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 prévue 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 Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 8, 2019	2019_654618_0007	005534-17, 021158-17, 001594-18, 028353-18	Complaint

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Fountain View Care Community
1800 O'Connor Drive East York ON M4A 1W7

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

CECILIA FULTON (618)

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): February 12, 13, 14, 15, 20, 21, 2019.

The following complaint logs were inspected during this inspection:
Log # 028353-18, related to misuse of funds.
Log #005534-17, related to personal support services.
Log #021158-17, related to safe and secure home.
Log #001594-18, related to continence management, medication management, accommodation services.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care (DOC), the Assistant Director of Care (ADOC), Registered Staff, (RN and RPN), Personal Support Workers (PSW).

During the course of the inspection, the inspector conducted record review, including resident health records and home's policies and investigations, observed staff to resident interactions, and observed residents during the course of their normal daily activities.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Laundry
Continence Care and Bowel Management
Medication
Personal Support Services
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **0 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	Légende 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 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. The licensee has failed to ensure that any plan, policy, procedure, strategy or system instituted or otherwise put in place was complied with.

This inspection was initiated due to a complaint intake which stated that medication changes are not communicated to the resident's Substitute Decision Maker (SDM).

Record review revealed that resident #002 had many medication changes during their admission.

Record review revealed identified changes to the resident's medication regiment made in January and February 2018, were not communicated to the resident's SDM.

Interview with RN #108, identified that all medication changes must be communicated to the SDM, and that communication should be documented either in the progress notes or signed off in the prescriber's orders.

Interview with ADOC confirmed the above noted required documentation.

Review of the home's policy #VIII-C-10.40, dated January 2016, stated that expressed consent is obtained from the resident's SDM for treatment plan on admission and for any changes to the plan of treatment on an ongoing basis, and that staff are to document all discussions with the resident/SDM or physician in the resident's health record. [s. 8. (1) (b)]

WN #2: 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,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The Licensee has failed to ensure that the resident who was incontinent received an assessment that: includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and, was conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence where the condition or circumstances of the resident required.

This inspection was initiated due to a complaint regarding resident #002's continence management.

Record review identified that resident #002 had a change of their continence status between identified dates, as documented in the resident's Minimum Data Set (MDS) assessment and plan of care.

Interview with PSW #122 identified that resident #002 did have a change in continence status at some point.

Record review did not identify that resident #002 received any continence assessment related to the above identified change in their continence status.

Interview with RN #108, identified that residents should receive a continence assessment when any change in their continence status is identified.

Interview with the DOC confirmed that a continence assessment is required whenever there is an identified change in a resident's continence status. [s. 51. (2) (a)]

Issued on this 11th day of March, 2019

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

Original report signed by the inspector.