



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 22, 2015	2015_326569_0010	010816-15	Resident Quality Inspection

Licensee/Titulaire de permis

PEOPLECARE Inc.
28 William Street North P.O. Box 460 Tavistock ON N0B 2R0

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

PEOPLECARE TAVISTOCK
28 William Street North P.O. Box 460 Tavistock ON N0B 2R0

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

DONNA TIERNEY (569), ALI NASSER (523), NUZHAT UDDIN (532)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): May 26, 27, 28, 29, June 1, 2, 3, and 4th, 2015.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Assistant Director of Care (ADOC), Director of Nursing Services, Director of Resident Quality Outcomes, Director of Food Services, Director of Programs, Director of Informatics Data Quality, an Environmental worker, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), family members, and over 40 residents.

The inspector(s) also conducted a tour of the home including resident and common areas, and made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Inspector(s) observed meal and snack service, medication administration and drug storage areas, resident/staff interactions, infection prevention and control practices, the posting of Ministry information and inspection reports and the general maintenance, cleanliness, and condition of the home.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours**



During the course of this inspection, Non-Compliances were issued.

7 WN(s)

6 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



1. The Licensee has failed to ensure that every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

A resident shared with an Inspector that they were spoken to in an impatient and rude manner by a home staff member which angered and upset the resident.

Interview with the Executive Director (ED) regarding the home's internal investigation of the incident revealed that the staff member admitted to being disrespectful to the resident and confirmed the resident was not treated with courtesy and respect.

2. The Licensee has failed to ensure that every resident has the right to have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act.

Observations revealed on 2 occasions in the day that a nurses station entrance chain was not secured and the station was unattended. Resident hard copy charts were sitting on a wheeled cart unlocked, easily accessible and resident names in view.

Interviews with a PSW and a RPN confirmed that the nursing station entrance chain should be secured and the charts locked on the cart as the residents' charts and records of their personal health information (PHI) were accessible to everyone that walked by.

Observation on another day at a different nursing station revealed the entrance chain was not secured and the nursing station was unattended. The lockable cover for the resident chart cart was removed and placed behind the cart and resident charts were accessible.

Interview with the ED confirmed it's the homes expectation that all nursing station entrance chains should be secured and resident charts were to be locked when there are no staff on site to ensure residents' PHI be kept confidential.



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 that every resident is treated with courtesy and respect, and that residents personal health information be kept confidential, 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:

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 has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is in compliance with all applicable requirements under the Act.

A review of the home policy titled "Continence and Bowel Management Program" dated April 11, 2015 with a reference number 008010.00 revealed that under Procedure, Assessment it stated:

"Following assessment and the Resident Assessment Protocol (RAPs) analysis, if the urinary incontinence or indwelling catheter RAP is triggered and/or if bowel or bladder problems are identified in section H of the MDS, the clinician, based on their clinical judgment, will then decide whether a more comprehensive continence assessment is required. The assessment for Bladder and Bowel Incontinence will be completed".

A review of the Long-Term Care Homes Act , 2007 O.Reg 79/10, s.51(2)(a) stated that:



“Every licensee of a long-term care home shall 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”.

Review of the Minimum Data Set(MDS) section H and the RAPS summary revealed the bowel continence assessment did not include causal factors, patterns, type of incontinence and potential to restore function with specific interventions for bowel continence.

Interview with the ED confirmed that the home's Continence and Bowel Management policy does not align with O.Reg.79/10,s.51(2)(a) and it is the home's expectation that all policies and procedure comply with all applicable requirements under the Act. [s. 8. (1) (a)]

2. The Licensee has failed to ensure 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, is complied with.

The homes policy titled “Response to Complaints” dated January 30, 2014 with a reference number of 004100.00 stated under Procedure that the Executive Director will “Ensure that all staff members are advised during orientation and annually thereafter, that if they receive a complaint from a resident, substitute decision maker, or family member they must report this to a department supervisor immediately”.

A resident was observed speaking to a Registered Nurse (RN) about a concern. The RN was overheard to say to the resident that they should speak to the person standing behind them from the Ministry referring to an Inspector.

The resident then approached the Inspector and shared their concern. The Assistant Director of Care (ADOC) was approached by the Inspector and the resident was referred to the ADOC to file a complaint and follow the homes complaint policy.

