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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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/GeNR/RCe d'inspection
February 13 to February 17, 2012 (onsite)	2012_2201_198_00001	Other-Data Quality Inspection (Restorative Care and Therapies)

Licensee/Titulaire
Mary Louise Sebald
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Long-Term Care Home/Foyer de soins de longue durée
Norwood Nursing Home Ltd.
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Name of Inspector(s)/Nom de l'inspecteur(s)
Patricia Ordowich (198) (Lead)
Sandy Schmidt (200)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Data Quality inspection related to restorative care and therapies.

During the course of the inspection, the inspectors spoke with: Administrator, Director of Care, Activation Coordinator, RAI Co-ordinator, physiotherapist, physiotherapy assistant, registered nurse, restorative care aide.

During the course of the inspection, the inspectors reviewed: resident health records from July 1, 2010 to March 31, 2011 and the most recent quarter of the completed RAI-MDS 2.0, Q3 (October, November, December 2011); home policies and procedures.

The following Inspection Protocol was used in part or in whole during this inspection: Restorative Care and Therapy

☒ Findings of Non-Compliance were found during this inspection.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

AROM = active range of motion
CIHI = Canadian Institute for Health Information
HSP = Health Service Provider
LHSIA = *Local Health Systems Integration Act*
L-SAA = LHIN-Service Accountability Agreement
LTCHA = *Long-Term Care Homes Act, 2007*
NR/RC = Nursing Rehabilitation/Restorative Care
PROM = passive range of motion
PT = Physiotherapy
RAI-MDS 2.0 = Resident Assessment Instrument-Minimum Data Set 2.0
RAPs = Resident Assessment Protocol
VPC = Voluntary Plan of Correction/Plan de redressement volontaire

Q2 = July 1 to September 30, 2010
Q3 = October 1 to December 31, 2010
Q4 = January 1 to March 31, 2011
Most recent quarter inspected = October 1, 2011 to December 31, 2011

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 *Long Term Care Homes Act (LTCHA), 2007*, c. 8, s. 101.

(1) A licence is subject to the conditions, if any, that are provided for in the regulations. 2007, c. 8, s. 101.

(2) The Director may make a licence subject to conditions other than those provided for in the regulations,

(a) at the time a licence is issued, with or without the consent of the licensee; or

(b) at the time a licence is reissued under section 105, with or without the consent of the new licensee. 2007, c. 8, s. 101 (2).

(3) It is a condition of every licence that the licensee shall comply with this Act, the *Local Health System Integration Act, 2006*, the *Commitment to the Future of Medicare Act, 2004*, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).

(4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101 (4);

Findings:

1. The Long-Term Care Homes Service Accountability Agreement (L-SAA) is an agreement entered into between the local health integration network and the Licensee, Mary Louise Sebald, under the *Local Health System Integration Act, 2006*. Compliance with the L-SAA is, therefore, a condition of the license issued to Mary Louise Sebald for the Norwood Nursing Home Ltd. long-term care home.
2. The Licensee has failed to comply with the following provisions of the L-SAA:

Article 3.1

(a) The HSP will provide the Services in accordance with:
  (i) this Agreement;
  (ii) Applicable Law; and
  (iii) Applicable Policy.

Article 8.1

(a) The LHIN's ability to enable its local health system to provide appropriate, co-ordinated, effective and efficient health services as contemplated by LHSIA, is heavily dependent on the timely collection and analysis of accurate information. The Health Service Provider (HSP) acknowledges that the timely provision of accurate information related to the HSP is under the HSP's control;

Article 8.1(b): The HSP [Health Service Provider]

(iv) will ensure that all information is complete, accurate, provided in a timely manner and in a form satisfactory to the LHIN [Local Health Integration Network];

Article 8.1 (c): The HSP will:

(i) conduct quarterly assessments of Residents, and all other assessments of Residents required under the Act, using a standardized Resident Assessment Instrument - Minimum Data Set (RAI-MDS 2.0) 2.0 tool in accordance with the RAI-MDS 2.0 Practice Requirements included in Schedule F and will submit RAI-MDS 2.0 assessment data to the Canadian Institute for Health Information (CIHI) in an electronic format at least quarterly in accordance with the submission guidelines set out by CIHI; and

(ii) have systems in place to regularly monitor and evaluate the RAI-MDS 2.0 data quality and accuracy;

