, Housekeeping Aides, Dietary Aides, Family Members and 40 + Residents.

During the course of the inspection, the inspector(s) conducted a tour of all resident home, dining and common areas, and a medication storage area. The Inspectors observed resident care, resident-staff interactions, dining service, a medication pass and recreational activities. Relevant clinical records, home policies, procedures and meeting minutes were reviewed. Posting of required information was confirmed.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

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 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 ensure that the home, furnishings and equipment were kept clean and sanitary, as evidenced by:

On October 1, 2014 during an initial tour of resident areas, the following housekeeping concerns were identified:

Flies were viewed in 54/57(95%) ceiling florescent light covers in the hallways.

On October 8, 2014, an audit of the ceiling air flow vents revealed that 20/31(65%) vents in hallways and common areas were soiled with dirt and dust particles.

On October 8, 2014 the above housekeeping concerns were confirmed by the Dietary and Environmental Services Manager. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair, as evidenced by:

Observations throughout the RQI revealed the following maintenance concerns:

Entrance hallway beside the fish tank - two easy chairs were noted to have vinyl pieces ripped on them and the wooden legs of the chairs were scraped and damaged;

Chairs in the Sunnyview and the Country View Lounges had damage noted on the wooden legs;

Hallway walls, doors and door frames were damaged and paint chipped;

Multiple resident bathroom door frames had chipped paint;

Multiple resident bedroom walls, door frames and doors were scraped and chipped and were in need of painting;

The left arm padding of a commode in an identified washroom was covered with surgical tape, the commode frame was rusted, and the padding was cracked and worn on the wheelchair armrest; and

Ceiling tiles were observed to be stained in the hallways and common areas.

The above noted maintenance concerns were verified by the Maintenance Manager on October 8, 2014. [s. 15. (2) (c)]

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, furnishings and equipment are kept clean and sanitary and that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, 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 has failed to ensure that the home was equipped with a resident-staff communication and response system available in every area accessible by residents, as evidenced by:

During a tour of all home areas, it was observed that 3 of 11 (18 %) common areas accessible by residents, including the All Purpose Room, Chapel and Doreen's Cafe were not equipped with a resident-staff communication and response system.

The Chief Executive Officer acknowledged that the home's expectation was that all areas accessible by residents were to have a resident-staff communication and response system and confirmed that they were not in place in the three identified areas. Installation of the call bells was initiated during the inspection. [s. 17. (1) (e)]

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 available in every area accessible by residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

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,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, as evidenced by:

Resident #012 developed a skin integrity issue. A review of the clinical health record revealed that although the resident exhibited altered skin integrity at that time, there was no documented skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

The Director of Resident Care confirmed that registered nursing staff did not complete a skin assessment, using a clinically appropriate assessment instrument, designed for skin and wound assessment, for Resident #012. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, as evidenced by:

Resident #012 developed a skin integrity issue. An interview with the Director of Resident Care and Resident Assessment Coordinator revealed that it was the home's expectation that weekly wound reassessments were to be completed in the nursing progress notes on Fridays.

A review of the clinical health record revealed that there was no wound reassessment completed on 8 identified dates.

The Director of Resident care confirmed that there were no wound reassessments documented by a member of the registered nursing staff, for Resident #012 and acknowledged that for 8/11 (73%) weeks, weekly wound reassessments were not completed for Resident #012. [s. 50. (2) (b) (iv)]

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 residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receive a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,and that those wounds are reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 64. A licensee of a long-term care home shall attend a meeting of the Residents' Council or the Family Council only if invited, and shall ensure that the staff, including the Administrator, and other persons involved in the management or operation of the home attend a meeting of either Council only if invited. 2007, c. 8, s. 64.

Findings/Faits saillants :

1. The licensee has failed to ensure that the Administrator and staff attend Residents' Council meetings only when invited as evidenced by:

A review of the Residents' Council meeting minutes, for 2014, revealed the Chief Executive Officer (CEO) automatically attended all 10 meetings and not by invitation only.
On December 2, 2011, the CEO and Dietary & Environmental Services Manager attended the meeting to seek approval from the Residents' Council for themselves and other managers to attend the monthly meetings for the Residents' Council. The CEO explained at that meeting that they would like to be able to know which individual residents make concerns and questions. As well, the CEO mentioned that they would like to see who specifically has concerns and how many may be concerned about certain situations. Their hope was to be able to verbally answer and solve any concerns and/or suggestions with the residents.
The CEO asked the residents to attend all following meetings.

An interview with the Activity Lead Hand and CEO confirmed attendance at the Residents' Council meetings were by the CEO's request and not by invitation only, which does not comply with the legislative requirements. [s. 64.]

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 Administrator and staff attend Residents' Council meetings only when invited, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The licensee has failed to ensure that all hazardous substances were kept inaccessible to residents at all times, as evidenced by:

A housekeeping cart was found in a hallway and was observed to have a key, left in the locked cupboard unit on the cart. The locked cupboard unit, was able to be opened by Inspector # 137 and hazardous substances were observed in the cupboard unit.

