



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  
prévus le Loi de 2007 les  
foyers de soins de longue

Health System Accountability and Performance  
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Performance Improvement and Compliance Branch  
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Feb 22, 23, 24, Mar 6, 2012	2012_067171_0003	Complaint

**Licensee/Titulaire de permis**

NIAGARA HEALTH SYSTEM  
63 THIRD STREET, WELLAND HOSPITAL SITE, WELLAND, ON, L3B-4W6

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

NIAGARA HEALTH SYSTEM, WELLAND HOSPITAL SITE, EXTENDED CARE UNIT  
155 Ontario Street, St. Catharines, ON, L2R-5K3

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

ELISA WILSON (171)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with the administrator, director of care, food services manager, programs manager, maintenance supervisor, registered staff, personal support workers, dietary aides and residents.

During the course of the inspection, the inspector(s) observed lunch meal service, reviewed plans of care for specific residents, reviewed food committee meetings and food service audits, reviewed recreation activity calendars, reviewed policies regarding documentation and observed the general maintenance, cleaning and condition of the home.

H-001589-11

The following Inspection Protocols were used during this inspection:

Food Quality

Nutrition and Hydration

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

- 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;**
  - (b) the goals the care is intended to achieve; and**
  - (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 plan of care did not set out clear directions for staff who provided direct care to a resident regarding nutrition [LTCHA, 2007 S.O. 2007, c.8, s.6(1)(c)].

a) The interventions listed in the plan of care in the computer system indicated a resident had specific dislikes and was to be encouraged to take specific types of food. The dining room binder used by the staff who portion the food and serve meals to residents did not include any of this information for the resident. The resident was observed to take lunch menu items that did not meet the plan of care requirements. The resident and staff indicated this was a typical lunch for the resident as per her choice.

b) Clear direction was not provided to the staff who record food/fluid intake regarding how to code intake for this resident when she chooses a lunch that does not meet her plan of care requirements. As it is unclear how this information was recorded, the dietitian and food service manager did not have accurate information to assess the adequacy of her intake and whether she was meeting her requirements.

**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 plan of care sets out clear direction to staff, to be implemented voluntarily.**

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following subsections:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that every plan, policy, protocol, procedure, strategy or system was complied with [O.Reg. 79/10, s.8(1)(b)].

Staff did not document according to the home's policy titled "Interprofessional Documentation Focus Methodology and Standards" sections 3.1(g) or 5.2 (b).

a) Section 3.1(g) states "All entries are made chronologically as events occur, and as close to the actual event as possible, completed only after giving care". It was noted on a resident's Medication Administration Record (MAR), next to a specific medication, that the treatment was initialed as having been provided one day in the future. The registered staff who initialed the record and the director of care confirmed this was done in advance of the treatment being given. The administrator and director of care confirmed this was not in accordance with the home's policy.

b) Section 5.2(b) states "...there will be clear, complete and accurate documentation in a patient health record, one that provides a reliable, permanent record of patient information..." It was noted there was incomplete documentation regarding a specific medication being provided to one specific resident. There were no initials or codes entered for eight out of 21 doses ordered in one week. Registered staff and the director of care indicated staff may have forgotten to document or the resident may have refused the treatment at the times where the box was left blank. The director of care confirmed the expectation was staff providing care were to fill in all boxes either with an appropriate signature or code if the resident, for example, refused the treatment.

**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 home's documentation policy is complied with, to be implemented voluntarily.***

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**WN #3: 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 subsections:**

**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;**  
**(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and**  
**(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).**

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**Findings/Faits saillants :**

1. The licensee has not ensured that the home has been kept clean and sanitary [LTCHA, 2007 S.O. 2007, c.8, s.15(2) (a)].

It was noted by the inspector, after a discussion with a resident, that the two vents in each of the East and West tub rooms had a thick layer of dust inside. The maintenance supervisor confirmed that the vents were not on a routine schedule for cleaning, and upon inspection confirmed a work order should be placed to have them cleaned.

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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 subsections:

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;  
(b) the date the complaint was received;  
(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;  
(d) the final resolution, if any;  
(e) every date on which any response was provided to the complainant and a description of the response; and  
(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

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**Findings/Faits saillants :**

1. The licensee had not ensured that for every verbal complaint made the corresponding documentation was completed [O.Reg. 79/10, s.101(2)(c)(d)(e)].

The home has a food committee with minutes documenting complaints and suggestions from the residents regarding food and food service. The home also collects information from residents in audits and surveys regarding food services. A number of issues were documented in the meeting minutes as needing further investigation by the food services manager, however there was not always corresponding documentation indicating the action taken to resolve the concern and whether or not there was a successful resolution (for e.g. concerns regarding the quality of the macaroni and cheese were raised at the October 2011 and February 2012 meetings and concerns regarding temperature of vegetables were raised at the September and November 2011 meetings).

A documented record was not produced indicating; the type of action taken to resolve the concerns, including the date of the action, time frames for actions to be taken and any follow-up required; the final resolution; every date on which any response was provided to the complainant and a description of the response and any response made in turn by the complainant.

***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 all documentation is completed as per the regulation for complaints received, to be implemented voluntarily.***

Issued on this 15th day of March, 2012

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

