Ontario

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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
April 26, 2011 to May 6, 2011	2011_154_2585_26Apr114445 2011_158_2585_20Apr131622 2011_177_2585_26Apr115057	RQI/Annual, Log S-001269-11

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Name of Inspector(s)/Nom de l'inspecteur(s)
Kelly-Jean Schienbein # 158, Anne Costeloe # 177, Gail Peplinskie #154

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection (RQI).

During the course of the inspection, the inspectors spoke with: the Administrator/Director of Care, RAI MDS Coordinator (RN), Registered Nursing Staff (RN/RPN), Personal Support Workers (PSW), Food Service Manager, Dietary Aides, Program Manager, Housekeeping Staff, Maintenance Supervisor, Assistant Administrator, Resident Council President, Member of Family Council.

During the course of the inspection, the inspectors: Conducted a walk-through of all resident areas and various common areas, observed the care of residents, observed meal service, observed medication administration, interviewed residents, staff and families and reviewed the following:

- Various policies and procedures
- Staffing schedules and patterns
- Health care records of current residents

The following Inspection Protocols were used during this inspection:

- Admission Process
- Infection Prevention and Control
- Medication
- Resident Charges
- Resident Council
- Family Council
- Quality Improvement
- Dining Observation
- Accommodation Services: Laundry
- Accommodation Services: Maintenance
- Accommodation Services: Housekeeping
- Personal Support Services
- Falls Prevention
- Minimizing of Restraining
- Nutrition and Hydration
- Pain
- Dignity, Choice and Privacy
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Sufficient Staffing
- Hospitalization and Death
- Continence Care and Bowel Management
- Skin and Wound
- Recreational and Social Activities
- Safe and Secure Home

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

26 WN
10 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 15(2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Findings:
1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. On May 6, 2011, inspector 177 observed the wooden framed windows in rooms 112, 113, 114, 115, 116, 117, 119, 121 and 123 with paint chipped and flaking.
2. On May 6, 2011, inspector 177 observed the plaster on the walls cracked and scraped outside of rooms 123, 126, 125,136. The plaster on walls outside of the hairdressing and tub-rooms was repaired but not sanded and painted. The walls in washroom 112 had paint chipped. The grout around the sink in washroom 136 was cracked and there were tiles missing on the floor behind the door. The wall beside the toilet in washroom 137 was damaged and the grout around the sink was cracked. The grout around the radiator in room 140 was cracked.
3. On May 6, 2011, inspector 177 observed paint, scraped and chipped on doorways and doors in rooms 110, 121, 123, 136, 139, 140, 142, 144, 145 and on the doorframe to room 145 and the sunroom. The dry wall in room 123 was patched but not sanded and painted and the door to the physician's office was partially painted. The wall in room 119 was repaired but not repainted. The floor in room 118, tub room, was cracked with a repair observed to be unfinished.
4. The Maintenance Services Supervisor told Inspector 177 that he "undertakes minor repairs. Minor aesthetic repairs are dealt with when time is available". The supervisor acknowledged that there are minor cosmetic repairs that have not been completed.

Inspector ID #:	177

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

Findings:
1. The licensee has failed to ensure that every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy. In a family interview on April 28, 2011 the spouse of a resident told Inspector 177 that there was no private space to meet privately with the spouse, when visiting.
2. In an interview on April 29, 2011 the administrator told inspector 154 that there was no room that assures privacy for residents to meet with his/her spouse or another person.

Inspector ID #:	177, 154

WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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,

(c)clear directions to staff and others who provide direct care to the resident.

