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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Central West Service Area Office
500 Weber Street North
WATERLOO ON N2L 4E9
Telephone: (888) 432-7901
Facsimile: (519) 885-9454

Bureau régional de services du Centre-Ouest
500 rue Weber Nord
WATERLOO ON N2L 4E9
Téléphone: (888) 432-7901
Télécopieur: (519) 885-9454

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 26, 2018	2018_723606_0007	002088-18, 007777-18	Complaint

Licensee/Titulaire de permis

LaPointe-Fisher Nursing Home, Limited
1934 Dufferin Avenue WALLACEBURG ON N8A 4M2

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

LaPointe-Fisher Nursing Home
271 Metcalfe Street GUELPH ON N1E 4Y8

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

JANET GROUX (606)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): April 26, 27, May 1, 2, 3, and 4, 2018.

The following complaint intakes were inspected:
log #007777-18 related to plan of care, transferring and positioning, restraints, and the residents' bill of rights.
log #002088-18 related to housekeeping, resident neglect, and plan of care.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Resident Assessment Instrument Minimum Data Set (RAI-MDS) Coordinator, Activation Manager (AM), Behavioural Support of Ontario (BSO) Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Recreation Alde (RA), Housekeeping staff, Laundry Aide (LA), and Substitute Decision Maker (SDM).

During the course of this inspection, the inspectors observed resident care, observed staff to resident interaction, reviewed resident health records, schedules and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Continence Care and Bowel Management
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.
- **7 WN(s)**
- **7 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when care set out in the plan has not been effective.

Review of a complaint submitted to the Ministry of Health and Long Term Care (MOHLTC) reported that resident #001 sustained an injury and alleged the injury occurred during care.

Interview with resident #001's Substitute Decision Maker (SDM) indicated that they had verbalized to the home their concerns about the number of impaired skin integrity of which they were told that some of the skin impairments sustained were unknown.

Record review of resident #001's progress notes in Point Click Care (PCC) indicated the resident was observed to have several skin integrity impairments on admission related to being prone to skin integrity impairments and due to a medication that they were taking.

Review of resident #100's written care plan indicated that the last update to include other interventions to manage the resident's further risk for skin impairment was last reviewed on an identified date and no further updates or revisions to the care plan was completed to manage the resident's risk for skin impairments after the identified date.

Interview with Registered Practical Nurse (RPN) #107 and #112 indicated resident #001 was at risk for skin integrity impairments due to the resident's responsive behaviours and indicated that the resident's skin was very fragile.

Interview with RPN #102 indicated that resident #001 was at risk for skin integrity impairment and indicated the resident was identified with skin integrity impairments to several areas of their body and that there would have been special interventions to direct staff on how to manage the resident's risk for skin integrity impairment.

Interview with Registered Nurse (RN) #106 indicated that when interventions in the resident's care plan were no longer working the care plan is reviewed and updated to address further skin integrity impairments.

The licensee failed to ensure that resident #001 was reassessed and the plan of care reviewed and revised at least every six months and at any other time when (c) care set out in the plan has not been effective. [s. 6. (10) (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 resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when (c) care set out in the plan has not been effective, to be implemented voluntarily.

WN #2: 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 :

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, (b) is complied with. O. Reg. 79/10, s. 8 (1)
In accordance with regulation 53 (1) (4) the Licensee shall ensure that, for each resident demonstrating responsive behaviours, (a) the behaviours triggers for the resident are identified, where possible; (b) strategies are developed and implemented to respond to these behaviours, where possible, and (c) actions are taken to respond to the needs of the resident, including assessments, reassessments, and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53(4).

The licensee failed to ensure that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put place any plan, policy, protocol, procedure, strategy or system, was complied with.

Review of a complaint submitted to the MOHLTC alleged resident #001 was administered medications that caused a change in the resident's condition.

Review of the home's policy entitled, "Behaviour Management" Section B, effective date January 5, 2015, indicated the registered staff are to:
- assess a resident's change in behaviour or an increase in behaviour to take into consideration any physical conditions that may be contributing to the behaviour change; and
-If physical condition have been ruled out the policy directed the staff to submit a Resident Care Referral to our In-House Behaviour Support Ontario (BSO) staff.

Interview with resident #001's SDM indicated that they had verbalized to the home that they did not want the resident to be given a particular type of medication. They alleged that the home prescribed the resident medications and did not attempt to try other interventions to manage the resident's responsive behaviours. Further interview indicated that the resident was administered a type of medication due to their responsive behaviours that resulted in a change in their condition.

