



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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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
May 16, 2017	2017_505103_0020	007666-17	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF KINGSTON
216 Ontario Street KINGSTON ON K7L 2Z3

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

RIDEAUCREST HOME
175 RIDEAU STREET KINGSTON ON K7K 3H6

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

DARLENE MURPHY (103), WENDY BROWN (602)

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): May 8-12, 2017

During the course of the inspection, the inspector(s) spoke with residents, family members, Resident Council president, Family Council representative, Personal support workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), RAI Coordinator, Receptionist, Housekeeper, Assistant Directors of Care (ADOC), Director of Care (DOC), and the Administrator.

During the course of the inspection, the inspector(s) conducted a full walking tour of the home, observed resident care and staff to resident interactions, reviewed resident health care records, the home's medication administration and storage practices, the home's infection control practices, and reviewed applicable policies.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Falls Prevention

Infection Prevention and Control

Medication

Minimizing of Restraining

Residents' Council

Safe and Secure Home

Skin and Wound Care

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

2 WN(s)

1 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 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:

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

s. 9. (2) The licensee shall ensure there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents. O. Reg. 363/11, s. 1 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that all doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents, and those doors were kept closed and locked when not being supervised by staff.

On May 8, 2017, inspector #602 noted the following during the initial tour of the home:

Garden Walk Terrace- Equipment storage/Clean Utility Room located across from the nursing station was found to be unlocked. The unlocked door was reported to the staff at the time and the door could not be successfully locked. The staff indicated maintenance would be alerted to replace the lock.

Crestview Terrace- Housekeeping closet wing B was found unlocked,

Wellington Terrace-Soiled utility room door was found open and there were no staff in the vicinity at the time,

Wellington Terrace- Housekeeping closet located on wing B was unlocked,

Riverview Terrace-Housekeeping closet located mid-way down the hallway was found to be closed but not locked, and

Riverview Terrace storage area across from the elevators was found to be unlocked.



In all instances, there were no staff found in the vicinity of the rooms at the time the observations were made.

On May 9, 2017 inspector #103 noted the storage area on Crestview terrace was unlocked. Additionally, the door to the weight room was observed to be left open, keys were in the lock and there were no staff in the vicinity of either room. The room was observed to contain the scales for weighing residents in wheelchairs.

Staff were interviewed in regards to the unlocked doors. Staff identified all of the above noted areas as non-residential areas and indicated in all cases the doors should have been closed and locked. Interviews with staff, in regards to the unlocked storage area located on Riverview terrace, revealed the staff did not have a key that would lock the room and indicated a locksmith would be called to replace the lock. [s. 9. (1) 2.]

2. The licensee has failed to ensure that there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents.

The DOC was interviewed in regards to the door located on the main level of the home beside the reception area that opens to a large balcony area. The DOC indicated this area is usually only used during the spring/summer months and that the door to the area is unlocked for resident use during the times the receptionist is at the main desk.

The DOC was also asked about the doors located in the lower level of the home that leads to the secure area of the home and the resident smoking area. The DOC indicated this area is accessed year round by the residents who require the smoking area and that the cooks unlock the door when they arrive to work.

The DOC was asked to provide the home policies related to the doors that lead to these two secure outside areas. The DOC indicated the home does not have a policy that addresses these doors. [s. 9. (2)]



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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 all doors leading to non-residential areas are equipped with functioning locks and those doors are kept closed and locked when not being supervised by staff, to be implemented voluntarily.

WN #2: 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. (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care. 2007, c. 8, s. 33. (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that a PASD used to assist resident #007 with a routine activity of living was included in the resident plan of care.

PASD is defined under LTCHA, 2007, s. (2) as a personal assistance services device (PASD) being used to assist a resident with a routine activity of living. A PASD may have the effect of limiting or inhibiting a resident's freedom of movement and the resident may be unable to physically or cognitively release themselves from a PASD.

Resident #007 was admitted to the home on a identified date and had identified diagnoses. The resident was observed seated in a wheelchair with the left arm being supported on a tray that was attached to the wheelchair. During an interview with the resident, he/she was unable to demonstrate the removal of the tray.

On May 10, 2017, the resident was observed being assisted with lunch by S#107. The resident tray was not in place and the resident's arms were resting in their lap. S#107 was interviewed in regards to the purpose of resident #007's tray and indicated the tray was to be worn all the times except during meal times and was used to position the resident's left arm.

On May 11, 2017, S#109 who was identified as resident #007's primary caregiver on days, was interviewed. She indicated the tray was to be utilized at all times to ensure comfortable positioning of the resident's left arm and to assist the resident to feed themselves as the tray was slightly higher than the dining room table. S#109 further stated the resident would be unable to reliably remove the tray on their own.

Resident #007's plan of care was reviewed and stated the following:
Under "Nursing Restorative: Self care deficit related to inability to feed self-due to physical limitations"- staff to ensure left arm is supported on the dining tray in a comfortable position during meal times.

ADOC #112 was interviewed and confirmed the tray would be a PASD as it was being used for arm positioning and for assist during mealtimes. The ADOC indicated the use of the tray had originally been approved by the physiotherapist and the resident's family member was in agreement with the use of the tray, however the PASD was not currently included in the resident plan of care. [s. 33. (3)]



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Issued on this 16th day of May, 2017

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

Original report signed by the inspector.