Findings:
1. The licensee failed to ensure that the written plan of care for each resident sets out clear directions to staff and others who provide direct care to the resident. On April 29, 2011, inspector 154 reviewed a resident's plan of care on Med-e-Care (computer system used in the home) dated December 30, 2010. The plan of care does not identify the use of Oxygen as ordered by the physician on the recent medication review of March 25, 2011 and on discharge from hospital November 1, 2010. The printed copy of the resident's plan of care, on the chart, which is accessible to the PSWs, is dated October 7, 2010 and does not identify the use of Oxygen.
2. On April 29, 2011, a residents plan of care on Med-e-Care, dated October 20, 2010, was reviewed by inspectors 154 and 158. The plan of care does not identify interventions ordered by the physician on January 12, 2011, on re-admission to the home from hospital, related to a specific treatment and precautions. The plan of care does not identify thickened fluids ordered by the physician January 17, 2011 and Oxygen use ordered April 4, 2011. The printed plan of care for the resident on the chart, which is accessible to the PSWs, dated October 20, 2010, does not identify the resident's current need for Oxygen, thickened fluids, specific precautions or the treatment.
3. On May 5, 2011, a resident's plan of care was reviewed by inspector 177 and was found to contain conflicting instructions. The plan of care related to "Walking in room", stated that the resident is "independent" and requires "no set up or physical help from staff". The plan of care also instructs staff as follows; "staff to provide stand-by assistance when walking; client is unsteady, place one arm around client's waist while holding onto client's upper arm with your other hand."
4. On May 4, 2011, a resident's plan of care was reviewed by inspector 158. The plan of care identifies that the resident "may have both dentures and a removable bridge". The plan of care identifies that both the resident and staff clean the dentures. The resident told inspector 158 on May 4, 2011 that they have dentures that the staff cleans daily.
5. A resident's plan of care, dated March 15, 2011 reviewed by inspector 158, does not set out clear directions to staff and others who provide direct care. The plan of care identifies that the resident is resistive to care and contains interventions that are generic and does not identify the specific care that they are resisting.
The resident's specific dietary interventions ordered by the physician on April 2, 2011 are not identified on the plan of care.
6. On May 5, 2011, a resident's printed plan of care on the chart, dated November 6, 2010, was reviewed by inspector 154. The plan of care indicates the following and does not provide clear directions to staff providing care:
TOILETING: "extensive assist, 1 person physical assist, day liners and brief, uses own raised toilet seat. Ensure clean and dry by toileting every 2 hours"
TRANSFERRING: "extensive assist, 1 person physical assist, bed rails for mobility or transfer, lifted manually, transfer aid (slide board, trapeze, cane, walker, brace), position walker by bed prior to transfer and cue client to use walker for balance"

BLADDER CONTINENCE: "occasional incontinent of bladder, 2 times per week but not daily, toileting routine, pads or briefs used, toilet q 2 hr, ac, pc, hs and PRN, use a day liner and large brief, use commode at bedside, pericare after each incontinence"

On May 5, 2011, inspector 154 interviewed the, RPN at 0900h who stated, contrary to the plan of care, that "the resident is now in a wheelchair, does not use walker and has not for many months and is incontinent of urine on a regular basis, the resident is toileted on commode for bowels".

On May 5/11 at 1000h inspector 154 interviewed a PSW , who said, contrary to the plan of care, that the resident uses a wheelchair, transfers via mechanical lift, is incontinent of urine most of the time, must be toileted every 2 hours and will ask to be toileted sometimes.

7. On May 4, 2011, a resident's plan of care was reviewed by inspector 158. The plan of care does not set out clear direction to staff and others who provide direct care to the resident regarding the home's recreation activities. The resident's plan of care states that they are involved in activities 2/3 of the time and it also states the resident is very inactive. The activities listed do not identify when or where the activities take place or how the resident is to get to them.
8. On May 4, 2011, a resident's plan of care was reviewed by inspector 154. The plan of care identifies that the resident refuses/resists care, is inappropriate socially with sexual comments toward staff and is sad, depressed and withdrawn. The plan of care does not identify interventions to manage these problems.
9. On May 3, 2011 a resident's plan of care dated March 1, 2011 was reviewed by inspector 154. The plan of care identifies under "Transfer" to use "Transfer aid eg slide board, trapeze, cane, walker, brace". This intervention does not clearly identify which specific transfer aid staff should use. The plan of care for the resident indicates "Toileting- needs supervision, oversight, encouragement or cueing provided, set up help only, do not leave unattended on toilet but provide privacy".
In an interview with inspector 154 and a PSW, the PSW indicated that the resident currently self toilets. The plan of care indicates to use an orthotic appliance, the PSW told the inspector that the resident refuses to wear the appliance.

