



**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
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Public Copy/Copie du public

| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|--------------------------------|--|
| Jan 20, 2015 | 2015_347197_0002 | O-000952-14, O-000970-14 | Complaint |

Licensee/Titulaire de permis

PROVIDENCE CARE CENTRE
340 Union Street KINGSTON ON K7L 5A2

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

PROVIDENCE MANOR
275 SYDENHAM STREET KINGSTON ON K7K 1G7

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

JESSICA PATTISON (197)

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): January 6-9, 2015

Two complaints were inspected as part of this report.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Dietary Manager, the Staffing Clerk, a Registered Nurse, Registered Practical Nurses, Personal Support Workers and residents.

The inspector(s) also reviewed relevant policies, the home's staffing plan and schedules, the current menu cycle, a resident's health care record and observed dining service.

The following Inspection Protocols were used during this inspection:

Food Quality

Nutrition and Hydration

Sufficient Staffing

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| | |
|---|--|
| <p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p> | <p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p> |
| <p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

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).**

Findings/Faits saillants :

1. The following finding is related to log O-000970-14.

The licensee has failed to comply with LTCHA 2007, s. 6 (1) (c) in that a resident's plan of care does not set out clear directions to staff and others who provide direct care to the resident.

The current care plan and diet roster were reviewed for Resident #1 and were found to be inconsistent, stating two different things for the resident's diet order.

During an interview with the Dietary Manager on January 9, 2015, she indicated that the diet roster reflects what the resident is actually getting, as this is what the dietary staff use. She further stated that she was not aware of some of the dietary restrictions that were discussed in Resident #1's current care plan.

The plan of care for Resident #1 is not consistent and therefore does not provide clear direction to staff and others who provide direct care to the resident. [s. 6. (1) (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 to ensure that residents' plans of care related to their diet order are consistent and set out clear directions to staff and others who provide direct care to residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes
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. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

1. The following finding is related to log O-000970-14.

The licensee has failed to comply with O. Reg. 79/10, s. 69 (1) in that a change of 5 per cent of body weight, or more, over one month for a particular resident was not assessed, actions were not taken and outcomes were not evaluated.

Resident #1's current care plan states that the resident is at moderate to high nutritional risk and has had gradual weight loss in the past for specified reasons.

Resident #1's body weight went down over 2 kg in a specified month, which was a loss of 5.43 per cent of body weight over one month.

The resident's health care record was reviewed. Resident #1 was last assessed by the Registered Dietitian (RD) the month before this weight loss during a quarterly review. At that time the RD indicated that the resident had not lost weight and that she would monitor the resident.

During the month in which the weight loss occurred, two Medical Residents charted that Resident #1 had lost weight, however, no interventions or referrals were noted at that time.

The home's policy titled "Resident Monthly Weights" was provided to the Inspector by the Dietary Manager and states the following:



"Residents who experience an unplanned weight change will be investigated by the Clinical Dietitian.

Unplanned weight change is:

- +/- 5 % or more over one month, +/- 7.5 % or more over three months and +/- 10% or more over six months

If the weight change is confirmed to be greater than 2kg, report confirmed weight change to RPN.

The RPN will then document in the resident's health care record the change in weight and a referral will be initiated to the Clinical Dietitian for further investigation.

A thorough assessment of the resident referred will be completed, as well as an investigation of possible nutrition factors responsible for the weight change."

During an interview with the Dietary Manager on January 9, 2015, she indicated that this resident should have been assessed by the RD related to their weight loss in the specified month and that if there was no assessment documented then it was not done. The RD was not available for interview and no longer works in the home. [s. 69. 1.,s. 69. 2.,s. 69. 3.,s. 69. 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 to ensure that all resident weight changes specified in O. Reg. 79/10, s. 69 are assessed, that actions are taken and outcomes are evaluated, to be implemented voluntarily.



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Issued on this 20th day of January, 2015

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

Original report signed by the inspector.