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

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Performance Improvement and Compliance Branch

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 7, Jun 3, 2015	2015_302600_0002	T-1685-15	Resident Quality Inspection

Licensee/Titulaire de permis

KRISTUS DARZS LATVIAN HOME
11290 Pine Valley Drive Woodbridge ON L4L 1A6

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

KRISTUS DARZS LATVIAN HOME
11290 Pine Valley Drive Woodbridge ON L4L 1A6

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

GORDANA KRSTEVSKA (600), BARBARA PARISOTTO (558), JULIET MANDERSON-GRAY (607)

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): February 6, 9-13, 17, 2015.

During the course of the inspection, the inspector(s) spoke with the executive director (ED), director of care (DOC), dietary manager (DM), environmental service manager (ESM), resident support coordinator, quality lead, resident assessment instrument (RAI)coordinator, registered dietitian (RD), facility manager, registered practical nurses (RPN), personal support workers (PSW), dietary aides(DA), residents and family members.

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Residents' Council
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **9 WN(s)**
- **3 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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 has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

Observations of medication administration on February 10, 2015 at 04:35 p.m., identified three eye drop bottles open, but not dated for residents #32, #33, #34 and one eye drop bottle open, not dated or labeled for resident #10.
A review of the home's policy entitled Medication Safety, dated 10/07/2014 revealed medications are to be labeled in accordance with applicable legislation and Long Term Care standards. Every medication order is provided with a prescription label, on each card/container. The prescription label includes:
-Resident's name
-Medication name
-Directions for administration
-Date dispensed
An interview with a registered staff member confirmed that the medications were not labeled or dated, and the home's expectation is eye drops bottles are to be dated when initially open.
An interview with the DOC confirmed that it is home's expectation that eye drops are labeled and dated when initially open. [s. 8. (1) (b)]

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a written response is provided to the Residents' Council within 10 days of receiving concerns or recommendations from the Council.

Review of the Residents' Council meeting minutes for October, November and December 2014, revealed that residents had raised concerns such as:
- cluttered hallways,
- long wait time for call bell to be responded to,
- towels left on the bathroom floor,
- bathrooms and floors not cleaned well,
- new staff not introducing themselves,
- odour from used incontinent products, and
- the information board too cluttered.

Review of the records did not locate a written response to address these concerns.
An interview with the Residents' Council president confirmed that the Council does not receive a written response within 10 days and further stated responses are discussed at the next meeting.
An interview with the resident support coordinator confirmed that there is no written response within 10 days, and they verbally communicate with the Council president.
An interview with the ED confirmed that they provide a verbal response to the Residents' Council at the next meeting, or when they see the Council's president. [s. 57. (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 the licensee responds in writing within 10 days of receiving concerns or recommendations from the Council, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident.

An interview with resident #35 indicated that he/she self-administers a specific treatment purchased by his/her daughter and sometimes the staff assists the resident with the treatment.
An interview with a registered staff member confirmed that he/she sometimes assisted the resident with the treatment and confirmed that there is no physician order for the eye drops.
An interview with the DOC confirmed that the home's expectation is that staff do not administer any medications without a physician's order. [s. 131. (1)]

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 no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident
- that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident
- that no resident who is permitted to administer a drug to himself or herself keeps the drug on his or her person or in his or her room except,
(a) As authorized by a physician, registered nurse in the extended class or other prescriber who attends the resident, to be implemented voluntarily.

WN #4: 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).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that there is a written plan of care for each resident that sets out the planned care for the resident.

A review of the resident #15's MDS assessment dated December 2, 2014, revealed the resident is bedfast all or most of time. A review of the written plan of care dated December 16, 2014, revealed the resident is on palliative care and identified the following interventions:

- Frequent mouth care can relieve dryness and discomfort if needed.
- Provide medication as per MD orders. Breakthrough given at first sign of discomfort
- Provide oxygen as per orders
- Provide supportive, private environment for resident and family
- Turn q2h and massage bony prominences.

Staff and resident #15 interviews revealed the resident's preference is to remain in bed most of the time.