Inspector ID #:	177, 154, 158

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 ensuring that the plan of care for all residents sets out clear directions to staff and others who provide direct care, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary

Findings:

1. The licensee has failed to ensure that each resident is reassessed and the plan of care reviewed and revised when the resident's care needs change or care set out in the plan is no longer necessary. On May 4, 2011, a resident's health care record was reviewed by Inspector 158. The resident's weights in the health care record show that there was an 11.6 kg difference/loss from October 2010 to January 2011. The dietitian reviewed the resident's nutritional care in October 2010. The March 25, 2011 RAI/MDS assessment does not identify the weight loss and the assessment is incomplete. The last RAP (Resident Assessment Protocol) summary was completed in August 10, 2010, a current RAP summary could not be found.

2. The health care record for a resident, reviewed by inspector 158, identifies that the resident was diagnosed with a kidney problem in April, 2011.
Documentation in the progress notes identifies that the resident was having pain. A pain assessment has not been completed for the resident. The plan of care was not revised to reflect the change in care needs.
3. In an interview on May 3, 2011 at 1013h the RAI Coordinator told Inspector 154 that the annual reassessment completed on March 19, 2011 for a resident triggered the Falls RAP but this RAP has not been completed for that reassessment. Inspector 154 reviewed the reassessment and verified that the triggered RAP was incomplete.

Inspector ID #:	158, 154

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 ensuring that all residents are reassessed and the plan of care reviewed and revised when the care needs change or the care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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.

Findings:
1. The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. On May 5, 2011 inspector 154 reviewed a resident's plan of care. The diet identified on the plan was "Full Diet, (regular with minced meat) High Fibre, Puree fruit, natural bran laxative".
Inspector 154 reviewed the dietary serving list in the servery. The dietary serving list did not include "high fibre or natural bran laxative".
On May 5, 2011 at 1541h inspector 154 interviewed the cook who stated that what is on the diet servery list is accurate. The cook verified that the resident does not receive High Fibre or natural bran laxative.
2. On May 3, 2011 inspector 154 reviewed the plan of care for a resident. The current plan of care dated March 3, 2011 for the resident on Med-E-Care indicates ice cream a.m, p.m and h.s nourishments. On May 31, 2011 inspector 154 observed the a.m and p.m nourishment pass and observed that the resident was not provided ice cream.
3. On May 3, 2011 inspector 154 reviewed the plan of care for a resident. The plan of care indicated "ensure wearing firm, sturdy shoes, non slip shoes". The plan of care also identified that the resident's risk for falls is high. Inspector 154 reviewed the home's "Falls Prevention and Management Program" manual on May 3, 2011.
The resident was observed on May 2 & 3, 2011 by Inspector 154 to be wearing large footwear, which did not support the resident's feet. The resident has had 2 falls in March and April 2011.

Inspector ID #:	154

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 residents receive the care set out in their plans of care, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6.(8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

Findings:

1. The licensee failed to ensure that staff and others who provide direct care to residents have convenient and immediate access to residents' plans of care. The June 10, 2010 printed plan of care in a resident's health care record identified that the residnet is continent of urine. The current plan of care dated February 19, 2011 on Med E Care identifies that the resident is occasionally incontinent of urine and wears pads and briefs. This plan of care is not used by the PSW staff as it is not accessible to them. Two PSWs, who provide direct care to the resident, told inspector 158 that they do not have access to the computerized plan of care in Med E Care. They told inspector 158 that the plan of care that they use is the printed one on "each resident's chart at the nursing station".

2. On May 3, 2011, inspector 154 reviewed the plan of care for a resident, dated March 3, 2011, located on Med E Care, the computer system. Three PSWs interviewed by inspector 154 identified that this plan of care is not accessible to PSW staff. They identified that the PSWs look on the resident's chart for the most current printed plan of care. The printed plan of care on the resident's health care record is dated September 1, 2010 and does not provide clear directions to staff. The three PSW's interviewed told Inspector 154 that they do not have access to the Med E Care system on the computer.

Inspector ID #:	154, 158

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 and others who provide direct care to residents have convenient and immediate access to each resident's plan of care, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 85.(3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results.

Findings:

1. The survey of the residents' and their families' satisfaction with the home and the care, services, programs and goods provided, was mailed out at the end of March 2011. In an interview on May 5, 2011, the administrator, told inspector 154 that the satisfaction survey was developed by and received from the home's corporate office. The licensee did not seek the advice of the Resident and Family Councils in developing and carrying out the survey.
2. A Family Council member was interviewed by inspector 177 on April 26, 2011. The Family Council member indicated that the Family Council was not involved in developing the satisfaction survey.