Interview with the ED revealed that the homes expectations from the RN were that upon receiving a complaint from the resident, the RN should have immediately investigated the



complaint and notify the relevant department supervisor. In addition the ED would expect documentation in the resident's electronic chart.

Record review of the resident's electronic chart revealed no documentation was present regarding the complaint. This was reviewed after the RN had finished their shift and left the home.

Interview with the ED confirmed that the homes policy on Response to Complaints was not complied with.

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 that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is in compliance with all applicable requirements under the Act and is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**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; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that for 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.

A phone interview with the Director Nursing Services (DNS) and Director Informatics and Data Quality (DIDQ) revealed that the home uses the MDS section H and the RAP summary as the bowel continence assessment for residents and a note is made in the RAPS summary as needed. They confirmed that there was no other bowel assessment completed.

Review of MDS section H and the RAPS summary revealed for bowel continence assessment there is no identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions for bowel continence and therefore is not a clinically appropriate assessment instrument that is specifically designed for assessment of bowel incontinence.

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 that for 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 #4: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services



Specifically failed to comply with the following:

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures are developed and implemented to ensure that all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks.

Observations by Inspectors during the RQI revealed corrosion in several resident bathrooms. This was confirmed by the ED during a tour of these rooms.

Interviews with an Environmental Services Worker and the ED revealed that there was no procedure in place to ensure that the plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion.

The ED confirmed that it was the homes expectation that procedures are developed and implemented to ensure that the plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks. [s. 90. (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 that procedures are developed and implemented to ensure that all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

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,

(i) that is used exclusively for drugs and drug-related supplies,

(ii) that is secure and locked,

(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and

(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The Licensee has failed to ensure that drugs are stored in an area or a medication cart that is secure and locked.

Crushed medications were observed to be sitting inside a cup on top of the medication cart which was left unattended outside of the dining room across from a nursing station. The Registered Practical Nurse (RPN) was observed inside the dining room attending to a resident.

The RPN walked out of the dining room and acknowledged that the medication was left on the cart. The RPN was then observed to lock the medication inside the medication cart and confirmed that the medication should not have been left unsecured and unattended.

On June 4, 2015 during the exit debrief meeting with the management team the above observations were reviewed and the ADOC and the ED shared that leaving the medication on top of the medication cart leaves residents at risk and confirmed that the drugs should have been secured and locked when unattended. [s. 129. (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 that drugs are stored in an area or a medication cart that is secure and locked, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.

2. Access to these areas shall be restricted to,

- i. persons who may dispense, prescribe or administer drugs in the home, and**
- ii. the Administrator.**

3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :



1. The licensee failed to ensure that all areas where drugs are stored are kept locked at all times, when not in use.

Observation revealed a Registered Staff administering medication when they stopped to speak with someone. The Registered Staff left the medication cart open with a drawer pulled out and went into the nurses station to continue the conversation. Later the Registered Staff looked and observed that the medication drawer was open. They returned to the cart to close the drawer but left the medication cart unlocked.

Interview with the Registered Staff verified that they did not realize they had left the medication drawer open and confirmed that the medication cart should be kept locked at all times when not in use.

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 that all areas where drugs are stored are kept locked at all times, when not in use, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system



Specifically failed to comply with the following:

- 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; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident-staff communication and response system can be easily seen, accessed, and used by residents at all times.

Observations of two residents in their room during stage one of the RQI revealed the call bells were attached to the bed but not within reach of the residents. This observation was confirmed by a Personal Support Worker (PSW).

Interviews with 2 PSW's verified that the expectation is that call bells should be within reach of all residents regardless of their physical or cognitive abilities.

Review of the homes policy titled "Call Bell Response" dated September 21, 2012 with a reference number 005040.00 stated under procedure that all staff will "Place call bells within the reach of the resident i.e. when in bed or in the bathroom or if seated in resident room and unable to move without assistance".

Interview with the ADOC confirmed that the call bells were not accessible to the two residents and that it is the home's expectation that they should be. [s. 17. (1) (a)]



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Issued on this 29th day of June, 2015

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

Original report signed by the inspector.