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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8iém étage
Toronto, ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002

Télécopieur: 416-327-4486

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 14, 2011	2011_152_2924_14Mar102738	Complaint T367

Licensee/Titulaire
Markhaven, Inc.
54 Parkway Avenue
Markham, ON
L3P 2G4

Long-Term Care Home/Foyer de soins de longue durée
Markhaven, Inc.
54 Parkway Avenue
Markham, ON
L3P 2G4

Name of Inspector(s)/Nom de l'inspecteur(s)
Catherine Palmer (152)

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector spoke with the director of administration, the director of care, registered practical nurse, personal support workers, and complainant.

During the course of the inspection, the inspector reviewed residents' health records, interviewed staff, observed residents.

The following Inspection Protocols were used in part or in whole during this inspection:
Prevention Abuse, Neglect, and Retaliation
Responsive Behaviours

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

6 WN
6 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 c. 8 s. 6(1)(c) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings:
The responsive behaviour plan of care for an identified resident does not set out clear instructions to guide the provision of care related to identified resident's demonstrated agitation and aggressive behaviours including all identified responsive behaviours, behaviour triggers, variations in resident functioning at different times of day, and interventions, to prevent, minimize or respond to the responsive behaviours. This was further confirmed through interviews with Personal Support Workers (PSW) and a Registered Practical Nurse (RPN) on March 14, 2011.

Inspector ID #:	152

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 there is a written plan of care related to the identified resident's responsive behaviours that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 c. 8 s. 6(10) (b) 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, the resident's care needs change or care set out in the plan is no longer necessary.

Findings:
Identified resident's plan of care was not revised when his/her care needs changed.

Inspector ID #:	152

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 identified resident is reassessed and the plan of care reviewed when the resident's care needs change, to be

implemented voluntarily.

WN #3: The Licensee has failed to comply with O. Reg. 79/10 s. 134(a) Every licensee of a long-term care home shall ensure that, when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs.

Findings:
Registered staff are not consistently documenting an identified resident's response to and effectiveness of prescribed drugs.

Inspector ID #:	152

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 ensure that, when the identified resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O. Reg. 79/10 s. 53(1)1, 53(1)2 Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours: 1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other. 2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

Findings:
The written plan of care related to an identified resident's agitated and aggressive behaviours does not include all behaviour triggers and written techniques and interventions to prevent, minimize, and respond to the responsive behaviours. This was further confirmed through interviews with PSW's and a RPN on March 14, 2011.

Inspector ID #:	152

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 following are developed to meet the needs of identified resident with responsive behaviours 1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other. 2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O. Reg. 79/10 s. 53(4)(c) The licensee shall ensure that, for each resident demonstrating responsive behaviours, actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

Findings: Registered staff are not consistently documenting an identified resident's response to and effectiveness of prescribed drugs.	
Inspector ID #:	152
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 the response to interventions are documented for the identified resident demonstrating responsive behaviours, to be implemented voluntarily.	

WN #6: The Licensee has failed to comply with O. Reg. 79/10 s. 54(b)Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including, identifying and implementing interventions.	
Findings: The licensee has not ensured that steps have been taken to minimize risk of altercations and potentially harmful interactions between and among an identified resident and other residents. This was confirmed through interviews with PSW's and a RPN on March 14, 2011.	
Inspector ID #:	152
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 steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including, identifying and implementing interventions.	

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title: Date:	Date of Report: (if different from date(s) of inspection). March 22, 2011