Inspector ID #:	177, 154

WN #8: The Licensee has failed to comply with O. Reg. 79/10, s. 114. (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices

Findings:

1. Inspector 158 reviewed the home's "Medication Administration Policy" #CN-M-01-1 on May 5, 2011. This policy identified "(4) applesauce, pureed fruit or baby food is used" for medication administration. On May 3, 2011 inspector 158 observed that Magic Cup was used by an RPN, to administer medication during the 0800h medication administration pass to 3 residents. The health care records of all three residents were reviewed by the inspector and did not contain an order from the physician or Registered Dietitian to administer the nutritional supplement, Magic Cup. The RPN, told inspector 158 that the Magic Cup was being used as a supplement.

2. On May 5, 2011, inspector 158 reviewed "The Insulin Policy (using a pen)" # CN-1-04-2 which identified (2)"to review rotation of sites to identify site to be used".
On May 3, 2011 inspector 158 observed the RN administering Insulin. The RN did not review the rotation of sites to identify the site for Insulin administration. When the Inspector asked the RN about the policy and rotation of Insulin sites she stated that there was no documentation of rotation of sites. There was no process in place to document the identification of sites used for Insulin administration.

Inspector ID #:	158

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 written policies and protocols are implemented for the medication management system to ensure the accurate administration of all drugs used in the home, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O. Reg. 79/10, s. 12(2) The licensee shall ensure that,

(e) a comfortable easy chair is provided for every resident in the resident's bedroom, or that a resident who wishes to provide their own comfortable easy chair is accommodated in doing so; and

Findings:

1. The licensee has failed to ensure that a comfortable easy chair is provided for every resident in the resident's bedroom. On April 28, 2011, inspector 177 observed that eight resident rooms did not have a comfortable easy chair for each resident.
2. On April 27, 2011 inspector 154 observed one comfortable easy chair in room 110 where four female residents reside. Not all residents in room 110 are provided with a comfortable easy chair.
3. On April 27, 2011 inspector 154 observed 1 comfortable easy chair in room 113, where 4 male residents reside. Not all residents in room 113 are provided with a comfortable easy chair.

Inspector ID #:	177, 154

WN #10: The Licensee has failed to comply with O. Reg. 79/10, s.129 (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(ii) that is secure and locked

Findings:
1. The licensee did not ensure that all drugs are stored in an area or a medication cart that is secure and locked. On May 5, 2011 at 0907h inspector 154 observed medication left on the nursing station desk, unsupervised, in packets labeled with a resident's name. The RN on duty told the inspector that the resident, was being transferred to hospital the same day and the medication was being transferred with them. The medications included; Metformin 500 mg -3 tabs, Lansoprazole 30 mg-2 tabs, Metoprolol 50 mg-1/2 tab- 2 tabs, Ibuprofen 400 mg-3 tabs, Hydrochlorothiazide 25 mg-1 tab and Enalapril 10 mg-1 tab.
2. On May 3, 2011 from 0830h to 0910h inspector 158 observed that the RPN did not lock the medication cart while administering medication in the dining room. The RPN did not always have the unlocked medication cart in the line of vision.

Inspector ID #:	158, 154

WN #11: The Licensee has failed to comply with O. Reg. 79/10, s. 13 Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.

Findings:
1. The licensee did not ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. On April 28, 2011 and May 3, 4, 5, 2011 inspector 154 and inspector 158 observed, in a specific bedroom, that there were no privacy curtains between two resident's beds.

Inspector ID #:	158, 154

WN #12: The Licensee has failed to comply with O. Reg. 79/10, s.134 Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs

Findings:
1. On May 4, 2011 at 1620h inspector 158 reviewed a resident's PRN (as required) medication records and progress notes. Inspector 158 identified that Tylenol 500mg, 2 tabs were administered on April 24, 2011at 0900h, April 23, 2011 at 2300h, April 23, 2011 at 0615h, April 20, 2011 at 0215h, April 18, 2011 at 0230h, April17, 2011 at 0500h, and April16, 2011 at 0620h.
The resident's response to the medication and the effectiveness of the Tylenol was not documented in the health care record.

