Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 22, 2021	2021_877632_0013	022235-20, 009545-21	Complaint

Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 Markham ON L3R 3T7

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

Anson Place Care Centre
85 Main Street North Hagersville ON N0A 1H0

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

YULIYA FEDOTOVA (632)

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): June 23-25, 28-30, 2021.

The following intakes were completed in this complaint inspection:
Log #022235-20 was related to alleged abuse.
Log #009545-21 was related to nutrition and hydration.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), acting Director of Care (DOC), Maintenance, Staff Development, Infection Prevention and Control (IPAC) Lead/Clinical Director, Programs Manager, Registered Dietitian (RD), Dietary Aid (DA), Housekeeping, Nurse Consultant, Food Service (FS) Manager, Physiotherapy (PT) Assistant, Registered Nurses (RNs) and Personal Support Workers (PSWs).

During the course of the inspection, the inspectors toured the home and completed IPAC checklist and Safe and Secure Home inspection, the inspectors observed resident and staff interactions, and reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

Inspectors #705120 and #706480 were also present during this inspection.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **5 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	Légende 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. 6. Plan of care

Specifically failed to comply with the following:

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; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that there was a written plan of care for each resident that set out (c) clear directions to staff and others who provided direct care to the resident.

A resident’s written care plan indicated specific directions for providing individual visits.

The resident’s progress notes indicated that the resident demonstrated identified behavior on identified dates in October 2020 and in February 2021 during specified visits.

The resident's plan of care contained specified directions in a form of the Instructions for the resident's visitation, a specified conclusion in the resident's Capacity Assessment and specified Ontario Superior Court of Justice Order for Directions.

During the inspection, it was identified that the resident was visited identified number of times during specified period from January until June 2021.

During the inspection, an RN indicated that specified directions on visitation were in the resident’s physical chart.

The Program Manager indicted that the home's staff performed specified activities before resident had visitors.

The acting DOC indicated that the physical chart and the resident’s care plan were to be

used by the staff in relation to the directions for the visitation.

The resident was at risk of identified distress as the directions to the staff about the resident's visitations were not clear in their plan of care.

Sources: the Letter of Opinion, Ontario Superior Court of Justice Order for Directions, the Instructions from the resident to their POA, the Active Screening Tool – COVID-19, the Screening Questions, the Daily Visitors Schedule and a summary of the Virtual Visits Dates, resident #001's progress notes and written care plan; RN #105, the Program Manager and the Acting DOC. [s. 6. (1) (c)]

2. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A. During the inspection, a resident was observed that on an identified date in June 2021, a specified amount of fluid was provided to the resident not as per the directions included in their written care plan.

The Hot Weather-Related Illness policy indicated that fluid intake would be offered as per the nutritional plan of care based on the Registered Dietitian assessment.

The resident's Daily Fluids Monitoring forms for a period from May to June 2021, identified that the resident consumed specified amount of fluids.

The FS Manager indicated that fluids were to be provided to the residents according to their written care plans. The staff would follow the Meal Service notes.

The resident was at identified risk as a result of consuming specified amount of fluid.

Sources: resident #002's written care plan, the Daily Fluids Intake Monitoring forms and the Nutritional Assessment; observations; interviews with the FS Manager.

B. During the inspection, it was observed that a resident was provided an identified drink, which was not included in the resident's plan of care. The resident's written care plan and the Meal Service notes directed staff to provide specified drinks to the resident.

The RD indicated that the resident was to be offered specified drinks only.

The resident was at risk of complications as a result of consuming the identified drink.

Sources: resident #002's written care plan and the Meal Service notes; observations; interviews with the DA #111 and the RD. [s. 6. (7)]

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 and ensuring that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident and the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature

Specifically failed to comply with the following:

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that the temperature was measured and documented in writing, at a minimum in the following areas of the home: 1. At least two resident bedrooms in different parts of the home.

During the inspection, the Daily Temperature, Humidity, and Humidex Recording forms indicated that temperature in the home was not measured and documented in writing in at least two residents' bedrooms in different parts of the home.

RN #104 and RN #015 indicated that the temperature in the home was measured in residents’ common areas but not in the residents’ rooms.

Sources: the Daily Temperature, Humidity, and Humidex Recording forms, the Hot Weather-Related Illness plan; interviews with RNs' #104 and #105. [s. 21. (2) 1.]

