Ontario

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
Jul 30, 2015	2015_288549_0020	O-002129-15, O-002297-15	Complaint

Licensee/Titulaire de permis

BRUYERE CONTINUING CARE INC.
43 BRUYERE STREET OTTAWA ON K1N 5C8

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

RESIDENCE SAINT- LOUIS
879 CHEMIN PARC HIAWATHA OTTAWA ON K1C 2Z6

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

RENA BOWEN (549)

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): July 24, 27, 28, 2015

A Critical Incident was inspected concurrently

During the course of the inspection, the inspector(s) spoke with Residents, Family Members, several Personal Support Workers(PSWs), several Registered Practical Nurses(RPNs), several Registered Nurses (RNs), the Supervisor of Auxiliary Services, the previous Director of Care (DOC), the Clinical Manager, the Administrator/Clinical Manager and the Administrator.
The Inspector reviewed several resident health care records, Medication Administration Records (MARS), the home's policy related to medication administration, registered staff training documentation, alleged abuse/neglect investigation documentation, observed care being provided and the locking mechanism on resident doors.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Laundry
Medication
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **5 WN(s)**
- **4 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). 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. (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 :

1. The licensee has failed to 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 the resident's care needs change or care set out in the plan is no longer necessary.

Resident #2 was admitted to the home on a specific date in May, 2012. The resident suffers from weakness on a specific side of the body and has limited use of an extremity. The resident's communication abilities are extremely limited. All Activities of Daily living for Resident #2 are completed by either the home's staff or the resident's family member.

On July 24, 2015 RPN #100 indicated to Inspector #549 that the resident's written plan of care is located in the PSWs binder with the resident's flow sheets. PSW #101 also indicated that the written plan of care for residents is located in the PSWs flow sheet binder. The current written plan of care for Resident #2 was provided to the inspector by RPN #100. Resident #2's written plan of care was noted by Inspector #549 to be dated on a specific date in May, 2014.

In a telephone interview with the POA on a specific date in July, 2015 it was indicated to Inspector #549 that the resident does not take showers and will have a tub bath on a specific day of the week and a bed bath on a specific day of the week. On July 24, 2015 during an interview with PSW # 101 it was indicated that Resident #2 received a bed bath that morning. During an interview with staff #106 who was the DOC in the home until the end of June 2015, confirmed with Inspector #549 that the resident receives a tub bath on a specific day of the week and a bed bath on a specific day of the week. The current written plan of care states that the resident is to have two tub baths or a shower every week.

PSW #107 indicated to Inspector #549 that Resident #2 is to wear a specific garment over the incontinence product during a specific shift.

During an interview S#106 confirmed to Inspector #549 that the resident is to wear a specific garment during a specific shift over the incontinence product to prevent the resident from putting her hands in the incontinence product during a specific shift.

The current written plan of care states that the resident only uses disposable/reusable

diapers.

On a specifc date in July, 2015 during a telephone interview the POA indicated that the head of Resident #2's bed is to be elevated when the resident is in bed. S#106 confirmed to Inspector #549 that the resident is to have the head of her bed elevated at all times when the resident is in bed.

The current written plan of care does not indicate that the head of the residents bed is to be elevated at all time when the resident is in bed.

On July 24, 2015 PSW #101 indicated to Inspector #549 that the resident is not toileted, staff will change the resident's incontinence product and perform pericare. PSW #101 indicated that the resident is totally dependent for all care needs.

During an interview with PSW #107 on July 27, 2015 it was indicated to Inspector #549 that the resident is totally dependent on the care staff for all activities of daily living. PSW #107 who works the evening shift indicated that the resident is not toileted.

The current written plan of care states that Resident #2 is toileted, not to be left alone on the toilet, toilet at the same time each day.

Inspector #549 reviewed the current written plan of care with S#106. S#106 confirmed with Inspector #549 that the written plan of care for Resident #2 was last updated on a specific date in May, 2014 and was not updated related to toileting, bathing, the elevation of the head of the resident's bed and wearing of the specific garment during a specific shift.

S#106 indicated that the home's expectation is that the resident be reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary or the care set out is not effective. (Log# O-002297-15) [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 Resident #2's written plan of care is revised at least every six months and at any other time when the resident;s care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

Findings/Faits saillants :

1. The licensee has failed to ensure that the locks on the resident bedroom doors can be readily released from the outside in an emergency.

The resident bedroom doors on the resident areas throughout the building are equipped with a key lock mechanism on the outside hallway side and a thumb turn lock on the inside. When the thumb turn lock on the inside is engaged, entry into the room from the outside hallway can only be done by using a key to unlock the mechanism or if the room is a double room through the shared washroom.

On July 27, 2015 Inspector #549 was on one of the units to interview Resident #1. When the inspector went to the resident's bedroom door it was found to be locked.

Inspector #549 knocked on the door several times with no answer. The inspector inquired of the PSWs if the resident was gone from the unit. The PSWs indicated that they could not unlock the door to check as they do not have a key but directed the inspector to ask the registered staff to unlock the door as they have a key. The Administrator/Clinical Manager unlocked the resident's door, Resident #1 was found to be sleeping.

The PSWs indicated to the inspector that if they needed to get into a resident's room that is a private accommodation in an emergency they would ask the registered staff or they would call maintenance to gain entry. The PSWs indicated that some resident rooms have a shared washroom and they could gain access through the shared washroom.

