Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jul 26, Aug 17, 31, Sep 7, 2011	2011_066107_0004	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

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

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

MICHELLE WARRENER (107)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care, Nurse Managers, Resident Assessment Instrument (RAI) Coordinator, ARAMARK Food Service Manager, Food Service Supervisor, Registered Dietitian, Nurse Practitioner, nursing staff on the first, second and third floors, dietary staff, residents, and reception staff in relation to complaint inspection H-000813-11.

During the course of the inspection, the inspector(s) Toured the Home, reviewed an identified resident's clinical health record, observed meal service, reviewed menus and meal preparation, and reviewed relevant policies and procedures

The following Inspection Protocols were used in part or in whole during this inspection:

Dining Observation

Nutrition and Hydration

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Definitions	Définitions
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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 subsections:

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;
(b) the goals the care is intended to achieve; and
(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 sayants :

1. [LTCHA, 2007, S.O. 2007, c.8, s. 6 (1) (c)]
The written plan of care for an identified resident did not provide clear direction to staff providing care to the resident. The resident's plan of care instructs Registered staff to monitor the resident for (hyperglycemia) blood glucose of 240 mg/dl or more. Registered staff assigned to the resident's home area were unable to state what the value would be using their testing equipment or how to convert the number 240 mg/dl to Canadian values. Registered staff confirmed the plan was not clear.

2. [LTCHA, 2007, S.O. 2007, c.8, s. 6(7)]
The care set out in the plan of care was not provided to an identified resident related to insulin administration.
The resident has an order for insulin, however, the order set out by the physician was not always followed for one month reviewed in 2011 (seven examples in one month).
Registered staff interviewed were unable to explain the reason for the insulin discrepancies.
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The care set out in the plan of care for an identified resident was not provided as specified in the resident's plan in relation to care.
The resident's plan of care directs staff to apply a specific cream during care, however, an alternative cream was applied to the resident's skin. Staff interview (conducted by the Administrator in 2011, in relation to the error) reflects the PSW applied the cream without verifying it was the correct treatment.

The care set out in the plan of care for an identified resident was not provided at the lunch meal July 27 and dinner meal August 10, 2011.
The resident has an order for a Modified Diabetic diet, however, the resident was served a regular non-diabetic dessert at the dinner meal August 10, 2011, which is contrary to the planned menu and the resident's diet order. Management staff interviewed confirmed the dessert provided was not consistent with the resident's current diet order.
The resident's plan of care directs staff to provide a specific beverage with all meals, however, the resident was not provided with the beverage at the observed lunch or dinner meal.

The care set out in the plan of care was not provided to an identified resident in relation to an order for dressing changes to an open area on the resident's skin in 2011.
The resident had a physician's order initiated for dressings on the skin to be changed on a scheduled basis.
Documentation on the resident's Treatment Administration Records for 2011 reveals that the dressing was not changed on three required days. Documentation in 2011 indicates the wound had reduced in size and the treatment was re-evaluated. Interview with staff indicates the dressing was no longer indicated and therefore not signed for for the latter part of the month. Treatment records (TARs) for the next month indicate the wound was healed. The inspector was unable to determine when the date of healing occurred.

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 with sections 6(1)(c), and 6(7) , to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits sayants :

1. The licensee did not ensure that the Home's policy (V3-010) was complied with in relation submitting to the Director the reporting of and investigation of an alleged abuse of a resident by a staff member.
The policy identifies that the Director of Administration or designate must notify the Director of any suspected abuse of a resident, however, this process was not followed. The policy also identifies that documentation of the investigation report should include informing of the resident's Power of Attorney (POA) of the alleged abuse and actions taken during the course of the investigation. Documentation of the alleged abuse investigation for an identified resident does not include notification of the resident's POA.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 23. Licensee must investigate, respond and act

Specifically failed to comply with the following subsections:

s. 23. (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b). 2007, c. 8, s. 23 (2).

Findings/Faits sayants :

1. The licensee did not ensure that the results of an alleged abuse investigation conducted by the Home, in relation to an identified resident and an identified staff member, were reported to the Director.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following subsections:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).

