



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

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

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

**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**

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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
Jan 19, 2015	2014_257518_0050	L-001586-14	Resident Quality Inspection

Licensee/Titulaire de permis

MERITAS CARE CORPORATION
567 VICTORIA AVENUE WINDSOR ON N9A 4N1

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

REGENCY PARK LONG TERM CARE HOME
567 VICTORIA AVENUE WINDSOR ON N9A 4N1

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

ALISON FALKINGHAM (518), PATRICIA VENTURA (517), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 1, 2, 3, 4, 5, 8, 9, 10, 2014

During the course of the inspection, the inspector(s) spoke with The Administrator, the Director of Care, seven Registered Staff members, six Personal Support workers, the Environmental Services Manager, three Environmental Services staff, two Activation Aids, the Food Services Manager, the Activation Director, forty residents and three family members.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Contenance Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Training and Orientation

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

15 WN(s)

6 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. 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:

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 failed to ensure that every resident has the right to participate fully in making any decision concerning aspects of his or her care.

During this inspection three residents expressed concerns regarding their rights to participate fully in making decisions regarding their bed systems.

The Director of Care indicates that residents have the right to fully participate in making decisions about their care. [s. 3. (1) 11. iii.]

2. The licensee failed to ensure that every resident has the right to have his or her personal health information kept confidential.

During this inspection resident specific personal health information was not kept confidential.

The Administrator confirmed it is the expectation that a resident's personal health information be kept confidential. [s. 3. (1) 11. iv.]



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 rights to participate fully in making decisions concerning any aspect of his or her care and to have his or her personal health information kept confidential in accordance with the act are fully respected and promoted, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that the furnishings and equipment are kept clean and sanitary.

During the inspection furnishings and equipment were not found to be clean or sanitary.

The Food Service Supervisor confirmed that it is the homes expectation that all furnishings and equipment are kept clean and sanitary. [s. 15. (2) (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 the home, furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

Location - Lux

Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout

In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux

All other homes

Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout

In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Findings/Faits saillants :



1. The licensee failed to ensure that the minimum level of 215.28 lux for lighting requirements in areas of the home and minimum levels of 215.28 lux continuous consistent lighting in the home are maintained.

During this inspection it was noted that some washrooms and corridors were dimly lit. When the lighting was evaluated by a contractor several areas were found to be below the minimum lux lighting requirements.

The Administrator and Maintenance staff confirmed it is the homes expectation that lux lighting requirements be maintained at least at minimum levels. [s. 18.]

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 lighting requirements as set out in the Regulations are maintained, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :



1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the residents responses to interventions are documented.

a) A resident was observed using a medical device without appropriate documentation in the clinical record.

The Administrator confirmed actions taken under a program including assessments, reassessments, interventions and the resident's responses to interventions should be documented. [s. 30. (2)]

b) Review of resident health record revealed that admission and readmission checklists were incomplete and unsigned.

This was confirmed by the Director of Care who stated it was the expectation that all assessments and reassessments be documented. [s. 30. (2)]

c) A resident had an incident that required follow up documentation that was incomplete and unsigned.

This was confirmed by the Director of Care who stated it was the expectation that all assessments and reassessments be documented. [s. 30. (2)]

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 actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the residents responses to interventions are documented, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 82. Attending physician or RN (EC)



Specifically failed to comply with the following:

- s. 82. (1) Every licensee of a long-term care home shall ensure that either a physician or a registered nurse in the extended class,**
- (a) conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination; O. Reg. 79/10, s. 82 (1).**
 - (b) attends regularly at the home to provide services, including assessments; and O. Reg. 79/10, s. 82 (1).**
 - (c) participates in the provision of after-hours coverage and on-call coverage. O. Reg. 79/10, s. 82 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that either a physician or a registered nurse in the extended class conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination.

Review of multiple resident health care records reveal that annual resident physical examinations were not completed or not documented.

The Director of Care confirmed these annual physical examinations were not completed and or documented and it is the homes expectation that residents receive an admission physical examination as well as ongoing annual physical examinations and that these examinations be documented in the medical record. [s. 82. (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 either a physician or a registered nurse in the extended class conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that all staff participate in the infection control program.

During an observation two similar, unlabelled, uncovered medical devices were seen in a shared washroom.

