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

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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
Mar 24, 2014	2014_031194_0010	O-000122-14	Resident Quality Inspection

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

MAPLEWOOD
12 MAPLEWOOD AVENUE, BOX 249, BRIGHTON, ON, K0K-1H0

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

CHANTAL LAFRENIERE (194), CAROLINE TOMPKINS (166), MATTHEW STICCA (553), SUSAN WENDT (546)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): March 11,12,13,14,17 & 18, 2014

During the course of the inspection, the inspector(s) spoke with Administrator/Director of Care (DOC),Clinical Care/RAI Coordinator, Environmental Services Manager (ESM), Environmental Service staff, Life Enrichment Coordinator(LEC), Life Enrichment Assistant (LEA), Nutritional Care Manager (NCM), Registered Dietitian (RD), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW), Residents, and Family.

During the course of the inspection, the inspector(s) Toured resident care areas including resident rooms, common areas, storage areas, dining areas and bathing facilities. Observed meal service, medication administration and provision of staff/resident care, reviewed clinical health records of identified residents, reviewed and monitored maintenance and laundering procedures, reviewed minutes of the Family and Resident Council, reviewed procedures related to and outcomes of resident/family satisfaction surveys, reviewed licensee policies related to Immuninization, Infection Control, reporting of complaints, Prevention of Abuse, Use of Restraints, Skin and Wound care, Continence Care,Prevention of Fall, pain, responsive behaviours, medication and hand washing practices.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Laundry
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Reporting and Complaints
Residents' Council
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

Legend	Legendé
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:

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).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007, s.6(1)(a)when the written plan of care for Resident #620 did not set out planned care post fracture.

The progress notes for Resident #620 on an identified date, confirmed a diagnosis of a fracture.

The current plan of care for Resident #620 does not identify the fracture or provide interventions related to the fracture. [s. 6. (1) (a)]

2. The licensee failed to comply with LTCHA, 2007 s.6(1)(c) when the plans of care did not set out clear direction to staff and others who provide direct care to Resident #585 related to a specific treatment, Resident #620 related to bed rails, Resident #1 related to responsive behaviours, and Resident #629 related to continence care.

The physician's order for Resident #585 directs that a specific treatment be completed annually
The Laboratory Book for Resident #585 directs that a specific treatment be completed monthly
The plan of care for Resident #585 directs that a specific treatment be completed weekly
The clinical health record for Resident #585 confirms that a specific treatment was completed three times in a five month period
Three RN's were interviewed #110, #111 and #112 as well as the Clinical Care/RAI Co-ordinator and they were unable to explain the conflicting directions for Resident #585. (194)

The clinical health records for Resident #620 direct that the full bed rails on all open sides of the bed are used daily.
Resident #620 was observed on March 17, 2014 with two quarter rails on the bed.
In failing to clearly identify what type of bed rails to be used for Resident #620, the licensee has failed to provide clear direction in the plan of care for Resident #620. (553)

The clinical health records for Resident #629 for continence care directs:
In the toileting section;
-Toileting schedule: identified eight time frames and PRN.
In the bladder continence section;
- Toileting schedule: identified ten different time frames
The clinical health record confirms that Resident #629 is not toileted. (553)

The plan of care for Resident #1 does not provide clear direction for the monitoring related to wandering

On an identified date Resident #1 was redirected back into the home by inspector #553. The Clinical care/RAI coordinator confirmed that Resident #1 has a history of exit seeking in the home. The Clinical care/RAI coordinator stated that Resident#1 was monitored every 15 minutes after an exit seeking incident . Clinical care/RAI coordinator stated that Resident #1 had been doing well, with no further incident of exit seeking being reported. She stated that Resident #1 was still asking to go home and attempting to open the door, but there had not been any further report of the resident going out of the building, so the 15 minute checks had been stopped, and on the identified date, the resident was not being monitored every 15 minutes by staff.

The DOC was interviewed by inspector #194 after Resident #1 was redirected into the home by a co-inspector. DOC stated that the exit seeking behaviour for Resident #1 was noted to be increased, if an entertainment event was occurring at the home. Resident #1 was observed by inspector #553 exiting the home today, after a musical event. The DOC stated that 15 min checks would resumed for the Resident #1 and that 1:1 monitoring would be established during entertainment events to manage the exit seeking behaviours.