Inspector ID #:	158

WN #13: The Licensee has failed to comply with O. Reg. 79/10, 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

Findings:
1. The licensee did not ensure that the resident-staff communication and response system can be easily accessed and used by residents at all times. On May 3, 2011 at 0915h inspector 158 observed a resident eating breakfast in a room without supervision. The inspector observed the call bell lying on the floor beside the resident's chair. The call bell was not easily accessible to the resident.
2. On May 2, 3 and 4, 2011, inspector 158 observed several times during the day that a resident was lying near the bottom of the bed. The call bell was attached to the small bedside table knob near the head of the bed. The call was not easily accessible to the resident.

Inspector ID #:	158

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-staff communication response system can be easily seen, accessed and used by all residents, staff and visitors at all times, to be implemented voluntarily.

WN #14: The Licensee has failed to comply with O. Reg. 79/10, s. 229(4) Every licensee of a long-term care home shall ensure that the infection prevention and control program required under subsection 86 (1) of the Act complies with the requirements of this section.

(4) The licensee shall ensure that all staff participate in the implementation of the program.

Findings:
1. The licensee did not ensure that all staff participate in the implementation of the infection prevention and control program. On April 28, 2011 at 1615h, inspectors 158, 177 and 154 observed an RN monitoring resident blood glucose levels via accu-pin prick in the lobby where several residents were seated. The inspectors observed that the RN did not wash their hands after the completion of the blood testing on one resident and before the testing on the next resident.
2. On May 3, 2011, inspector 158 observed that the RPN physically assisted a resident to open their mouth for medication but did not wash their hands and continued to administer medication to other residents.

Inspector ID #:	177, 158, 154

WN #15: The Licensee has failed to comply with O. Reg. 79/10, s.,26(3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

15.Skin condition, including altered skin integrity and foot conditions.

Findings:
1. The licensee did not ensure that the plan of care is based on an interdisciplinary assessment of skin condition. On May 5, 2011 inspector 154 reviewed the assessment for a resident in Med-E-Care dated April 9, 2011. The assessment identified; "stage 1 area, no ulcer, abrasions, bruise, rashes, pressure relieving devices for chair and bed, turning repositioning program, nutrition or hydration intervention to manage skin, ulcer care, application of dressings, application of ointments/medication other than feet".
The printed plan of care for the resident dated August 19, 2010, which is accessible to staff, does not provide interventions based on the items identified in the most current assessment. The plan of care dated February 6, 2011 on Med E Care identifies stage 2 skin breakdown with no interventions.

Inspector ID #:	154

WN #16: The Licensee has failed to comply with O. Reg. 79/10, s.26 (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and

(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3).

Findings:

1. The licensee has failed to ensure that a registered dietitian, who is a member of the staff of the home, completes a nutritional assessment for all residents on admission and when there is a significant change in a resident's health condition. On May 5, 2011 inspector 177 reviewed the health care record for a resident. The record indicated that the resident has lost a significant amount of weight as suggested by the physician. There is no nutritional assessment completed by a registered dietitian in the resident's health care record.
2. A resident has lost 5.3 kg from November 2010 to April 2011, which is equivalent to 11.66 pounds or 9% of their weight over 5 months.The last nutritional assessment by a dietitian was completed on June 18, 2009. The licensee failed to ensure that a registered dietitian completed a nutritional assessment for the resident when there was a significant change in health condition.
3. Inspector 154 verified with the administrator, that the home did not have the services of a registered dietitian from October 2010 to the end of April 2011 and has been recruiting to that position since October 2010.

Inspector ID #:	177, 154

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 a registered dietitian who is a member of the staff of the home, completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and

(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3).

WN #17: The Licensee has failed to comply with, O. Reg. 79/10, s.32 Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis.

Findings:

1. The licensee did not ensure that each resident receives individualized personal care, including hygiene and grooming, on a daily basis. On April 26, 2011, Inspector 154 observed a resident to have drainage to both eyes and long, dirty fingernails, while in the dining room at lunch.
2. On April 28, 2011 at 0850h, a resident was observed by Inspector 154 to have draining, crusted eyes when leaving the dining room after breakfast. The resident was also observed to have long, dirty fingernails and long facial hair on their chin.

Inspector ID #:	154

WN #18: The Licensee has failed to comply with, O. Reg. 79/10, s.35 (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails.

Findings:
1. The licensee failed to ensure that each resident receives fingernail care, including the cutting of fingernails. On May 5, 2011 at 1620h a resident was observed by Inspector 154 sitting in the lounge, their fingernails were long and soiled. Inspector 154 reviewed the Resident Care Record for April 2011 and documentation identified that the resident received nail care once in April on April 24, 2011. Resident has not received nail care in May, 2011.

