



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

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
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**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 2, 2014	2014_276537_0049	L-001239-14	Resident Quality Inspection

Licensee/Titulaire de permis

MERITAS CARE CORPORATION
567 VICTORIA AVENUE, WINDSOR, ON, N9A-4N1

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

FRANKLIN GARDENS LONG TERM CARE HOME
24 FRANKLIN ROAD, LEAMINGTON, ON, N8H-4B7

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

NANCY SINCLAIR (537), PATRICIA VENTURA (517), ROCHELLE SPICER (516)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): September 23, 24, 25, 26, 29, 30 and Oct 1, 2014.

During the course of the inspection, the inspector(s) spoke with 40 Residents, 3 Family Members, the Administrator, Director of Care, Assistant Director of Care, Activation Manager, Environmental Manager, Nutrition Manager, Nurse Consultant, Maintenance Staff, Activation Staff, Dietary Aide, Family Council Representative, 2 Registered Nurses(RN), 2 Registered Practical Nurses(RPN), and 10 Personal Support Workers(PSW).

During the course of the inspection, the inspector(s) toured the home, observed meal service, medication passes, medication storage areas, recreational activities and care provided to residents, reviewed health records and plans of care for identified residents, reviewed policies and procedures and related training records, and observed general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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.

Two resident washrooms were observed to have dry urine on the floor and a lingering offensive odour.

The Environmental Manager observed the washrooms and verified the washroom floors had urine on them and had a lingering offensive odour. It was confirmed the expectation was that the resident washrooms were to be kept clean and sanitary.

The Environmental Manager stated interventions would be initiated for housekeeping to monitor and/or clean the identified washrooms more often as these rooms had been identified to require additional attention. [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.

On September 23, 24, 25 & 26, 2014 observations by inspectors revealed the following need of maintenance repairs:

- The walls presented with scratch marks, chipped paint and in need of repairs in 17 out of the 25 rooms observed.
- The doors to the bedrooms presented with scratches, chipped paint and in need of repairs in 5 out of the 25 rooms.
- The doors to the closets presented with scratches, chipped paint and in need of repairs in 3 out of the 25 rooms (rooms N301 & N302).
- The doors to the bathrooms presented with scratches, chipped paint and in need of repairs in 7 out of the 25 rooms (rooms S102, N302, N308 & N312).

The Environmental Manager and the Administrator confirmed the rooms identified were in need of wall repairs and paint touch ups and that the expectation was they were in good repair.

The Environmental Manager and the Administrator reported they were currently in the process of hiring external help before the end of the year to complete repairs and paint walls, as well as washroom, bedroom and closet doors to all resident rooms and any other resident areas identified to need the services. [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, 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 resident-staff communication and response system clearly indicated when activated where the signal was coming from.

On September 25 and 26, 2014, inspectors identified non functioning call bells in 5 resident rooms.

The inspectors notified the Administrator and Registered Staff immediately who verified with the inspector that the call bells were not working. The Administrator notified the maintenance department and the call bells were restored to working order immediately.

Interview with the Administrator and the Environmental Manager revealed the expectation was that all call bells in use by residents should be functioning and in good working order. The managers added call bell audits to their monthly Inspections as well as added this new internal process to the home's policy "Resident Call Bell System". [s. 17. (1) (f)]

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-staff communication and response system clearly indicates when activated where the signal is coming from, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records

Every licensee of a long-term care home shall ensure that,

(a) a written record is created and maintained for each resident of the home; and

(b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.

Findings/Faits saillants :



1. The licensee has failed to ensure the resident's written record was kept up to date at all times.

Health record review for an identified resident revealed this resident was at high nutritional risk related to various identified factors. This was confirmed by the Nutrition Manager. Review of the residents record revealed documentation discrepancies among these documents. The Nutrition Manger confirmed that the Registered Dietitian uses these forms for monitoring fluid and supplement intake. The Nutrition Manager viewed these documentation entries and also noted discrepancies and verified these documents should have matching documentation entries.

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's written record is kept up to date at all times, 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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident.

Health record review for an identified resident revealed a plan of care which listed a specified goal. The care listed in this same plan of care was not consistent with the specified goal. The Nutrition Manager verified that the resident goal specified was not the current required care for that resident. The Nutrition Manager verified the specified goal should not have been listed in the plan of care and that the plan of care in place did not provide clear directions to the staff and others who provide direct care to the resident. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

The care plan for an identified resident revealed the resident was to have a specific fall intervention in place.

One Nurse Aide, one Personal Support Worker and the Activation Manager verified the specific fall intervention was not being used for the resident.

One Nurse Aide, one Personal Support Worker and the Activation Manager reported the expectation was that the resident should have the required falls intervention in place as specified in the plan of care. [s. 6. (7)]

Issued on this 3rd day of October, 2014

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