The Director of Care confirmed it was the expectation that all staff participate in the infection control program. [s. 229. (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 staff participate in the implementation of the infection control program, to be implemented voluntarily.

WN #7: 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).

Findings/Faits saillants :



1. The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A residents plan of care was reviewed and the instructions for care in this plan were not being provided.

The Administrator and Director of Care confirmed the care set out in the plan of care should be provided to the resident as specified in the plan. [s. 6. (7)]

WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

During this inspection the schedule for Registered Nurse's was reviewed and during one shift there was no Registered Nurse on duty or in the building and this was confirmed by the Director of Care.

The Administrator confirms it is the expectation to have a Registered Nurse present in the building 24 hours a day. [s. 8. (3)]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care



Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that the resident's plan of care was based on an interdisciplinary assessment of the resident that included any mood or behaviour patterns and variations in resident functioning at different times of the day.

A resident health record review indicated that a resident had behaviours and behavioural triggers which were not included in the plan of care.

This was confirmed by the Administrator and Director of Care. [s. 26. (3) 5.]

**WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33.
PASDs that limit or inhibit movement**



Specifically failed to comply with the following:

s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:

- 1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 3. The use of the PASD has been approved by,**
 - i. a physician,**
 - ii. a registered nurse,**
 - iii. a registered practical nurse,**
 - iv. a member of the College of Occupational Therapists of Ontario,**
 - v. a member of the College of Physiotherapists of Ontario, or**
 - vi. any other person provided for in the regulations. 2007, c. 8, s. 33 (4).**
- 4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 33 (4).**
- 5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).**

Findings/Faits saillants :

1. The licensee failed to ensure that the use of a PASD to assist a resident with a routine activity of living may be included in a resident's plan of care if it has been approved by a physician, a registered nurse, a registered practical nurse, a member of the College of Occupational Therapists, a member of the College of Physiotherapists or any other person provided for in the legislation.

An observation completed during this inspection revealed a resident using a PASD. Review of this residents clinical record revealed there was no order for the PASD by an appropriate health care professional.

The Director of Care confirmed the expectation is that all PASD's be ordered by an appropriate health care professional. [s. 33. (4) 3.]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that a post fall assessment using a clinically appropriate instrument was conducted after a resident fall.

A review of a resident`s clinical record indicated that the post Fall Risk Assessment was not completed.

The Director of Care confirmed that a Fall Risk Assessment should have been completed and that it is the home`s expectation that this assessment is completed after a fall. [s. 49. (2)]

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that a resident who is exhibiting altered skin integrity, has been reassessed at least weekly by a member of the registered nursing staff.

Review of a residents clinical record reveals that weekly wound assessments have not been completed by a member of the registered nursing staff.

The Director of Care confirms that it is the home's expectation that weekly skin and wound assessments are completed at least weekly by a member of the registered nursing staff. [s. 50. (2) (b) (iv)]

WN #13: 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 licensee failed to ensure that a resident was assessed using an interdisciplinary approach, and actions taken and outcomes evaluated when a change of 5 per cent body weight occurred.

Review of a resident's clinical record revealed that there was a weight change of 5% without a dietary referral or follow up.

The Director of Care and Food Service Supervisor confirmed that it is the homes expectation that all weight loss of 5.0% or more in one month requires a dietary referral and follow up. [s. 69. 1.,s. 69. 2.,s. 69. 3.,s. 69. 4.]

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

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:

4. **Monitoring of all residents during meals. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that the home has a dining and snack service that includes, at a minimum, the following elements: 4. Monitoring of all residents during meals. O. Reg. 79/10, s. 73 (1).

A resident was observed being served lunch in their room with no staff member entering the room to monitor or supervise the meal.

The Administrator confirms that it is her expectation that residents who eat in their rooms should be monitored. [s. 73. (1) 4.]

WN #15: 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 :



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1. The licensee failed to ensure that drugs were stored in an area or a medication cart, iv. that complied with manufacturer's instructions for the storage of the drugs (e.g. expiration dates, refrigeration, lighting).

During the inspection a medication storage room was observed to have expired medication in it.

The Director of Care confirmed that the facility was expected to comply with manufacturer's instructions for the storage of the drugs and that expired medications should be kept separate from medication that was available for administration to residents. [s. 129. (1) (a)]

Issued on this 19th day of January, 2015

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

Original report signed by the inspector.