Review of the written plan of care for Resident #1 was completed by inspector #194 and the plan of care does not identify the need for 15 minute checks

Interviews PSW staff confirmed that 15 minute checks were initiated by the RN on duty after assessment of the resident's need on any given day or time. The staff interviewed stated that the 15 minute checks were not daily or continuous.

Review of the "security check flow sheets" for resident #1 for the period of one week, after exit seeking incident indicated that the sheets were incomplete;

The worksheet for the Registered Staff on March 18, 2014 indicates that Resident #1 was to be provided with 15 minute checks.(194)(553) [s. 6. (1) (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 by ensuring that there is a written plan of care that sets out clear direction to staff and others who provide direct care to residents with changing blood work, continence care, bed rails and responsive behaviours -the plan of care is revised when the resident's care needs change., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 12. Furnishings Specifically failed to comply with the following:

s. 12. (2)The licensee shall ensure that,
(a) resident beds have a firm, comfortable mattress that is at least 10.16 centimetres thick unless contraindicated as set out in the resident's plan of care; O. Reg. 79/10, s. 12 (2).
(b) resident beds are capable of being elevated at the head and have a headboard and a footboard; O. Reg. 79/10, s. 12 (2).
(c) roll-away beds, day beds, double deck beds, or cots are not used as sleeping accommodation for a resident, except in an emergency; O. Reg. 79/10, s. 12 (2).
(d) a bedside table is provided for every resident; O. Reg. 79/10, s. 12 (2).
(e) a comfortable easy chair is provided for every resident in the resident's bedroom, or that a resident who wishes to provide their own comfortable easy chair is accommodated in doing so; and O. Reg. 79/10, s. 12 (2).
(f) a clothes closet is provided for every resident in the resident's bedroom. O. Reg. 79/10, s. 12 (2).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg 79/10 s. 12(2)e when comfortable easy chairs were not provided for every resident in the resident's bedroom.

A tour of the home was conducted on March 18, 2014 and it was observed that;

Room # 7 a four bed room had no chair available
Room # 11 a four bed room had no chair available
Room # 6 a two bed room had no chair available
Room # 15 a two bed room had no chair available
Room #18 a two bed room had no chair available
Room #12 a four bed room had one chair available
Room # 14 a four bed room had one chair available [s. 12. (2) (e)]

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 by ensuring that a comfortable easy chair is provided for every resident in the resident's bedroom., to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices

Specifically failed to comply with the following:

s. 31. (1) A resident may be restrained by a physical device as described in paragraph 3 of subsection 30 (1) if the restraining of the resident is included in the resident's plan of care. 2007, c. 8, s. 31. (1).

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:
4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining. 2007, c. 8, s. 31 (2).

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:
5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 31 (2).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007, s. 31(1) when the plan of care for Resident #636 failed to identify the use of a front closing seat belt while in the wheelchair or 2 full bed rails while in bed.

Resident #636 was observed wearing a front closing seat belt in the wheelchair on five identified dates. Resident #636 was asked by inspector #194 on two separate occasions, if able to unfasten the seat belt, the resident replied , "no" both times.

The plan of care for Resident # 636 does not identify the use of a front closing seat belt or the use of 2 full rails when in bed. [s. 31. (1)]

2. The licensee failed to comply with LTCHA 2007, s. 31(2)4 when the plan of care for Resident #636 did not include an order by the physician for restraints.

Resident #636 was observed wearing a front closing seat belt in the wheelchair on five identified dates. Resident #636 was asked by inspector #194 on two separate occasions, if able to unfasten the seat belt, the resident replied , "no" both times.

Interview with PSW #123 and #102 confirmed that Resident #636 has been wearing

this front closing seat belt for the past month. The PSW's also confirmed that the resident had 2 full bed rails when in bed

Review of the clinical health record for Resident #636 confirmed that there was no physician order for the resident's restraints. [s. 31. (2) 4.]

3. The licensee failed to comply with LTCHA 2007, s. 31(2)5 when the plan of care for Resident #636 did not include a consent by the SDM

Resident #636 was observed wearing a front closing seat belt in the wheelchair on five identified dates. Resident #636 was asked by inspector #194 on two separate occasions, if able to unfasten the seat belt, the resident replied , "no" both times.

