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 Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 12, 2013	2013_109153_0005	T-273-12,T-896-12,T-1024-12	Complaint

Licensee/Titulaire de permis

BARRIE LONG TERM CARE CENTRE INC.
689 YONGE STREET, MIDLAND, ON, L4R-2E1

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

ROBERTA PLACE
503 ESSA ROAD, BARRIE, ON, L4N-9E4

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

LYNN PARSONS (153)

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): March 13,14, 18, 19, 21, 25, 2013

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Co-Director of Care, Resident and Family Services Co-ordinator, Staff Educator, Life Enrichment Co-ordinator, Registered Practical Nurses(RPN), Personal Support Workers(PSW) and Residents.

During the course of the inspection, the inspector(s) Reviewed clinical health records, staff schedules, resident and family council minutes and home policies related to staff replacement, responsive behaviours and provision of personal care.
Tours throughout the resident home areas were completed along with observations of staff to resident interactions and the provision of care to the residents.

The following LOGs were inspected as part of this inspection: T-273-12, T-896-12, T-1024-12 and T-1292-12.

The following Inspection Protocols were used during this inspection:
Personal Support Services

Responsive Behaviours

Sufficient Staffing

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

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. (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).

s. 6. (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :

1. The licensee did not ensure the written plan of care set out clear directions to staff and others who provide direct care to the resident.
The written plan of care for Resident #7 does not set out clear directions to staff and others who provide direct care to the resident related to inappropriate touching of female residents.
A review of the progress notes on April 5, 2012, May 4, 2012 and May 26, 2012 revealed incidents whereby the resident was observed to be touching female residents inappropriately.
There was no documentation on the written plan of care to indicate the resident was prone to inappropriate touching of female residents.
When interviewed the Co-Director of Care confirmed there is no documentation related to this behavior on the written plan of care. [s. 6. (1) (c)]

2. The written plan of care does not set out clear directions to staff and others who provide direct care to the resident.
The written plan of care for Resident #6 does not provide clear directions to staff and others who provide direct care related to the following areas; wandering in and out of other residents' rooms, exposing and touching self inappropriately in public areas.
When interviewed the Co-Director of Care confirmed there is no documentation related to this behavior on the written plan of care. [s. 6. (1) (c)]

3. The licensee did not ensure the provision of care set out in the plan of care was documented.
A review of the electronic flow sheets for resident # 8 failed to reveal documentation to indicate the resident had received baths twice a week for several months.
This was confirmed by the Co-Director of Care when interviewed. [s. 6. (9) 1.]

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;
- the written plan of care for each resident sets out clear directions to staff and others who provide direct care to the resident
- the provision of care set out in the plan of care is documented., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee did not ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements.
Residents #s 2, 3 and 4 were scheduled to receive a shower on the day shift on Tuesday, March 12, 2013.
There is no documentation on the electronic flow sheets to indicate the showers have been provided.
Interviews with staff confirmed the showers were not provided to the three residents on March 12, 2013 and no actions were taken to reschedule the missed showers for another time. [s. 33. (1)]

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 each resident of the home is bathed at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other. O. Reg. 79/10, s. 53 (1).
2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours. O. Reg. 79/10, s. 53 (1).
3. Resident monitoring and internal reporting protocols. O. Reg. 79/10, s. 53 (1).
4. Protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 53 (1).

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).
(b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

1. The licensee did not ensure protocols were developed for the referral of residents to specialized resources where required.
This was confirmed by the Co-Director of Care when interviewed. [s. 53. (1) 4.]

2. The licensee did not ensure that, for each resident demonstrating responsive behaviors, actions are taken to respond to the needs of the resident, including assessments,reassessments and interventions and that the resident's responses to interventions are documented.
A PIECE's assessment was not completed for Resident #6 when responsive behaviors were exhibited including wandering in and out of other residents' rooms, exposing and touching self inappropriately in public areas of the resident home area.
When interviewed the Co-Director of Care,confirmed a PIECE's assessment should have been completed.

Resident #7 exhibited an increase in responsive behaviors which involved wandering in and out of residents' rooms, being argumentative with other residents and verbal aggressiveness towards staff during the provision of care.
The physician requested a consult with Waypoint on July 19, 2012.
A review of the physician progress notes for August 2, 2012 indicates the consult for Waypoint had not been submitted.
The licensee failed to take action when the physician ordered a consult on July 19, 2012 when the resident's behaviors were escalating.
A review of the clinical health record revealed a PIECEs assessment had been initiated on September 12, 2012 but had not been fully completed.
When interviewed the Co-Director of Care confirmed all the sections of the PIECEs assessment should have been completed. [s. 53. (4) (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;
- protocols are developed for the referral of residents to specialized resources where required.
- that for each resident demonstrating responsive behaviors,actions are taken to respond to the needs of the resident, including assessments and reassessments, to be implemented voluntarily.

Issued on this 24th day of April, 2013

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

Lynn Parsons