



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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 12, 2013	2013_214146_0013	H-002096- 12	Complaint

Licensee/Titulaire de permis

LIUNA LOCAL 837 NURSING HOME(HAMILTON) CORPORATION
44 HUGHSON STREET SOUTH, HAMILTON, ON, L8N-2A7

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

QUEEN'S GARDEN
80 Queen Street North, HAMILTON, ON, L8R-3P6

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

BARBARA NAYKALYK-HUNT (146)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): February 5, 6, 7, 2013.

This inspection was conducted concurrently with Follow-up inspection H-002209-12, complaint inspections H-002096-12, H-001982-12, H-002267-12 and CI inspection H-002068-12. Findings of non-compliance related to CI H-002068-12 are included in this report.

During the course of the inspection, the inspector(s) spoke with the administrator, the Director of Care (DOC), registered staff, Personal Support Workers (PSW's), residents and family members.

During the course of the inspection, the inspector(s) toured the home, observed resident care, reviewed policies and procedures, incident reports, staffing schedules and resident health records.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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

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,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :



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1. The licensee did not ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

i. According to the health record, resident 001 had a treatment ordered in December 2012 when seen by a physician. The record indicates the treatment was approved by the SDM and requested from the supplier on the same date. The treatment was not started until one month later. This information was confirmed by the health record and the staff. [s. 6. (7)]

2. The licensee did not ensure that the resident was re-assessed 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.

i. According to the health record, resident 0400 was noted to have swelling, bruising and pain on a specific date in October 2012. No further assessment was noted in the records until a physician was notified 8 days later. X-ray confirmed an injury. This information was confirmed by the health record and the DOC.

ii. According to the health record, resident 001 was reported to be coughing after every spoon of food on a date in November 2012. No further assessment of coughing was noted until 18 days later when the resident's lungs were auscultated due to a fever. The resident was admitted to hospital the following day. [s. 6. (10) (b)]

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 the care set out in the plan of care is provided to the resident as specified in the plan and to ensure that the resident is re-assessed 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, 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).**
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Findings/Faits saillants :

1. The licensee has failed to ensure that, where this Act or 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 plan, policy, protocol, procedure, strategy or system, is complied with.
 - i. The home's policy LTCE-CNS-G-10 Falls, states that, in the event of a fall, registered staff "assess the resident for any possible injury or negative outcome. For example, if the resident fell, out of bed, the nurse should record such items as the location, size and colour of any wound, scratch or abrasion and the position of the side-rails. Consider range of motion, assessment of extremities, colour, vital signs, level of consciousness, emotional state". The policy also states that the following assessments should be completed post fall when a high risk resident has their first fall of the quarter: Morse Fall Risk assessment, Risk management, and post-fall analysis form in Point Click Care (PCC).
 - ii. Resident 001 was found on the floor beside the bed in November 2012. The assessment immediately after the fall did not include range of motion, assessment of extremities, colour, level of consciousness or emotional state as per policy. A note 3 hours later stated that staff reported the resident was hesitant to move feet when ambulating. No assessment was completed at that time. A note later the same day indicated an assessment at that time, 5 plus hours after the fall, which resulted in transfer to hospital where a serious injury was diagnosed. This information was confirmed by the record and registered staff.
 - iii. Resident 0400, identified as a high falls risk by the home, fell in September 2012. The fall was the first of the quarter. There was no Morse Fall Risk assessment, Risk management, and post-fall analysis form in PCC completed as per policy. This information was confirmed by the health record and the DOC. [s. 8. (1)]



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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, where this Act or 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 plan, policy, protocol, procedure, strategy or system, is complied with, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care
Specifically failed to comply with the following:**

- s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,**
- (a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).**
 - (b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).**
 - (c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that residents receive oral care to maintain the dignity of oral tissue, including mouth care in the morning and evening, and/or cleaning of dentures.
 - i. According to the health record flow sheets of resident 001: in one period of 10 days where oral care should have been done 20 times, it was not done in 5 instances; in another period of 9 days, oral care was not done in 8 instances. In a check of the flow sheets of resident 036, oral care was omitted 11 of a possible 24 instances; resident 037 had oral care missed 15 times in a one month period.
 - ii. In an interview with resident 001 and a family member, the family member confirmed that resident 001 does not receive oral care twice a day so the family tries to do it during visits. [s. 34. (1) (a)]



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Issued on this 12th day of February, 2013

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

A handwritten signature in cursive script, appearing to read "Barbara Duffell-Hest".