An interview with an RN confirmed the resident's preference to remain bedfast should be identified in the written plan of care and for resident #15 it was not. [s. 6. (1) (a)]

2. The licensee has failed to ensure that different aspects of care collaborate with each other in the development and implementation of the plan of care so that the different aspects of care are integrated, consistent with and compliment each other.

A record review revealed the RD completed a quarterly assessment for resident #7 and identified significant weight loss recommending on January 21, 2015, an intervention of a specified snack.

A review of the resident's Plan of care dated February 6, 2015, did not identify this intervention.
An observation of the 2 p.m. snack cart on February 11, 2015, did not locate the labeled snack for resident #7.

An interview with a PSW revealed the resident receives a specified snack at 10 a.m. snack time however the PSW could not locate this in the Plan of care.

An interview with the RD revealed the specified snack should have been identified as a labeled snack in the Plan of care and confirmed the implementation of this intervention

was not consistent. [s. 6. (4) (b)]

WN #5: 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 resident-staff communication and response system is available at each bath location used by the residents.

During a tour of the home on February 6, 2015, the resident-staff communication and response system could not be located in the 2 west tub room.
On February 12, 2015, an interview with a PSW revealed there used to be a call bell in the 2 west tub room and identified the location on the wall where it was situated.
An interview with the ESM confirmed the location on the wall where the call bell should be situated, and stated that the call bell in the 2 west tub room is portable and was removed from the area. [s. 17. (1) (d)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the registered dietitian who is a member of the staff of the home:
(a) complete a nutritional assessment for the resident on admission and whenever there was a significant change in the resident's health condition; and
(b) assess the resident's
- nutritional status, including height, weight and any risks related to nutrition care, and
- hydration status, and any risks related to hydration.

A review of resident #1's weight record revealed that the resident experienced significant weight loss of 6.2% or 4kg in November 2014.
A review of the MDS assessment dated November 11, 2014, revealed a referral was made by the DM to the RD to assess the resident's need for supplement related to weight loss.
A record review could not locate an assessment by the RD.
An interview with the RD confirmed that the referral for resident #1 was received and that no assessment was completed. [s. 26. (4) (a),s. 26. (4) (b)]

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 86. Infection prevention and control program

Specifically failed to comply with the following:

s. 86. (2) The infection prevention and control program must include,
(a) daily monitoring to detect the presence of infection in residents of the long-term care home; and 2007, c. 8, s. 86. (2).
(b) measures to prevent the transmission of infections. 2007, c. 8, s. 86. (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that there are measures in place to prevent the transmission of infections.

On February 6 and 13, 2015, the following unlabeled items were observed:
- soap dish left on the sink in shared bathroom of rooms 320/322, 350/352, 356/358, 352/354, 360/362, and 348/350,
- tooth-brush left on the sink in shared bathroom of rooms 340/342,
- Two towel holder with towels in shared bathroom of rooms 108/110, 142/144, 150/152, 154/156,and 366 W
An interview with PSW and RPN confirmed that the items found in the identified bathrooms were not labeled according to infection prevention and control practice of the home.
An interview with the DOC confirmed that all items used in the common bathrooms must be labeled as per home policy for infection prevention and control. [s. 86. (2) (b)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices: (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs is implemented.

a.) On February 6, 2015, in the 1 east tub room, the frame and underside of the tub chair was observed to be dirty. An interview with a PSW confirmed the tub chair was dirty. [s. 87. (2) (b)]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
i. persons who may dispense, prescribe or administer drugs in the home, and
ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. The licensee has failed to ensure that all areas where drugs are stored shall be kept locked at all times, when not in use.

On February 10, 2015, at 9:00 a.m. the inspector observed a registered staff sitting in the one west dining room feeding a resident with her back towards the entrance of the dining room. The medication cart was in the hallway and was unlocked.
An interview with the RPN confirmed the home's practice is to lock the medication cart once the registered staff is away from the cart.
Interview with the DOC confirmed that the medication cart must be locked when the staff is away from the cart. [s. 130. 1.]

Issued on this 2nd day of June, 2015

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

Original report signed by the inspector.