3. The RAI-MDS 2.0 LTC Homes – Practice Requirements are included in Schedule F of the L-SAA and fall within the definition of "Applicable Policy" under the L-SAA.
4. The RAI-MDS 2.0 Agreement between the Minister of Health and Long-Term Care and the Licensee, Mary Louise Sebald, is an agreement under the *Long-Term Care Homes Act, 2007* for the provision of funding related to the implementation of RAI-MDS 2.0 assessment tool in long-term care homes. Compliance with the RAI-MDS 2.0 Agreement is, therefore, a condition of the license issued to Mary Louise Sebald for the Norwood Nursing Home Ltd. long-term care home.
5. The documents listed in Schedules A to E of the RAI-MDS 2.0 Agreement between the Licensee, Mary Louise Sebald and the Ministry of Health and Long-Term Care fall within the definition of "Applicable Policy" in the L-SAA. These documents include, but are not limited to, the Sustainability Project Description, the Implementation Information Package together with the Training Module Overview, and the RAI Coordinator Role Description.
6. The level-of-care per diem funding in the Nursing and Personal Care (NPC) envelope paid by the local health integration network to the Licensee pursuant to the L-SAA is adjusted based on resident acuity. The higher the acuity, the greater the funding. The amount of funding in the NPC envelope is calculated using a formula set out in the LTCH Level-Of-Care Per Diem Funding Policy (a policy listed in Schedule F of the L-SAA) and resident acuity is determined using the RAI-MDS 2.0 information submitted by the Licensee to CIHI.
7. The incompleteness and inaccuracy of the RAI-MDS 2.0 data is evidenced by the following:
   (a) The RAI-MDS 2.0 coding was not supported by the home's documentation, including the residents' plans of care and the RAPs documentation. There were multiple inconsistencies between what was coded on the RAI-MDS 2.0 and the progress notes found in the residents' plans of care.
8. The following are specific examples of incomplete and/or inaccurate RAI-MDS 2.0 coding and non-compliance with the L-SAA and/or the RAI-MDS 2.0 LTC Homes – Practice Requirements and/or the Implementation Information Package and/or the RAI Coordinator Role Description and/or the RAI-MDS 2.0 Agreement. The RAI-MDS 2.0 Practice Requirements mandates the use of the RAI-MDS 2.0 Manual, which states that a rehabilitation or restorative practice must meet specific criteria including that measureable objectives and interventions must be documented in the care plan and in the clinical record.

   a. For resident 001:

- There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident received AROM, transfers and dressing or grooming NR/RC activities. However, the plan of care indicated that the resident received PROM, eating or swallowing.

b. For resident 002:
- There were discrepancies within the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded for NR/RC activity of dressing or grooming. However, the resident was also coded as being totally dependent on two staff for dressing and personal hygiene during the 7-day observation period. If a resident is totally dependent on staff for dressing and grooming despite all attempts to have the resident achieve or maintain self-performance in those activities, this is not considered a NR/RC dressing or grooming activity as per the RAI-MDS 2.0 coding rules.

c. For resident 003:
- There were discrepancies within the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded for NR/RC walking activity, however the resident had been coded as being independent for walking in room and corridor. There was no documentation to indicate the reason for the walking program as the resident was already ambulatory. Therefore this did not meet the RAI-MDS 2.0 definition for the walking NR/RC activity as it must improve or maintain the resident's self-performance in walking, with or without assistive devices and the resident was already independent for walking.
- There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident had no limitation in functional range of motion for all limbs but the resident was coded as receiving AROM and PROM NR/RC. The plan of care indicated that the resident received AROM from PT. However, the PT plan of care indicated that the resident was to receive AROM and PROM exercises. There was no supporting documentation for the reason or evaluation of AROM or PROM exercises given that the resident had no limitation in functional range or motion of all limbs.

d. For resident 004:
- There were discrepancies within the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident was on a NR/RC walking activity however the resident had been coded as being independent for walking in room and corridor. There was no documentation to indicate the reason for the walking program as the resident was already ambulatory. Therefore, this did not meet the RAI-MDS 2.0 definition for the walking NR/RC activity.
- There was a discrepancy between the coding of the RAI-MDS 2.0 and the documentation. RAI-MDS 2.0 was coded that the resident was on a NR/RC walking activity for 7 days/week during the observation period but the NR/RC activity log indicated that the resident only participated for 3 days.
- There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident had no limitation in functional range of motion for all limbs. However, the PT plan of care indicated that the resident was to receive AROM and PROM exercises. There was no supporting documentation for the reason or evaluation of AROM or PROM exercises given that the resident had no limitation in functional range or motion for all limbs.