The housekeeping staff member confirmed that the keys were left in the locked cupboard unit on the housekeeping cart in the hallway and when the cupboard unit was opened, hazardous substances were accessible.

The housekeeping staff member and the Chief Executive Officer confirmed that the home's expectation was that hazardous substances were kept inaccessible to residents. [s. 91.]

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 hazardous substances are kept inaccessible to residents at all times, 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).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program, as evidenced by:

Observations, throughout the RQI, revealed:

a) During a tour of the Sunnyview Tub Room, on October 1, 2014 and October 7,

2014, approximately three-quarters (3/4) of the tub edge was covered with duct tape, as the rubber around the tub would not stay in place, leaving sharp tub edges exposed. The duct tape was damaged and lifting in some areas, posing a potential infection control risk, as the tape cannot be properly disinfected.

An interview with the Director of Care revealed the tub has been in this condition for over a year but there was no capital to purchase a new tub. The home engaged in fund raising initiatives to raise the money to purchase a new tub, which has been ordered.
The Director of Care confirmed the current condition of the tub posed a potential infection control risk.

b) On October 1, 2014 and on October 7, 2014 there were no lids on the clean linen hampers, containing isolation gowns, outside two identified rooms.

An interview with the Director of Care, on October 7, 2014, confirmed there were no lids on the clean linen hampers and the expectation was that the hampers be covered, as this posed a potential infection control risk.

c) On October 2, 2014 and on October 7, 2014 nail clippings were observed in 21/39 cabinet drawers in the Sunnyview Tub Room.
On October 2, 2014 and October 7, 2014 nail clippings were observed in 9/34 cabinet drawers in the Country View tub room.

An interview with the Director of Care confirmed the presence of the nail clippings and that the expectation was the nail clippings be disposed of, as well as the drawers be kept clean and disinfected, as it posed a potential infection control risk.

d) On October 2, 2014 a bed pan was observed stored at the back of the toilet and a urinal was on the bathroom counter, near a shelf where mouthwash was stored.
On October 2, 2014 an unlabeled white wash basin was observed on the floor of a shared washroom.

An interview with Director of Care, on October 7, 2014, revealed personal care items, such as bed pans, urinals and wash basins, were to be labeled and not to be stored on bathroom counters, on the back of toilets or on the floor, as all posed a potential infection control risk. [s. 229. (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 participate in the implementation of the infection prevention and control program including disinfection practices and linen storage, to be implemented voluntarily.

WN #7: 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 has failed to ensure that the home was a safe and secure environment for its residents, as evidenced by:

A tour of home areas, revealed that an electrical breaker panel was unlocked and accessible to residents in the entrance of the Craft Room Area. There was an electric stove in the room.

The Chief Executive Officer confirmed that the home's expectation was to ensure a safe and secure environment for its residents. The electrical breaker panel was locked just after it was identified to the home. [s. 5.]

WN #8: 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. (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).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provided direct care to a resident, specific to oral care, as evidenced by:

A clinical record review of Resident # 004 revealed there was no documented evidence that oral care/hygiene was identified on the care plan and kardex.

A registered staff member confirmed oral care/hygiene was not identified on the care plan/kardex, the plan of care did not set out clear directions to staff and others who provided direct care to the resident, as well as the expectation was oral care/hygiene was to be identified on each resident's plan of care. [s. 6. (1) (c)]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :

1. The licensee has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents had a screen and could not be opened more than 15 centimetres, as evidenced by:

On October 1, 2014, during an initial tour of resident areas within the home, the following windows were observed to be able to be opened more than 15 centimetres:

Hallway area outside of Doreen's Café - Two windows opening greater than 70 centimetres;
Physio Area – Window opening 62 centimetres;
Sunrise Room – Window opening 76 centimetres;
Sunnyview Lounge Area – Two windows opening outward 16 centimetres;
Sunnyview Dining Room - Two windows – window #1 closest to hutch opening inward 50 centimetres, and window #2 opening inward 45 centimetres;
Country View Lounge Area – Two windows opening outward 17 centimetres;
Country View Activation Area – Window opening 77 centimetres without a screen;
Unlocked Staff Room in a Resident Hallway – Window opening 53 centimetres;
Craft Room Area – Four windows opening 47 centimetres.

On October 1, 2014, the Chief Executive Officer confirmed that these window openings were able to be opened more than 15 centimetres. The window openings were secured during the inspection so that the could not open more than the allowable 15 centimetres. [s. 16.]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, as evidenced by:

Resident #011 expressed concerns to Inspector #128 about not being bathed a minimum of twice a week by his/her method of choice.

The Director of Resident Care acknowledged that the resident’s choice in regard to method of bathing was not being complied with. [s. 33. (1)]

Issued on this 24th day of October, 2014

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