Findings/Faits sayants :

1. The licensee did not immediately report to the Director when there was reasonable grounds to suspect that abuse of a resident may have occurred. A family member of a resident voiced allegations of abuse of a resident and action was taken against the staff member as a result of the Home's investigation, however, this was not reported to the Director.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits sayants :

1. [O.Reg. 79/10, s.71 (4)]
The licensee did not ensure that the planned menu items were offered and available at the lunch meal July 27, and dinner meal August 10, 2011.
The planned menu identifies that pureed whole wheat bread will be offered at lunch and dinner, however this was not prepared nor available to residents requiring it. Residents (those unable to voice meal preferences - verified by staff) requiring texture modified menus (minced and pureed texture) were served mashed potatoes as a substitute for the pureed bread, or in addition to menu items containing pureed bread, resulting in unusual combinations of foods and in variations to the planned nutrient profile of the menu (increased carbohydrates, decreased fibre, etc.).
The planned menu stated a shaved ham sandwich with black bean corn salad or chicken pasta salad with creamy coleslaw and a whole wheat dinner roll. Residents requiring texture modified menus were served cold chicken pasta salad and coleslaw or bean salad with hot mashed potatoes and gravy; a cold entree of ham salad sandwich and coleslaw or bean salad with hot mashed potatoes and gravy. A large amount of dark brown gravy was served with the pureed and minced entrees and was running into the cold items on the plate.

At the dinner meal August 10, 2011, pureed bread was not available nor offered to residents (confirmed with staff that item was not offered nor prepared as per the planned menu).

The planned menu for the dinner meal August 10, 2011 states raspberry square or spicy fruit compote for dessert. Several residents were provided tapioca pudding instead of the planned menu items due to insufficient quantities of desserts. Choice of desserts was not provided to the residents and the item substituted was not consistent with the planned menu choices for the diabetic menu (item prepared was regular and not diabetic version as per the planned menu items).

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 with ensuring that the planned menu items are offered and available at each meal and snack, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits sayants :

1. [O.Reg. 79/10, s. 73(1)8]
Meals were not served course by course at the dinner meal August 10, 2011. Desserts were placed on the table for multiple residents in the dining room while the entrees were still being consumed. Once the desserts were placed on the table, many of the residents no longer ate their entree.
Several staff members interviewed confirmed that course by course service is the policy and practice of the home and it was confirmed with staff that course by course meal service was not followed at the dinner meal August 10, 2011. The Home's policy 'Meal Service Objectives' (V9-310) supports that meals are to be served one course at a time and that tables are to be cleared between courses.

2. [O.Reg. 73(1)9]
Not all residents received the personal assistance and encouragement required to safely eat and drink as independently as possible at the lunch meal July 27, 2011.
Soup was placed on tables without staff available to assist residents with soup in front of them. The residents sat for 20 minutes without assistance.
An identified resident required assistance with the soup course at the lunch meal, however, did not receive assistance with the entree when they were not eating on their own. The resident sat until 1256 hr (over 25 mins without assistance). The meal was removed and an alternative was not offered.

3. [O.Reg. 79/10, s. 73(1)10]
Proper techniques were not used to assist residents with eating at the lunch meal July 27, 2011.
Two Personal Support Workers assisting residents with eating were using spoons and cups to scrape food off residents' mouths, which can damage skin around the mouth.

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 with section 73 (1) 8, 9, and 10 of the Regulations, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Findings/Faits sayants :

1. [O.Reg. 79/10, s. 26(3)13]
The plan of care for an identified resident was not based on an interdisciplinary assessment of the resident's nutritional status, including any risks related to nutrition care.
The resident had multiple high blood sugars recorded over four months in 2011, without an interdisciplinary assessment of the high blood sugar values.
130 of the blood sugar values recorded over three months required supplemental insulin
Most of the high blood sugar values occurred at the same times daily. This has not been assessed through an interdisciplinary assessment.
Registered staff interviewed stated the resident had very variable blood sugar levels, however, documentation reflects consistently elevated blood sugars. This has not been assessed by the interdisciplinary team with revision to the plan of care for improved blood sugar management.

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 with ensuring residents' plans of care are based on, at a minimum, interdisciplinary assessment of nutritional status, including height, weight and any risks relating to nutrition care, to be implemented voluntarily.

Issued on this 12th day of September, 2011

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