e. For resident 005:
- There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident was on a NR/RC walking activity however the resident was coded on the RAI-MDS 2.0 as being independent for walking in room and corridor. There was no documentation to indicate the reason for the walking program as the resident was already ambulatory. The nursing flow sheets indicated that the resident walked independently and that the NR/RC walking activity occurred during the night as well as during the day and evening hours. This did not meet the RAI-MDS 2.0 definition for the walking NR/RC activity as the resident was

documented as being independent in walking.

f. For resident 006:
- There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded for NR/RC activity of dressing or grooming. However, the resident was also coded on the RAI-MDS 2.0 as being totally dependent on one staff for dressing and personal hygiene. If a resident is totally dependent on staff for dressing and grooming despite all attempts to have the resident achieve or maintain self-performance in those activities, this is not considered a NR/RC dressing or grooming activity as per the RAI-MDS 2.0 coding rules.

g. For resident 007:
- There was a discrepancy between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 MDS was coded for the NR/RC activity of communication. However, the RAPs documentation and the plan of care indicated that the resident was unable to communicate due to severe cognitive impairment (cognitive performance scale score of 6 indicating that the resident was severely cognitively impaired). The RAI-MDS 2.0 was also coded that the resident did not communicate by any other modes of expression (e.g. communication board, signs, gestures or sounds, etc.). Therefore, the NR/RC activity for communication did not meet the RAI-MDS 2.0 definition as the purpose of NR/RC communication is to improve or maintain the resident's self-performance in using newly acquired functional communication skills or assisting the resident in using residual communication skills and adaptive devices.

h. For resident 008:
- There was a discrepancy within the coding of the RAI-MDS 2.0. The RAI-MDS 2.0 was coded for the NR/RC walking activity however the RAI-MDS 2.0 was also coded that the resident was independent for walking in room and corridor. There was no documentation to indicate the reason for the walking program as the resident was already ambulatory. Therefore this did not meet the RAI-MDS 2.0 definition for a NR/RC walking activity as the resident was already walking independently.
- There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded that the resident received 3 days of PT for a total of 45 minutes. The RAI-MDS 2.0 was also coded that the resident had no limitation in functional range of motion for all limbs. The PT plan of care indicated that the resident was to receive assisted AROM and PROM however the PT daily attendance records indicated that the resident refused PT during the observation period for three quarters inspected.

i) For resident 009:
- There were discrepancies within the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident was totally dependent on staff for dressing and personal hygiene and the RAI-MDS 2.0 was also coded that the resident was on a dressing or grooming NR/RC activity during the 7-day observation period. If a resident is totally dependent on staff for dressing and grooming despite all attempts to have the resident achieve or maintain self-performance in those activities, this is not considered a NR/RC dressing or grooming activity according to RAI-MDS 2.0 coding rules.

j) For resident 010:
- There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded for 3 days for a total of 45 minutes of receiving PT. However, the PT daily attendance record indicated that the resident received 2 days for a total of 30 minutes.

k) For residents 002, 006, 010:
- The residents were coded on the RAI-MDS 2.0 of being totally incontinent of bowel and bladder, however the residents were also coded as being on a scheduled toileting plan. For the purposes of RAI- MDS coding, a toileting plan is used for continent residents. If the resident is routinely taken

to the toilet at scheduled times but the resident does not eliminate in the toilet and the resident is still incontinent, this is not a toileting plan.

l) The RAI-MDS 2.0 Manual defines NR/RC as nursing interventions that assist or promote the resident's ability to attain his or her maximum functional potential. This item does not include procedures or techniques carried out by or under the direction of qualified therapists. The manual also says that there must be evidence of periodic evaluation by licensed nurse in the clinical record. Staff in the home upon interview on February 13, 2012 and February 14, 2012, indicated that NR/RC activities for AROM and PROM are under the direction of PT and not nursing as per RAI-MDS 2.0 requirements. There was documentation that the evaluations were not done by a licensed nurse as required.

Inspector ID #:	198, 200

Additional Required Actions:

Voluntary Plan of Correction (VPC) - Pursuant to the Long Term Care Homes Act (LTCHA), 2007, c.8, s.101, the licensee is hereby requested to prepare a written plan of corrective action to ensure compliance with the RAI-MDS 2.0 Long Term Care Homes Practice Requirements, to be implemented voluntarily.

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:** (if different from date(s) of inspection).