Inspector ID #:	154

WN #19: The Licensee has failed to comply with O. Reg. 79/10, s. 37(1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,

(a) labelled within 48 hours of admission and of acquiring, in the case of new items

Findings:

1. The licensee did not ensure that each resident of the home has his or her personal items labeled within 48 hours of admission and of acquiring new items. On May 5, 2011 Inspector 154 observed a toothbrush for a resident stored in the top drawer of their night table in a soiled K basin, toothbrush was unlabelled. The resident resides in a room with two other residents.
2. On May 5, 2011 at 1415h inspector 154 observed a toothbrush stored in the top drawer of a night table beside a resident's bed, the toothbrush was unlabelled. The resident shares the room with two other residents.
3. On May 5, 2011 at 1420h inspector 154 observed an unlabelled toothbrush stored in the top drawer of the night table beside a resident. The Inspector also observed an unlabelled brush and comb in the top drawer of the same night table. The resident resides in a room with 2 other residents.
4. On May 5, 2011 inspector 154 observed an unlabelled toothbrush and hairbrush stored in a resident's night table beside their bed.
5. On May 5, 2011 inspector 154 observed an unlabelled comb in a resident's night table beside their bed.

Inspector ID #:	154

WN #20: The Licensee has failed to comply with O. Reg. 79/10, s.40 Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with his or her preferences, in his or her own clean clothing and in appropriate clean footwear.

Findings:

1. The licensee did not ensure that each resident is assisted with getting dressed as required and is dressed appropriately, suitable to the time of day and in keeping with his or her preferences, in his or her own clean clothing and appropriate clean footwear. On May 3, 4, 5, 2011, inspector 158 observed a resident dressed in the same, stained, clothing. The inspector observed perspiration stains on the back of the shirt on May 4, 2011.

Inspector ID #:	158

WN #21: The Licensee has failed to comply with O. Reg. 79/10, s. 51(2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors,

patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence

Findings:

1. Inspector 158 reviewed a Med-E-Care quarterly assessment for a resident dated January 29, 2011. Under bladder continence, it identifies that the resident is usually continent, but there are incontinent episodes once a week. There is a triggered incontinence RAP which identifies causal factors and interventions, however, this RAP is not completed. The continence assessment was not completed for the resident.
2. On May 5, 2011 inspector 154 reviewed a resident's Med-E-Care quarterly assessment completed April 9, 2011, which identified "occasional incontinence of urine, not daily, bowel usually continent, toileting plan in place". The RAP from the assessment of April 9, 2011 identified that urinary incontinence was triggered, the RAP was not completed. The continence assessment was not completed for the resident.

Inspector ID #:	158, 154

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 each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, to be implemented voluntarily.

WN #22: The Licensee has failed to comply with O. Reg. 79/10, s.69 Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status.

Findings:

1. On May 6, 2011 inspector 158 reviewed a resident's weight records. The records identify that there was an 11.6 kg weight loss (13%) from October 2010 to January 2011. The last nutritional assessment was dated August 2010 and it was completed by the dietitian. A RAI/MDS assessment dated March 25, 2011does not identify the resident's weight loss. A nutritional referral to the dietitian has not been completed.
2. According to this resident's health care record, the resident continues to be identified as moderate nutritional risk. The recently hired (April, 2011) dietitian told inspector 158 that she will focus her assessments on the high risk residents in the home which does not include this resident.

Inspector ID #:	158

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 residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.

2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status,

to be implemented voluntarily.

WN #23: The Licensee has failed to comply with O. Reg. 79/10, s. 72(3)(b) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

(b)prevent adulteration, contamination and food borne illness.

Findings:

1. The licensee did not ensure that all food and fluids are prepared, stored and served using methods to prevent adulteration, contamination and food borne illness. The lunch meal was observed by inspector 158 on April 26, 2011. The inspector observed that 3 residents received tray service in their rooms. The plated entree and the fluids on the trays were not covered when transported down the hall from the main kitchen to the residents' rooms.
2. On April 26, 2011, at 1238h, a resident was served the meal from a tray, in the resident's room. The meal was transported to the room from the main kitchen on a tray, without covers over the food. The resident told the inspector that the soup was cold. Inspector 177 observed a PSW carrying an uncovered dish of pears, to the resident's room.

