

Health System Accountability and Performance
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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
Apr 20, 23, 24, 25, 26, 27, 30, May 9, 14, 2012	2012_069170_0009	Critical Incident

Licensee/Titulaire de permis

TRI-COUNTY MENNONITE HOMES
200 Boullee St., New Hamburg, ON, N3A-2K4

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

NITHVIEW HOME
200 Boullee Street, New Hamburg, ON, N3A-2K4

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

DIANNE WILBEE (170)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with Executive Director, Director of Care, Director of Nutrition Services, Registered Dietitians (2), Registered Nurse, Registered Practical Nurse, Personal Support Workers, Servery staff (1), Receptionist, Residents, Family members and Volunteer.

During the course of the inspection, the inspector(s) Reviewed identified residents' records, reviewed applicable policies and procedures, observed the provision of residents' care, reviewed food temperature record, reviewed food and fluid records, reviewed medication administration records, reviewed admission package, toured home area, toured residents' rooms (2) and observed dining room meal service.

The following Inspection Protocols were used during this inspection:

Critical Incident Response

Findings of Non-Compliance were found during this inspection.

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.)	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. (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.
2. The outcomes of the care set out in the plan of care.
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :

1. The licensee did not ensure that the following were documented:

- i) Administration of Inhalation Therapy, for three residents, was not documented on the Medication Administration Records, on seven occasions for March and April 2012.

[Reference LTCHA, 2007, S.O. 2007, c.8,s.6(9)(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 documentation of the provision of care, 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).**

Findings/Faits saillants :

1. The licensee did not ensure the home's Abuse Policy revision date: January 2010 was current as the policy:

- i) Referenced use of an "Abuse Report form" available from the Ministry's Regional Office.
- ii) Indicated to notify the Ministry's Regional Office by telephone, within 24 hours of having determined that abuse has taken place, or is likely to have taken place.

[Reference: O.Reg. 79/10, s.8(1)(a)]

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 Abuse Policy reflects the requirements of the LTCHA, 2007 and O.Reg. 79/10, to be implemented voluntarily.

WN #3: 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. (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.

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

3. A response shall be made to the person who made the complaint, indicating,

i. what the licensee has done to resolve the complaint, or

ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. 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;

(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).

Findings/Faits saillants :

1. The licensee did not ensure a response was made to the persons who made the complaint as follows:

i) At a January 2012 Family Council meeting the home provided a response to complainants. All individuals who signed the complaint letter were not present at the Family Council meeting to hear the actions the home had taken to resolve the complaint.

[Reference: O.Reg. 79/10, s.101(1)3i]

2. The licensee did not maintain a documented record for a written complaint and a meeting held December 21, 2011 with the complainants.

[Reference: O.Reg. 79/10, s.101(2) a to f inclusive]

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 complainants are made aware of the outcome of the home's investigation into written complaints, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following subsections:

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;
 - (b) the identification of any risks related to nutrition care and dietary services and hydration;
 - (c) the implementation of interventions to mitigate and manage those risks;
 - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and
 - (e) a weight monitoring system to measure and record with respect to each resident,
 - (i) weight on admission and monthly thereafter, and
 - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).
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Findings/Faits saillants :

1. The licensee did not ensure a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration was implemented as follows:
- i) April 1 to 20, 2012 Food and Fluid Records were not consistently completed for four identified residents including 24 hour totals.
- [Reference: O.Reg. 79/10, s.68(2)(d)]

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 a system to monitor and evaluate food and fluid intake of residents with identified risks is utilized, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan

Specifically failed to comply with the following subsections:

- s. 24. (9) The licensee shall ensure that the resident is reassessed and the care plan is reviewed and revised when,
- (a) the resident's care needs change;
 - (b) the care set out in the plan is no longer necessary; or
 - (c) the care set out in the plan has not been effective. O. Reg. 79/10, s. 24 (9).
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Findings/Faits saillants :

1. The licensee did not ensure a resident was reassessed post an incident as follows:
- i) An assessment of a resident, post an incident, was not documented on the shift the incident occurred.
- [Reference: O.Reg. 79/10, s. 24(9)(a)]

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 a resident assessment is completed post an incident, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 103. Complaints — reporting certain matters to Director

Specifically failed to comply with the following subsections:

s. 103. (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 24 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 101 (1). O. Reg. 79/10, s. 103 (1).

Findings/Faits saillants :

1. The licensee received a written complaint December 21, 2011 and submitted a summary of the complaint, on a critical incident report, to the MOHLTC on December 23, 2011. The licensee did not submit a copy of the written complaint to the Director along with a written report documenting the response the licensee made to the complainants.

[Reference: O.Reg. 79/10, s.103(1)]

Issued on this 14th day of May, 2012

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