



**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

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Date(s) of Inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 4, 5, 2010	2010-173-2844-03Nov151506	Complaint H01857, H01705, H01168

Licensee/Titulaire
Revera Long Term Care Inc.
55 Standish Court, 8th floor, Mississauga, Ontario L5R 4B2

Long-Term Care Home/Foyer de soins de longue durée
The Meadows Long Term Care Centre
12 Tranquillity Avenue, Ancaster, Ontario L9G 5C2

Name of Inspector(s)/Nom de l'inspecteur(s)
Lesa Wulff – LTC Inspector – Nursing #173

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint and critical incident inspection.

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Registered staff, Personal Support Workers, RAI-MDS Coordinator, and Residents.

During the course of the inspection, the inspector: Observed residents, reviewed clinical records, reviewed policy and procedures,

The following Inspection Protocols were used during this inspection:
Responsive Behaviours Inspection Protocol
Prevention of Abuse and Neglect Inspection Protocol.

Findings of Non-Compliance were found during this inspection. The following action was taken:
5 WN
5 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 constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de la Loi de 2007 les foyers de soins de longue durée.

Non-respect avec les exigences sur la *Loi de 2007 les foyers de soins de longue durée* a trouvé. (Une exigence dans la 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.19(1)
19(1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.**

Findings:

1. An identified resident was admitted to the home with multiple responsive behaviours. Although the staff at the home initiated referrals to outside resources and have put some interventions in place to try and control these episodes, the outbursts continued. Ongoing episodes of responsive behaviour were documented that affected the resident and co-residents safety. Medications continued to be adjusted during this time period to control these outbursts. The management of the home did not fulfill the duty to protect the residents on the floor during the transitional stage of medication adjustment for this resident.

Inspector ID #: 173

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 related to developing implementing a process to ensure that all residents in the home are protected from abuse by anyone, to be implemented voluntarily



WN #2: 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
(c)clear directions to staff and others who provide direct care to the resident.

Findings:

1. Staff were able to verbalize identified triggers for behaviours of an identified resident during interview. These triggers had not been added to the plan of care to communicate this information, provide interventions/strategies to manage behaviours and provide clear direction to staff who provide direct care to the resident.
2. Interventions in the plan of care for an identified resident did not address the assessed need of the resident based on the information gathered in the clinical records and from interview with staff. This resident reacts unpredictably to interactions with staff and other residents. Interventions on the plan of care this resident do not include individualized strategies based on the responsive behaviours of the resident.

Inspector ID #: 173

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 related to developing a clear descriptive plan of care for behaviours to ensure clear direction to staff who provide care, 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, (a)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: 1. An identified resident had 16 medication changes in a 6 month time frame. Medication changes for this identified resident were not evaluated for response or effectiveness by registered staff.	
Inspector ID #:	173
Additional Required Actions VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance related to developing a process and ensuring compliance with documenting and evaluating changes in medication, to be implemented voluntarily.	

WN #4: The Licensee has failed to comply with O.Reg 79/10, s.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:

(2) Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

Findings:

1. Staff were able to verbalize identified triggers for behaviours of an identified resident during interview. These triggers had not been added to the plan of care to communicate this information, provide interventions/strategies to manage behaviours and provide clear direction to staff who provide direct care to the resident.
2. Interventions in the plan of care for an identified resident did not address the assessed need of the resident based on the information gathered in the clinical records and from interview with staff. This resident reacts unpredictably to interactions with staff and other residents. Interventions on the plan of care this resident do not include individualized strategies based on the responsive behaviours of the resident.

Inspector ID #: 173

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 related to developing written strategies, techniques and interventions to prevent, minimize and respond to a residents responsive behaviours, to be implemented voluntarily.



<p>WN #5: The Licensee has failed to comply with O.Reg 79/10, s.55(a) Every licensee of a long-term care home shall ensure that, (a)procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents</p>		
<p>Findings:</p> <ol style="list-style-type: none"> 1. The staff/management did not implement effective procedures and interventions to minimize the risk of altercations and potentially harmful interactions between an identified resident, co-residents and staff members. Although a referral to outside resource was initiated and medication changes implemented, the resident continued to have outbursts with negative outcome. No other interventions were put in place to support, assist and alleviate concerns of residents on the home area. 2. The home has no formal program of screening tools, assessments, reassessments or planning for responsive behaviours. The homes policy outlines strategies that staff might consider when dealing with a resident with responsive behaviours, none of which were found on the plan of care for this resident. 		
Inspector ID #:	173	
<p>Additional Required Actions:</p> <p>VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance related to ensuring that procedures and interventions are developed and implemented to assist residents and staff who are at risk as a result of a residents responsive behaviours, to be implemented voluntarily.</p>		
<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>		<p>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.</p> <p><i>Lesa Wulff</i></p>
Title:	Date:	Date of Report: (If different from date(s) of inspection).
		<i>Jan 18/11</i>