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

Division de la responsabilisation et de la performance du système de santé
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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, 2015	2015_266527_0004	H-000465-14	Critical Incident System

Licensee/Titulaire de permis

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP
302 Town Centre Blvd., Suite #200 TORONTO ON L3R 0E8

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

LEISUREWORLD CAREGIVING CENTRE - BRAMPTON WOODS
9257 Goreway Drive BRAMPTON ON L6P 0N5

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

KATHLEEN MILLAR (527)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 3, 4, and April 27, 2015.

The Inspection included the following critical incidents: H-000465-14 and H-000998-14.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Assistant Director of Care (ADOC), the Physiotherapist, Personal Support Workers (PSWs), registered staff, and the resident.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Critical Incident Response
Falls Prevention
Hospitalization and Change in Condition

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

Specifically failed to comply with the following:

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).

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).

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 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 (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.

Resident #001 had a fall in March 2014 with a significant injury. The resident was assessed by nursing as being at risk for falls based on the Minimum Data Set (MDS) assessment in January 2014. The home's policy called "Falls Prevention Program", number V3-630 and revised November 2013, identified that when a resident had fallen, a post-fall huddle and assessment would be conducted by the inter-professional team. It also identified that each residents' risk for falls would facilitate an inter-professional plan of care to prevent falls, and quarterly, the risk level of the resident would be reassessed by the physiotherapist. There were no falls risk assessments conducted by physiotherapy quarterly or at the post-fall huddle. Therefore, the assessments were not integrated,

consistent, and/or complement each other. The physiotherapist confirmed they did not receive a referral to assess the level of risk for falls or to participate in post-fall huddles for the resident. The clinical record was reviewed and there were no physiotherapy assessments related to the falls risk or the participation of the physiotherapist in the post-fall huddles. The ADOC and DOC confirmed that the process for physiotherapy assessing the level of risk and participating in inter-disciplinary fall huddles was changed in September 2013, and the physiotherapist would only be involved in the resident's assessments and care based on a referral process. [s. 6. (4) (a)]

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

A) The falls plan of care dated March 2014 for resident #001 directed staff to conduct hourly safety checks, and implement falls prevention strategies. In February 2015 the PSWs were interviewed and they were unsure as to whether the falls prevention interventions were provided to the resident as specified in the plan. The resident was observed several days in February 2015 with none of the falls prevention strategies in place. The clinical record was reviewed and there was inconsistent documentation related to the hourly safety checks, and the falls strategies as specified in the plan of care. The ADOC and DOC confirmed that the PSWs were expected to ensure the care was provided as specified in the plan, and that the PSWs documentation should have reflected the care provided to the resident.

B) Resident #005 had a fall in July 2014 which required a transfer to the hospital for assessment. The registered staff conducted a post-fall huddle, pain assessment, skin assessment and head-to-toe assessment. The registered staff identified the resident's condition had deteriorated. The clinical record was reviewed and there was no documentation of the resident receiving oxygen therapy to assist with their deteriorating health condition. The plan of care identified the resident had a physician's order for oxygen when ever necessary; however the registered staff did not apply oxygen to the resident post-fall or prior to the resident being transferred to the hospital. The ADOC and DOC were interviewed and confirmed the registered staff should have administered oxygen to the resident, and the care was not provided as specified in the plan. [s. 6. (7)]

3. The licensee has failed to 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; (b) the resident's care needs change or care set out in the plan is no longer necessary; or (c) care set out in the plan has not been effective.

Resident #001 had a fall with a significant injury in March 2014. The plan of care was not reviewed and revised when the resident's care needs changed on the same day as the fall. The resident was not weight bearing after the fall, the resident required falls prevention strategies implemented, and pain management, and the resident's ability to perform activities of daily living had changed. The plan of care was not reviewed and revised until six days after they returned from the hospital. The clinical record was reviewed and confirmed that the plan of care was not reviewed and revised when the resident's care needs changed. The registered staff, the ADOC and DOC confirmed the resident's plan of care was not changed in March 2015 when the resident's care needs had changed as a result of the fall. [s. 6. (10) (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 (a) that staff and others involved in the different aspects of care of the residents collaborate with each other in the assessment of residents to ensure their assessments are integrated, consistent with and complement each other, (b) to ensure care is provided to residents as specified in the plan, and (c) that the resident is reassessed and the plan of care reviewed and revised when the residents' care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

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

Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee has failed to 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.

The clinical record for resident #001 was reviewed and it was documented that the resident was administered pain medication on a specific date in March 2014. There was no documentation on the medication administration record (MAR) that the resident received pain medication, and whether or not the medication was effective. There was no risk level and falls risk assessment documented by the physiotherapist quarterly or when the resident's condition significantly changed after the resident had a fall. In addition, there was no consistent documentation by the PSWs related to falls prevention interventions being implemented and the resident's response after the resident returned from the hospital. The PSWs and registered staff confirmed they were expected to document the interventions and the resident's responses to the interventions provided in the plan of care. The ADOC and DOC confirmed that staff were expected to document the actions taken with respect to the resident under the falls program, including assessments, reassessments, interventions and the resident's response to the interventions. [s. 30. (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 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 #3: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following:

s. 48. (2) Each program must, in addition to meeting the requirements set out in section 30,
(a) provide for screening protocols; and O. Reg. 79/10, s. 48 (2).
(b) provide for assessment and reassessment instruments. O. Reg. 79/10, s. 48 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Falls Prevention program must, in addition to meeting the requirements set out in section 30, (a) provide for screening protocols; and (b) provide for assessment and reassessment instruments.

Resident #001 had a fall with a significant injury in March 2014. The injury warranted transfer to the hospital and the resident was diagnosed with a significant injury. The clinical record was reviewed and there was no clinically appropriate fall assessment tool used in the home, except for the post-falls huddle document. The home's policy called "Falls Prevention Program", number V3-630 and revised November 2013 identified that all residents would be reassessed by the physiotherapist quarterly to determine the risk level. The policy also identified that residents at high risk for falls would be easily identified and interventions put into place; however there were no falls assessment or reassessments tools to determine the level of risk. The registered staff and the physiotherapist confirmed that if the falls risk assessment identified the resident was at high risk for falls, then that would have triggered earlier implementation of falls prevention strategies. The ADOC and DOC confirmed the home does not have a clinically appropriate fall assessment or reassessment tool, and they were using the MDS assessments and post-fall huddle tool in their Falls Prevention Program. [s. 48. (2) (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 the Falls Prevention Program must, in addition to meeting the requirements set out in section 30, (a) provide for screening protocols; and (b) provide for assessment and reassessment instruments, to be implemented voluntarily.

Issued on this 12th day of May, 2015

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

Original report signed by the inspector.