2. The licensee failed to ensure that the temperature required to be measured under subsection (2) had to be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

During the inspection, the Daily Temperature, Humidity, and Humidex Recording forms indicated that temperature in the home was not measured and documented in writing at a minimum every evening or night shift.

RN #104 and RN #015 indicated that the temperature in the home was measured at least once every morning and afternoon but not once every evening or night.

Sources: the Daily Temperature, Humidity, and Humidex Recording forms and the Hot Weather-Related Illness plan; interviews with RN #104 and RN #105. [s. 21. (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 and ensuring that the temperature is measured and documented in writing, at a minimum in the following areas of the home: 1. At least two resident bedrooms in different parts of the home and the temperature required to be measured under subsection (2) has to be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, to be implemented voluntarily.

WN #3: 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:

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; O. Reg. 79/10, s. 68 (2).
(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).
(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).

Findings/Faits saillants :

1. The licensee failed to ensure that hydration program included the implementation of interventions to mitigate the fluid intake of residents with identified risks related to

hydration.

1. During the inspection, a resident was observed that on an identified date in June 2021, a specified amount of fluid was provided to the resident not as per the directions included in their written care plan.

The resident's written care plan directed staff to offer an identified amount of fluid per day.

The resident’s Daily Fluids Monitoring forms for a period from May to June 2021, identified that the resident consumed specified amount of fluids.

An RN indicated that the specified fluids intake by the residents was not evaluated by the home.

The resident was at identified risk as a result of consuming specified amount of fluid as the home’s hydration program did not include the implementation of interventions to mitigate the specified fluid intake by the resident.

Sources: resident #002’s written care plan and the Daily Fluids Intake Monitoring forms; observations; interview with RN #104.

2. During the inspection it was observed that a resident was provided a specified amount of fluid.

The resident’s written care plan directed staff to offer an identified amount of fluids at all meals.

The Daily Fluids Monitoring forms for an identified period from May to June 2021 identified that resident #004 consumed specified amount of fluids per day.

An RN indicated that the specified amount of fluids by the residents was not evaluated by the home.

The resident was at identified risk as a result of consuming specified amount of fluid as the home’s hydration program did not include the implementation of interventions to mitigate the specified fluid intake by the resident.

Sources: resident #004's written care plan and the Daily Fluids Intake Monitoring forms; observations; interview with RNs' #104. [s. 68. (2) (c)]

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 and ensuring that hydration program includes the implementation of interventions to mitigate the fluid intake of residents with identified risks related to hydration, to be implemented voluntarily.

WN #4: 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 failed to ensure that all staff participated in the implementation of the Infection Prevention and Control program.

During the inspection on identified dates in June 2021, it was observed that a resident was not offered specified interventions to perform identified activity before their meal, which was confirmed by the resident on the same dates.

The resident was at specified risk as staff did not participate in the implementation of the Infection Prevention and Control program.

Sources: resident #002's written care plan, the Hand Hygiene and Gloves Use program; observations; interviews with resident #002. [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 and ensuring that all staff participates in the implementation of the Infection Prevention and Control program, to be implemented voluntarily.

WN #5: 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:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg 79/10, s. 8. Policies to be followed, specifically failed to comply with the following: s. 8. (1) Where the Act or this Regulation required 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 was required to ensure that the plan, policy, protocol, procedure, strategy or system, (a) was in compliance with and was implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

In accordance with O. Reg. 79/10, s. 20, the licensee was required to have written heat related illness prevention and management plan for the home and to implement it by the licensee every year during the period from May 15 to September 15 (a) any day on which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home was located was 26 degrees Celsius or above at any point during the day and (b) anytime the temperature in an area in the home measured by the licensee in accordance with subsections 21 (2) and (3) reached 26 degrees Celsius or above, for the remainder of the day and the following day.

The home’s Hot Weather-Related Illness plan indicated to provide appropriate care for the residents during periods of extreme heat, where the internal home’s humidex range 29, and readings cannot be maintained below.

During the inspection, the Nurse Clinician indicated that according to the Hot Weather-Related Illness plan, the home did not use the external temperature measurements and did not refer to the forecast by Environment and Climate Change Canada for the area in which the home was located and the internal home's Humidex range was used instead.

Sources: the Hot Weather-Related Illness plan; the Nurse Clinician. [s. 8. (1)]

Issued on this 4th day of August, 2021

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

Original report signed by the inspector.