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

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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
Apr 3, 2017	2017_322156_0006	034879-16	Complaint

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

Hawthorn Woods Care Community
9257 Goreway Drive BRAMPTON ON L6P 0N5

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

CAROL POLCZ (156)

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): January 23, 24, 25, 26, 31, February 21, 22, 2017.

This inspection was initiated concurrently with the RQI inspection and is in relation to complaint 034879-16.

During the course of the inspection, the inspector(s) spoke with Administrator, Assistant Director of Care (ADOC), registered nursing staff, Behavioural Support staff, physiotherapist, and personal support workers (PSW's).

The following Inspection Protocols were used during this inspection:
Falls Prevention
Nutrition and Hydration
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **2 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. (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 care set out in the plan of care was provided to the resident as specified in the plan.

Resident #031 was noted to have had a fall in February, 2017. The plan of care for the resident indicated that the resident was always to use a specialized device; if the resident forgets, staff were to bring the device to the resident. The plan indicated that if the resident was observed without the device, one staff member was to stay with the resident while another staff member located and brought the device to the resident. When the fall occurred, the registered staff had observed the resident walking without the device and left the resident to find the device. The administrator confirmed that the staff should not have left the resident and that the plan of care for the resident was not followed. [s. 6. (7)]

2. The licensee 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 the resident's care needs change or care set out in the plan was no longer necessary.

A) In October 2016, the home began identified monitoring for resident #031 at the request of the family. The monitoring, which was to be completed on a daily basis were not found to be included in the plan of care for the resident. Interview with the Administrator confirmed that the plan of care was not reviewed and revised when the resident's care needs had changed to include the monitoring.
B) The clinical record of resident #031 was reviewed. It was noted that the resident was experiencing a change in condition on identified dates in November, 2016, and was being treated for the change in condition. The resident's care needs had changed; however, the plan of care was not reviewed and revised as confirmed with the ADOC. [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 that care set out in the plan of care is provided to the resident as specified in the plan and 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 the resident's 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. 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. Under s. 30(1)1. relevant policies, procedures and protocols are required in relation to programs required in relation to section 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of the Regulation. Regulation r. 52 requires the licensee to establish a pain management program and r. 49 requires the licensee to establish a fall prevention and management program.

The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was not complied with.

A) The homes policy Pain and Symptom Management, policy VII-G-30.10 dated January 2015, indicated that registered staff will conduct and document a pain assessment electronically on initiation of a pain medication or as needed (PRN) analgesic.

The clinical record of resident #031 was reviewed. It was noted that the resident was experiencing pain and given analgesic medication; however, a pain assessment was not completed as confirmed by registered staff #101.

B) The homes policy Head Injury Routine, policy VII-G-10.40 dated January 2015, indicated that the Director of Care or designate will ensure Head Injury Routine (HIR) will be initiated on any resident who has sustained or is suspected of sustaining a head injury, after any un-witnessed resident fall and complete HIR as per the schedule outlined or as ordered by the physician. The resident checks include the time of the check, blood pressure, pulse, respirations, pupils, Glasgow coma scale, and condition of the resident. The schedule of checks are to be performed as follows: 1. Initial check, 2nd check 15 minutes after, 3rd, check 15 minutes after, 4th check 30 minutes after, 5th check 30 minutes after, 6th check 1 hour after, 7th check 1 hour after, 8th check 1 hour after, 9th check 2 hours after, 10th check 2 hours after, 11th check 4 hour after, 12th check 4 hours after, 13th check 4 hours after, 14th check 4 hours after 15th check 8 hours after, 16th check 8 hours after, 17th check 8 hours after, 18th check 24 hours after.

The clinical record for resident #031 was reviewed.
i) The resident had a fall on an identified date in February, 2016, the HIR was initiated; however, it was noted that the resident was sleeping (check not completed) for the 5th, 7th, 8th, 9th, 10th, 14th and 18th check. There was nothing noted for the 15th check (incomplete).
ii) The resident had a fall on an identified date in May, 2016, the HIR was initiated; however, it was noted that the resident was sleeping (check not completed) for the 6th, 7th, and 10th check.
iii) The resident had a fall on another identified date in May, 2016. The HIR was initiated; however, it was noted that the resident was sleeping (check not completed) for the 6th, 7th, 10th, and 15th check.
iv) The resident had a fall on an identified date in September, 2016. The HIR was initiated; however, it was noted that the resident was sleeping (check not completed) on the 7th, 9th and 15th check. It was noted that the resident was in the dining room (check not completed) for the 12th check.
v) The resident had a fall on an identified date in October, 2016. The HIR was initiated; however, it was noted that the resident was sleeping (check not completed) for the 5th, 6th, 7th, and 10th check. It was noted that the resident was in the dining room (check not completed) for the 13th check.
The above was confirmed with the ADOC. [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.

Issued on this 23rd day of May, 2017

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

Original report signed by the inspector.