Inspector ID #:	177, 158

WN #24: The Licensee has failed to comply with O. Reg. 79/10, s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat.

(2) The licensee shall ensure that,

(a) no person simultaneously assists more than two residents who need total assistance with eating or

drinking; and

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

Findings:

1. Inspector 154 did not observe communication of the seven-day menu to residents over the course of the RQI inspection April 26-29 and May 2-6/11 [O.Reg 79/10, s.73(1)1]
2. Inspector 158 observed the dining service on April 27, 2011 at 0830h. Proper techniques to assist residents with eating were not observed. The RN was observed to be standing to feed 3 different residents at the same time. [O.Reg 79/10, s. 73.(1)10].
3. On April 26, 2011 the lunch dining service was observed by inspector 158. Inspector 158 removed two cups from one of the tables where residents were dining because the cups were pitted and in disrepair [O.Reg 79/10, s. 73.(1)11]
4. Inspector 177 observed some mugs on tables to be dirty. Two residents seated at the dining table at lunch April 26, 2011 showed Inspector 177 dirty and worn mugs on their table. 3 mugs were brought forward to a dietary aide, by Inspector 177 at 1205h. The dietary aide stated," these mugs are used every day" [O.Reg 79/10, s. 73.(1)11].
5. Inspector 154 observed the RPN, feeding a resident and another female resident. The RPN moved around the table to provide a few mouthfuls of food to a third resident at 1235h while standing, then continued to assist other residents [O.Reg 79/10, s. 73.(1)10].
6. A resident's plan of care identifies that the resident has a high risk of choking. The interventions include that the resident is to be supervised when eating meals and that food is to be cut up in fine pieces. Inspector 158 observed that the resident was eating large pieces of scrambled eggs and large pieces of toast on May 3, 2011 at breakfast, in a room without supervision [O.Reg 79/10, s.73(1)4].
7. Inspector 158 observed the lunch meal on April 26/11. A resident was observed to use the adaptive knife as the fork, unable to eat the food. Staff in the dining room was observed to walk past the resident without offering assistance. Staff did not re-direct the resident to use the fork to eat the meal [O.Reg 79/10, s.73(1)9].
8. On April 26, 2011 inspector 154 observed, at lunch, a resident who requires assistance with feeding, in their lounge chair in the dining room, with soup in front of them for 3-5 minutes before assistance was provided to them [O.Reg 79/10, s.73(2)(b)].
9. April 26, 2011 inspector 154 observed, at lunch, a resident, who requires assistance with eating, in a chair in the dining room, with soup in front of them for 4-5 minutes before assistance was provided to them [O.Reg 79/10, s.73(2)(b)].

Inspector ID #:	177, 154, 158

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, as it relates to O.Reg 79/10, s.73(1)4, to ensure that a specific resident and all residents who have been assessed as having a risk of choking are provided the correct texture of food and supervision while eating, to be implemented voluntarily.

WN #25: The Licensee has failed to comply with O. Reg. 79/10, 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 all applicable requirements under the Act; and

(b) is complied with.

Findings:
1. The home's Fall Prevention and Management Program policy #CN-F-05-1 was reviewed by inspector 177 It states that "post fall evaluations will be conducted on residents who fall". A copy of the Post Fall Evaluation form is in the policy manual #CN-F-06-1 and was reviewed by inspector 177. A resident had a documented fall on April 24, 2011. The inspector reviewed the Health Care Record. No Post Fall Evaluation was found.

Inspector ID #:	177

WN #26: The licensee has failed to comply with O. Reg. 79/10, 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

Findings:
1. The nutritional supplement policy, # CD-05-22-1, 2010 June, was reviewed on May 6, 2011 by inspector 158. The policy identified that an order for a nutritional supplement is required from the Registered Dietitian or physician and the type and amount of the supplement is based on the nutritional needs that are assessed by the dietitian. Boost was identified on the resident's diet list for four residents. Two of the four residents had an order for a nutritional supplement, however, Boost was not identified in the order. Two of the residents did not have an order for any supplement. Inspector 158 observed all four residents receive Boost on April 27, 2011 at lunch time.

Inspector ID #:	158

Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**
Title: **Date:**	**Date of Report:** Nov 2/11