Interview with PSW # 123 and #102 confirmed that the resident has been wearing this front closing seat belt for the past month. The PSW's also confirmed that the resident had 2 full bed rails when in bed

Review of the clinical health information for Resident #636 confirmed that there was no consent by the SDM for the use of the restraints. [s. 31. (2) 5.]

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 by ensuring that any resident using a restraining device
-has a physician's order
-has a consent
-is identified in the plan of care, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg 79/10 s.50.(2)(b)(iv) when a resident's wound was not assessed at least weekly by a member of the Registered nursing staff.

Interview with RN #113 confirmed that Resident #007 was being treated for pressure ulcers. RN #113 confirmed that the Registered nursing staff completed weekly wound assessment in the progress notes.

Review of the Policy "Pressure Ulcer and Wound Management" HLHS-SW- 3.6 directs staff to; Reassess ulcer weekly and document the following ; stage, location, size, odour, condition of skin at base and edges of open area.

Review of the progress notes for Resident #007 for the period of 5 weeks indicated that there were missing weekly skin assessments for the resident.[s. 50. (2) (b) (iv)]

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 by ensuring that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wound, is reassessed at least weekly by a member of the registered nursing staff., to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:
6. That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident' s condition or circumstances. O. Reg. 79/10, s. 110 (2).

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
7. Every release of the device and all repositioning. O. Reg. 79/10, s. 110 (7).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg 79/10, s.110(2)6 when Resident #636's condition was not reassessed and the effectiveness of the restraining evaluated by the registered nurse staff, at least every eight hours, and at any other time based on the resident's condition.

Resident #636 was observed wearing a front closing seat belt in the wheelchair on an identified date. The use of the seat belt for Resident # 636 was confirmed by PSW #123 & #102.

RN #113 stated that she was unaware that the Resident #636 was wearing a front closing seat belt in the wheel chair, when interviewed by the inspector on an identified date. There was no monitoring record for restraints, noted in the clinical health record for Resident #636 on an identified date. [s. 110. (2) 6.]

2. The licensee failed to comply with O. Reg s.110(7)7 when there was no documentation for the monitoring of the restraint for Resident #636.

Resident #636 was observed wearing a front closing seat belt in the wheelchair on five identified dates. Resident #636 was asked by inspector #194 on two separate occasions, if able to unfasten the seat belt, the resident replied , "no" both times.

Interview with PSW # 123 and #102 confirmed that the resident has been wearing this front closing seat belt for the past month. The PSW's also confirmed that the resident had 2 full bed rails when in bed. The PSW's indicated that charting for restraints were completed in the back of the binders where the resident daily flow sheet were kept at the nursing station.

Review of the PSW binders indicated above confirmed that there were no documentation forms available for Resident #636 for restraints on an identified date. Review of the Clinical health record confirmed that for the an identified month there were no restraints documentation forms available for the resident. [s. 110. (7) 7.]

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 by ensuring that the following requirements are met with respect to the restraining of a resident by a physical device
-the resident's condition is reassessed and the effectiveness of the restraining is evaluated by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours and at any other time when necessary based on the resident's condition or circumstances.
-documentation of every release of the device and all repositioning, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,
(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).
(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).
(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee failed to seek the advice of the Residents' Council in developing , carrying out and acting on the results of the satisfaction survey.

Interview with the President of the Resident Council, indicated that the licensee has not solicited the advice of the Residents' Council in developing, carrying out and acting on the results of the satisfaction survey [s. 85. (3)]

2. The licensee failed to make available to the Residents' Council the results of the satisfaction survey in order to seek the advice of the Council about the survey.

Interview with the President of the Residents' Council , indicated the Resident's Council has not seen the results of the satisfaction survey, nor has the licensee solicited the advice of the Council about the survey.

Interview with the Administrator/DOC confirmed that the home did not seek out the advice of the Residents' Council in the development of the survey or provided the results to the Residents' Council in 2013. [s. 85. (4) (a)]

Issued on this 25th day of March, 2014

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs
CHANTAL LAPRENIERE (#194) CAROLINE TOMPKINS (#166) MATTHEW STICCA (#553) SUSAN WENDT (#546)