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
Jan 26, 2015	2015_237500_0001	T-1714-15	Resident Quality Inspection

Licensee/Titulaire de permis

MON SHEONG FOUNDATION
36 D'Arcy Street TORONTO ON M5T 1J7

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

MON SHEONG HOME FOR THE AGED
36 D'ARCY STREET TORONTO ON M5T 1J7

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

NITAL SHETH (500), ARIEL JONES (566), SUSAN LUI (178)

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): January 13, 14, 15, 16, 19, 20, 21, 2015.

The following critical incident intake was inspected during this RQI: T-1601-14.

During the course of the inspection, the inspector(s) spoke with the administrator, director of resident care (DORC), dietitian, dietary supervisor, maintenance worker, registered nursing staff, personal support workers (PSWs), residents, family members.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
7 WN(s)
5 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. 11. Dietary services and hydration

Specifically failed to comply with the following:

s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents are provided with food that is safe.

Observation conducted on January 13, 2015, at 12:15 p.m., in the ground floor dining room revealed that resident #41 was served minced home style fried fine noodles. Resident was removing the hard pieces of meat from his/her mouth and leaving them on the side of the plate.

A review of a diet sheet indicates that the resident should be provided with minced texture food.

A review of a standardized recipe for the home style fried fine noodles indicates that it contained pork shoulder meat.

Interview with the dietary supervisor confirmed that the noodles served to the resident contained pork. The pork in the recipe was not ground properly for the minced texture and the hard pieces of pork in his/her food could risk for the resident. [s. 11. (2)]

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 are provided with food that is safe, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that is on at all times.

Observation on January 13, 2015, indicated the call bell in the family room on the fourth floor was not working.

Observation on January 14, 2015, indicated the call bell in room #410B was not working.

Staff interviews confirmed that both identified call bells were not working and were subsequently repaired.

Observations on January 16, and January 20, 2015 confirmed that both identified call bells were functioning. [s. 17. (1) (b)]

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 home is equipped with a resident-staff communication and response system that is on at all times, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including reassessments, are documented.

Record review and staff interviews confirmed that the weekly skin assessments for resident #02's skin abrasion were not documented.

The registered nursing staff member stated that the resident's wound was assessed twice daily when the dressing treatment was provided, however, the staff member confirmed that these wound assessments were not documented. [s. 30. (2)]

2. Record review and interview with a registered staff member confirmed that after resident #11 sustained a head laceration in December 2014, weekly skin assessments for the resident were not documented.

Interview with the home's DORC confirmed that the residents' weekly skin assessments should have been documented on the wound assessment forms in the residents' electronic records. [s. 30. (2)]

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 any actions taken with respect to a resident under a program, including reassessments, are documented, 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 has failed to ensure that the resident exhibiting altered skin integrity, including wounds, received 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.

Record review and staff interview confirmed that when resident #11 sustained a laceration on right side of the forehead on November 20, 2014, and again on December 28, 2014, the resident was not assessed on either occasion using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

2. Record review and staff interviews confirmed that when resident #02 developed an abrasion on his/her right leg, he/she did not receive 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.

Interviews with the registered nursing staff and the home's DORC confirmed that the nursing staff should have performed a skin assessment on each resident's wound using an assessment instrument that is specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

3. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including wounds, has been assessed by a registered dietitian (RD) who is a member of the staff of the home.

Record review and staff interviews confirmed that after sustaining a laceration to the forehead in November 2014, and again in December 2014, resident #11 was not assessed by the home's RD.

Interview with the home's RD confirmed that he/she did not receive a referral to assess resident #11 after either incident of impaired skin integrity.

The home's DORC confirmed that the resident should have been assessed by a RD after the resident sustained a wound. [s. 50. (2) (b) (iii)]

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 resident exhibiting altered skin integrity, including wounds:
- 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, and
- is assessed by a registered dietitian (RD) who is a member of the staff of the home, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participates in the implementation of the infection prevention and control program (IPAC).

Staff interviews and observations confirmed that on January 20, 2015, the home was in a respiratory outbreak.

During observations on January 20, 2015, PSW #1 was observed providing morning nourishments to residents on the fourth floor.

Droplet precautions signage was posted on resident #11's room door indicating that gown, gloves and mask should be worn when within two meters of the resident. Gowns, gloves and masks were observed at the entrance of the resident's room. PSW #1 was observed pouring tea from the snack cart and entering the room and serving it to resident #11, without donning the appropriate personal protective equipment (PPE).

An interview with PSW #1 revealed that he/she was aware that resident #11 was on droplet precautions and that staff are required to don a gown, gloves, and mask prior to entering the room to provide care. The PSW confirmed that he/she did not don the appropriate PPE before serving the resident.

In the afternoon of January 20, 2015, PSW #1 confirmed that he/she had provided morning care to fourth floor residents, three of whom were on droplet precautions for respiratory symptoms and also provided baths to at least six residents on the 5th floor. The PSW confirmed that this assignment always includes fourth and fifth floor residents and he/she was not instructed to work in only one home area during the outbreak.

An interview with the DORC confirmed that staff are required to don PPE prior to providing care, including nourishment service, for residents on droplet precautions, and that all staff are expected to participate in the IPAC program. He/she confirmed that there was one staff member working between fourth and fifth floors on January 20, 2015, and stated that as of January 21, 2015, the staffing schedule had been modified to ensure that staff members are confined to one home area during outbreak, as per the home's policy. [s. 229. (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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home and its furnishings are maintained in a safe condition and in a good state of repair.

Observations conducted on January 13 and January 21, 2015, revealed that the wall handrails on the second, third and fourth floors had areas where the wooden rail was covered with duct tape. On the second floor near the west elevators, the duct tape on the rail was noted to be frayed with the sharp wood underneath exposed. On the third floor between resident rooms #310 and #311 the duct tape on the handrail was noted to be frayed with the corners of the wood exposed, and the wall rail slightly loose. On the fourth floor, the laminate coating on the nursing station desk was noted to be peeling back along the top ledge, exposing sharp edging.

A record review by inspector #500 revealed that resident #06 sustained a cut to his/her thumb from the handrail in the hallway in February, 2014.

Peeling masking tape on the hand rails in the home was identified during inspection #2014_260521_0049, dated November 26, 2014.

An interview and tour with an identified maintenance staff member confirmed that the wood of the identified handrails was broken and required repair, and that covering them with duct tape was a temporary solution. He confirmed that the above identified areas could all put residents, staff, and visitors at risk for injury and would be repaired.

An interview with the administrator revealed that the home has already secured a quote and approval for installation of new handrails throughout the building to replace those that have been identified as damaged. The administrator confirmed that the home has a plan in place to address the identified maintenance issues. [s. 15. (2) (c)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Director under the Long-Term Care Homes Act (LTCHA) is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4): A medication incident or adverse drug reaction in respect of which a resident is taken to hospital.

Record review and interview with the home's DORC confirmed that the Director under the LTCHA was not informed of resident #10's adverse drug reaction in respect of which the resident was taken to hospital, within one business day as required by the regulations. Resident #10 suffered an adverse reaction to a prescribed medication, was sent to hospital and admitted. The resident returned to the home two days later. The home did not report the incident to the Director under the LTCHA until seven months later, when a Critical Incident Report was submitted to report the incident. [s. 107. (3) 5.]

Issued on this 26th day of January, 2015

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

Original report signed by the inspector.