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 apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 26, 2014	2014_321501_0018	T-854-13	Complaint

Licensee/Titulaire de permis

ROYAL CANADIAN LEGION DISTRICT 'D' CARE CENTRES
59 Lawson Rd TORONTO ON M1C 2J1

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

TONY STACEY CENTRE FOR VETERANS' CARE
59 Lawson Road TORONTO ON M1C 2J1

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

SUSAN SEMEREDY (501), PATRICIA BELL (571)

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): September 15, 16, 17, 18, 19, 22, 23, 24, 25, and 26, 2014.

This inspection was conducted concurrently with the Resident Quality Inspection (RQI), two other complaint inspections (T-5810-14 and T-1131-14) and one critical incident (T-337-14).

During the course of the inspection, the inspector(s) spoke with the acting Administrator, Director of Care (DOC), program manager, acting environmental manager, nurse managers, food services manager (FSM), registered dietitian (RD), physiotherapy assistant, registered nursing staff, personal support workers (PSWs), cook, maintenance staff, housekeeping staff, residents and substitute decision makers (SDMs).

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Medication
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints

During the course of this inspection, Non-Compliances were issued.
- **4 WN(s)**
- **4 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	Legendé 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. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #20's right to be properly cared for in a manner consistent with his or her needs was fully respected and promoted.

Record review revealed that resident #20 was incontinent. The resident had started medication for an infection on a specified date, and was having frequent loose stools.

Record review indicated that on a specified date, at a specified time, a SDM of resident #20 was informed by an identified registered staff member that the home had no more incontinent products as they had reached "their nightly quota". As a result, resident #20 could not have their soiled incontinent product changed. The SDM subsequently called an ambulance to have the resident transferred to a hospital due to extreme pain related to a soiled incontinent product.

Interview with the DOC revealed that the identified staff member knew where to get more products but failed to do so. The staff member was reminded that the home is never out of incontinent products and that these products must be made available in order to properly care for the residents. [s. 3. (1) 4.]

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 every resident right to be properly cared for in a manner consistent with his or her needs is fully respected and promoted, to be implemented voluntarily.

WN #2: 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:

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. 2007, c. 8, s. 24 (1), 195 (2).
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. 2007, c. 8, s. 24 (1), 195 (2).
3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).
4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a report of neglect of resident #20 was reported immediately to the Director.

The SDM of resident #20 made a complaint to the Director on a specified date, regarding neglect of resident #20 by the staff of the home. The SDM indicated in the complaint that a complaint had been made to the Administrator of the home.

A review of the Administrator's personal notes regarding the complaint made by the SDM of resident #20, indicated that the Administrator was made aware of an incident of neglect when the staff refused to provide continence care to the resident due to unavailability of continent products. The notes also indicated that the SDM of resident #20 called an ambulance and had him/her sent to the hospital due to extreme pain related to a soiled incontinent product.

This allegation of neglect was not reported to the Director. [s. 24. (1)]

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 all reports of neglect, abuse and retaliation of residents are reported immediately to the Director, to be implemented voluntarily.

WN #3: 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,
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents who require continence care products have sufficient changes to remain clean, dry and comfortable.

Record review revealed that resident #20 was incontinent. The resident had started on medication for an infection on a specified date, and was having frequent loose stools.

Record review indicated that on a specified date, at a specified time, the SDM of resident #20 was informed by an identified registered staff member that they had no more incontinent products as they had reached "their nightly quota". The SDM subsequently called an ambulance to have the resident transferred to a hospital due to extreme pain related to a soiled incontinent product.

Interview with the DOC indicated the identified staff member knew where to obtain additional incontinent products whenever the unit runs out and was reminded that they should replenish the supply on the unit whenever necessary. The DOC confirmed that resident #20 was not provided sufficient changes of continence care products in order to remain clean, dry and comfortable. [s. 51. (2) (g)]

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 residents who require continence care products have sufficient changes to remain clean, dry and comfortable, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).
(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).
(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).
(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).
(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

s. 101. (3) The licensee shall ensure that,
(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).
(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).
(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that every verbal complaint made to the licensee concerning the care of a resident is resolved where possible and a response provided within 10 business days of receipt of the complaint.

Record review revealed that the SDM of resident #20 lodged a verbal complaint with the

Administrator of the home regarding several incidents in a specified month.

A review of the inquiry and intake log, indicated the following concerns/facts listed in the SDM's complaint to the Director:
-resident #20 had conditions that allowed stool to flow into his/her urinary tract;
-on a specified date, resident #20 called the SDM at home at a specific time, complaining of extreme pain related to a soiled incontinent product and informed the SDM that staff could not change the incontinent product as there was no incontinent products available for that floor;
-the SDM immediately hung up and called the registered staff to inquire why there were no incontinent products and if he/she could obtain products from another floor;
-the SDM asked if the registered staff would be sending resident #20 to the hospital and the registered staff indicated no;
-the SDM informed the registered staff that he/she would be calling an ambulance for resident #20 and to prepare the resident for transfer;
-the SDM reported that the registered staff threatened to "knock him out";
-in addition, the SDM of resident #20 indicated that the resident was on medications and did not receive all doses as he/she was informed the home had run out of the medication and it had not been refilled.

Notes of the investigation were reviewed. No evidence of a resolution or outcome of the complaint was found. No evidence of a response to the SDM could be found.

Interview with the SDM stated he/she was not made aware of the outcome or given a response to his complaint. [s. 101. (1) 1.]

2. The licensee has failed to ensure that a documented record was kept in the home that included the following: the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; the final resolution, if any; every date on which any response was provided to the complainant and a description of the response, and any response made by the complainant.

The SDM of resident #20 lodged a verbal complaint with the Administrator of the home regarding several incidents in a specified month.

Review of the Administrator's notes revealed and an interview with the acting Administrator confirmed that the type of action taken to resolve the complaint, including

the date of the action, time frames for actions to be taken and any follow-up action required; the final resolution, if any; every date on which any response was provided to the complainant and a description of the response, and any response made by the complainant was not documented. [s. 101. (2)]

3. The licensee has failed to ensure that documented records of complaints received are reviewed and analyzed for trends quarterly.

Interview with the acting Administrator indicated that the home does not have a documented record of complaints received and these are not reviewed and analyzed for trends. [s. 101. (3)]

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 every verbal complaint made to the licensee concerning the care of a resident is resolved where possible and a response provided within 10 business days of receipt of the complaint,that a documented record was kept in the home that included the following: the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; the final resolution, if any; every date on which any response was provided to the complainant and a description of the response, and any response made by the complainant and that documented records of complaints received are reviewed and analyzed for trends quarterly, to be implemented voluntarily.

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Issued on this 10th day of December, 2014

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

S. Kennedy.

Original report signed by the inspector.