A review of resident #001's progress notes indicated the resident had displayed responsive behaviours and that interventions were ineffective to manage the resident's responsive behaviours. The progress notes indicated that the physician was notified about the resident's behaviours and the physician ordered an identified medication and indicated that the resident settled later after and did not require to be administered the medication. The progress notes indicated the resident again displayed responsive behaviours and interventions to manage the resident's responsive behaviours were ineffective. The progress notes indicated the resident was then administered an identified medication. Further review of the progress notes indicated that the resident was noted to have a change in their condition after the medication was administered in which the resident was observed not able to participate in their activity of daily living due to the change in their condition.

Review of resident #001’s written care plan indicated the resident was at risk for responsive behaviours for a number of reasons and the care plan directed staff to provide a number of interventions. Further review of the care plan indicated that there were no further updates to the care plan.

Review of resident #001's "Behavioural Support Referral Form", indicated the resident was referred to the BSO program and the resident was not referred at anytime.

Interviews with Personal Support Workers (PSW) #104, and #105, indicated resident #001 had displayed responsive behaviours since being admitted to the home. They indicated resident #001 displayed a number of responsive behaviours that occurred a number of times during the shift and that the responsive behaviours were triggered by an a medical condition of the resident. They indicated that when the resident displayed the responsive behaviours, they would attempt to provide a number of interventions to try and manage the responsive behaviours and indicated the interventions were not very effective.

Interviews with RPN #107 and RPN #112, the lead for the home's BSO Program indicated that resident #001 had responsive behaviours on an ongoing basis but was not referred to the BSO program until an identified date, when further strategies were created and implemented to manage the resident's responsive behaviours.

Interview with the Administrator acknowledged that it is the home's expectation that staff follow the home's Responsive Behaviour Program policy and procedure.

The licensee failed to ensure that 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, was complied with. [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 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, was complied with, 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 failed to ensure that (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, (iv) was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Review of a complaint submitted to the MOHLTC alleged that resident #001 sustained an identified skin integrity impairment caused by staff during care.

Record review of resident #001's progress notes in Point Click Care (PCC) indicated documentation that a skin integrity impairment was noted. The resident was unable to recall how they sustained the skin integrity impairment. Further review of the progress notes indicated that the resident had an incident on an identified date and was provided assistance by a staff during the incident. The resident was assessed with no observations of any injuries.

Review of an identified home policy indicated that residents with altered skin integrity will be reassessed at least weekly using the weekly skin and wound assessment found under the assessment section in PCC.

Record review of resident #001's skin assessments in PCC did not show evidence that any skin assessments were completed for the skin integrity impairment noted to the area of the resident's body.

Interview with RPN #102, #107 and RN #106 indicated that resident #001 had fragile skin and were aware of the skin integrity impairment to an area of their body and stated that the home's practice is when a resident has been identified with a skin impairment, a weekly skin assessment is completed to monitor the progress of the skin impairment until healed. They indicated that weekly skin assessments for resident #001's skin integrity impairment was not completed.

The licensee failed to ensure that (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, (iv) was reassessed at least weekly by a member of the registered nursing staff. [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 (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, to be implemented voluntarily.

WN #4: 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. (2) Every licensee of a long-term care home shall ensure that,
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that, (h) residents were provided with a range of continence care products that, (i) were based on their individual assessed needs.

Review of a complaint submitted to the MOHLTC alleged that resident #001 was not provided the correct continence care products.

Review of assessments and the written care plan of resident #001’s indicated that the resident had a medical condition related to continence and required a type of continence care product to effectively use to manage their continence care needs.

Review of an identified home document indicated resident #001 did not receive the continence care products they required and a request for the correct type of continence care product to be provided to the resident was initiated.

Interview with the Resident Assessment Instrument (RAI) Coordinator #108, the lead for the home's Continence Care and Bowel Management Program, indicated that the laundry department was responsible to send to the units the required type, size and amount of continence care products on a daily basis. They indicated that during that time, there had been some issues with the continence care product ordering and the home's process of what type and size the residents on the units were being sent from the laundry department was confusing. They further indicated that resident #001 should have received the continence care product they were assessed for and indicated that it was likely that the unit had sent a different type of continence care product in error and that error was discovered two days after and was corrected immediately.

The licensee has failed to ensure that resident #001 was provided with a range of continence care products that was based on their individual assessed needs. [s. 51. (2) (h) (i)]

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, (h) residents are provided with a range of continence care products that, (i) are based on their individual assessed needs, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).
(b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that, for each resident demonstrating responsive behaviours strategies were developed and implemented to respond to these behaviours.

Review of a complaint submitted to the MOHLTC alleged resident #001 was administered medications that caused a change in the resident's condition.