On July 27, 2015 RPN #109 indicated to the inspector that the PSWs do not have a key to the resident rooms and that they are aware that they need to come to him to open the resident's door if the door is locked.

On July 27, 2015 the Administrator/Clinical Manager confirmed with Inspector #549 that the PSWs do not have access to a key to unlock a resident's door from the outside hallway in an emergency. The Administrator/Clinical Manager also indicated that there approximately ten residents at the present time in the home that lock their doors.

On July 27, 2015 during an interview the Administrator confirmed to Inspector #549 that the home will arrange to provide access to the PSWs so that the locks on the resident's bedroom doors can be easily released from the outside in an emergency. [s. 9. (1) 3.]

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 bedroom doors are readily released from the outside in an emergency, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 32. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis. O. Reg. 79/10, s. 32.

Findings/Faits saillants :

1. The licensee has failed to ensure that Resident #2 received individualized personal care, including hygiene care and grooming on a daily basis.

Resident #2 is cognitively impaired and totally dependent on staff to perform all activities of daily living.

During a telephone interview on a specific date in July, 2015 the POA for Resident #2 indicated to Inspector #549 that on a specific date in July, 2015, he/she came into the home to visit the resident and found the resident in the dining room sitting in a wheelchair after finishing a meal. The POA indicated that when he/she went to take the resident back to the resident's room he/she noticed that the resident's hands had dried feces on them and also under the resident's fingernails.

In July 24, 2015, PSW #101 indicated to Inspector #549 that she is aware that the resident has had feces on his/her hands and under his/her fingernails in the past. PSW #101 also indicated that she provides hand care and nail care during am care, before meals and after meals specifically for this reason. PSW #101 indicated that the resident is not resistive to care when she has provided hand and nail care to the resident.

On July 24, 2015, the inspector observed Resident #2 on two separate occassions to have clean hands and nails. It was noted by the inspector that the resident's finger nails

appeared to have a yellow stain on them.

On July 24, 2015, during an interview with RPN #100 it was indicated to the inspector that the POA came to the nursing station after a meal service on a specific date in July, 2015 to show RPN#100 that Resident #2's hands and fingernails where covered in dried feces

On July 27, 2015, during an interview RN #104 indicated to the inspector that the POA came to the nursing station after a meal service on a specific date in July, 2015 to show her that Resident #2's hands and nails were covered with dried feces following the lunch meal. RN#104 confirmed that she took the resident with the POA and soaked the residents' hands in water to clean under the resident's finger nails.

RPN#100 and RN#104 indicated to Inspector #549 that the expectation is that the resident's hands and nails be clean at all times.

On July 25, 2015 the Administrator/Clinical Manager confirmed that the home's expectation is that Resident #2 receive individualized personal care, including hygiene care and grooming on a daily basis.(Log# O-002297-15) [s. 32.]

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 Resident#2 receives individualized personal care, including hygiene care and grooming on a daily basis, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

Resident #1 who is cognitively impaired was admitted to the home on a specific date in February, 2012.

A review of the resident's physician orders and the Medication Administration Records for a specified period of time indicates that the resident has an order to have a medicated patches applied at a specific time and removed at a specific time.

During an interview with S#106 it was indicated to Inspector #549 that on a specific date in May, 2015 Resident #1's POA observed two medicated patches on the resident. It was confirmed by S#106 that RPN #111 did not remove the medicated patch at the specified time on a specific date in May, 2015 as prescribed by the physician and a new medicated patch was applied as prescribed by the physician on a specific date in May, 2015 at a specified time. Resident #1 therefore had two medicated patches on the morning of the specific date in May, 2015.

During the same interview S#106 indicated to the inspector that on two specific dates in April, 2015 the POA observed two medicated patches on Resident #1. It was confirmed by S#106 that RPN #112 did not remove the medicated patch on the two specific dates in April, 2015 as prescribed by the physician.

S#106 indicated to Inspector #549 that the two registered staff involved met with her and a retraining/education plan was initiated related to safe medication administration. (Log# O-002129-15) [s. 131. (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 Resident#1 Nitro Patch is administered in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 23. Licensee must investigate, respond and act

Specifically failed to comply with the following:

s. 23. (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b). 2007, c. 8, s. 23 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the results of the abuse/neglect investigation were reported to the Director.

The home submitted a Critical Incident to the Director on a specific date in May, 2015 informing the Director of an alleged abuse/neglect of Resident #2 by a staff member.

An investigation was immediately conducted into the alleged abuse/neglect by the Administrator/Clinical Manager. Inspector #549 reviewed the home's investigation documentation.

The Centralized Intake, Assessment and Triage Team requested the home to report the findings of the internal investigation into the allegations of abuse/neglect and action taken to address staff performance and to prevent re-occurrence on a specific date in May 2015.

During an interview on July 24, 2015, the Administrator/Clinical Manager indicated to Inspector #549 that the result of the investigation concluded that the PSW did not abuse/neglect Resident #2.

On July 24, 2015, the Administrator/Clinical Manager confirmed with Inspector #549 that the home did not report to the Director the results of the alleged abuse/neglect investigation of Resident #2. (Log # O-002297-15) [s. 23. (2)]

Issued on this 30th day of July, 2015

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

Original report signed by the inspector.