Review of resident #001's progress notes indicated the resident was admitted with several medical conditions one of which triggered them to display responsive behaviours and indicated that the resident was prescribed a medication to manage their medical condition. Further review of progress notes indicated documentation of numerous incidents of the resident displaying responsive behaviours.

Review of resident #001's written care plan indicated resident #001 had a number of responsive behaviours and directed staff to provide a number of interventions.

A review of resident #001's progress notes indicated documentation that the resident had displayed a number of responsive behaviours on a daily basis. The progress notes indicated that the resident has a medical condition that triggered the resident to display responsive behaviours. In addition, the resident was administered medications to reduce the signs and symptoms brought on by the medical condition and in addition the resident required to a lot of reassurance from staff to calm them down. The progress notes indicated that these interventions were often ineffective and indicated that the resident's behaviours as mentioned above occurred daily and throughout the shift.

Interview with PSWs # 104, #105, RPNs #107, and #112 shared that resident #001 had behaviours since being admitted to the home. They indicated resident #001 displayed a number of responsive behaviours on a daily basis and the resident's medical condition was a factor in contributing to the resident's responsive behaviours. They stated that the staff would provide interventions and it took staff a lot of time to provide the interventions to the resident and that the interventions that were place to manage the resident's responsive behaviours were often not effective.

The licensee failed to ensure that, for each resident demonstrating responsive behaviours strategies were developed and implemented to respond to these behaviours. [s. 53. (4) (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, for each resident demonstrating responsive behaviours strategies are developed and implemented to respond to these behaviours, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances. O. Reg. 79/10, s. 101 (1).
3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home was dealt with as follows: 1. The complaint shall be investigated and resolved where

possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

Review of a complaint submitted to the MOHLTC alleged that resident #001 sustained an identified skin integrity impairment caused by a staff during care.

Review of a correspondence sent to DON #135 by the SDM indicated that they had concerns about how resident #001sustained a skin integrity impairment and shared the skin integrity impairment was caused by the way a staff provided care to the resident.

Record review of resident #001's progress notes and PCC assessments, did not indicate any information of any incidents related to how the resident sustained the skin integrity impairment.

Interviews with RN #106 and RPN #107, indicated that resident #001 had fragile skin and easily sustain the skin integrity impairments. They further indicated that they were not aware of any incidents of the resident sustaining the skin integrity impairment caused by the manner the staff member had provided care to the the resident.

Interview with the Administrator acknowledged that the concern forwarded by resident #001's SDM was not investigated and that their practice is that any concern that is forwarded to their attention would be investigated. [s. 101. (1)]

2. Review of a complaint submitted to the MOHLTC alleged that resident #001 was witnessed by the SDM to be asking for assistance from staff and alleged the staff did not pay any attention to the resident.

Record review of a correspondence sent by the SDM addressed to DON #15 their concerns that resident #001 was asking for assistance from staff and alleged the staff did not pay any attention to the resident.

Interview with the Administrator acknowledged that the concern forwarded by resident #001's SDM on an identified date was not investigated and that their practice is that any concern that is forwarded to their attention would be investigated.

The licensee failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home was dealt

with as follows: 1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. [s. 101. (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 every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home was dealt with as follows: 1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 103. Complaints — reporting certain matters to Director

Specifically failed to comply with the following:

s. 103. (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 24 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 101 (1). O. Reg. 79/10, s. 103 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that when the home received a written complaint with respect to a matter that the licensee reports or reported to the Director under section 24 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 101 (1).

Review of a complaint submitted to the MOHLTC alleged that resident #001 sustained an injury caused by a staff during care.

Review of a correspondence on an identified date sent to DON #135 by the SDM indicated that they had concerns about how resident #001 sustained an injury to an area of their body and indicated the injury was caused by the way the staff had provided care to the resident.

Interview with the Administrator acknowledged that the concern reported by the SDM of resident #001 was not reported to the Director and that it should have been. [s. 103. (1)]

2. Review of a complaint submitted to the MOHLTC alleged resident #001 was witnessed by the SDM asking for assistance from staff and alleged the staff did not pay any attention to the resident.

Record review of a correspondence sent by the SDM addressed to DON #15 indicated their concerns that resident #001 was asking for assistance from staff and alleged the staff did not pay any attention to the resident.

Interview with the Administrator acknowledged that the concern reported by the SDM of resident #001 was not reported to the Director and that it should have been.

The licensee failed to ensure that when the home received a written complaint with respect to a matter that the licensee reports or reported to the Director under section 24 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 101 (1). [s. 103. (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 when the home received a written complaint with respect to a matter that the licensee reports or reported to the Director under section 24 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 101(1), to be implemented voluntarily.

Issued on this 24th day of July, 2018

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

Original report signed by the inspector.