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
Dec 10, 2013	2013_220111_0018	O-001283-12	Complaint

Licensee/Titulaire de permis

SHEPHERD VILLAGE INC.
3758/3760 Sheppard Avenue East, TORONTO, ON, M1T-3K9

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

SHEPHERD LODGE
3760 Sheppard Avenue East, TORONTO, ON, M1T-3K9

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

LYNDA BROWN (111)

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): October 24, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Nurse Manager(NM), Registered Practical Nurse (RPN), Personal Support Worker (PSW), and the Resident.

During the course of the inspection, the inspector(s) observed resident care, reviewed the resident's health record, reviewed the homes policies (complaints, restraints, documentation and administration of medications, and storage of medications).

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Medication
Minimizing of Restraining
Personal Support Services
Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

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. (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. (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 failed to ensure there was clear direction to staff and others who provide direct care to the resident regarding toileting, administration of medications and hearing devices.[s.6.(1)(c)].

Review of the plan of care for Resident #1 indicated the resident is incontinent of bowel and bladder, and requires extensive assistance.There was no clear direction regarding what "extensive assistance" included to indicate the number of staff or amount of supervision required.

Review of the physicians orders and progress notes for Resident #1 indicated additional instructions regarding the administration of medications.

Review of the electronic Medication Administration Records (e-Mars)indicated the additional instructions were not indicated.

Review of progress notes for Resident #1 indicated the POA provided instructions on three occasions regarding the application of the hearing devices.

Review of Resident#1 care plan indicated the instructions of application of the hearing devices was not indicated.

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 written plan of care provides clear direction to staff and others who provide direct care to the resident related to toileting, medications, and hearing, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 100. Every licensee of a long-term care home shall ensure that the written procedures required under section 21 of the Act incorporate the requirements set out in section 101. O. Reg. 79/10, s. 100.

Findings/Faits saillants :

1. Review of the homes policy "Complaint Procedure-Residents/Families" (III-17) (reviewed Jan.2011) indicates:
-5.02 an issue or concern becomes a "formal complaint" when it cannot be resolved on the floor/resident home area to the satisfaction of the person bringing forward the situation in question (verbal or in writing)
-5.03 in order for an issue or a concern to be considered a complaint, there must be an actual reason for complaining, rather than an area of concern that can be easily resolved by a caregiver or charge nurse, for example, a misunderstanding of a policy or misinterpretation of information.
-8.03 If all reasonable efforts to resolve the issue or concern are unsuccessful, a staff person documents under the relevant heading on the "Complaint Record" form the issues and actions taken. This form is available in each department, at all nursing stations and at the Main Reception.

This written procedure does not incorporate the requirements set out in O.Reg. 79/10, section 101(1) that indicates:
Every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint,
3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. [s. 100.]

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 written procedures in the home regarding dealing with complaints incorporates the requirement set out in section 101 of O.Reg. 79/10, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).
(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).
(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).
(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).
(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

s. 101. (3) The licensee shall ensure that,
(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).
(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).
(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that every written or verbal complaint made to the licensee concerning the care of a resident was investigated and resolved where possible and a response provided to the complainant within 10 business days [s.101(1)1].

Review of Resident #1 progress notes indicated two written and one verbal complaint was made to the DOC and there was no evidence of an investigation or a response provided to the complainant within 10 business days.

Review of the home's "Complaint Book" for 2012-2013 indicated:
-there was no documented evidence of a "Compliant Record" for any verbal or written complaints that were received from the POA of Resident #1.
It was also noted that there were additional complaints from other resident's families in the Complaint Book which indicated:
-two written complaint letters and two verbal complaints were received by different resident's family members and the home did not respond within 10 business days.

2. The licensee failed to ensure that a documented record was kept in the home that included:the nature of each verbal or written complaint, the date the complaint was received, the type of action taken to resolve the complaint, the final resolution if any, every date on which any response was provided to the complainant and a description of the response, and any response made in turn by the complainant.[s. 101. (2)]

Review of the homes policy "Complaint Procedure-Residents/Families" (III-17 Administrative)(reviewed Jan.2011) indicates:
-All concerns and complaints received shall be documented, including a list of the issues, date expressed, date and follow-up action taken; final resolution, if any, and date feedback was provided to the complainant.
-a staff person documents under the relevant heading on the "Complaint Record Form" the issues and actions taken. This form is available in each department, at all nursing stations and at the Main Reception.

Interview of the DOC indicated all verbal concerns from families regarding residents are documented directly in the residents chart under progress notes and only written complaints are kept in the complaint log book. The DOC indicated all concerns from the POA of Resident #1 were documented on the resident's chart only.

Review of the home's "Complaint Book" for 2012-2013 indicated there was no documented evidence that any of the verbal or written complaints received from the POA of Resident #1 was recorded on the "Complaint Record Form" and 2 verbal complaints were documented on a "Resident and Family Inquiry Form".

3. The licensee failed to ensure that a documented record of complaints received was reviewed and analyzed for trends at least quarterly and that the results of the review and analysis were taken into account in determining improvements in the home and a written record kept of each review.

Review of the homes policy "Complaint Procedure-Residents/Families" (III-17 Administrative)(reviewed Jan.2011) indicates:
-a record will be kept of all complaints and complaints will be analyzed quarterly for trends and corrective measures put in place.
-on a monthly basis, the Vice President or designate enters the complaint in the "Complaints Monthly Summary Form" and compares monthly summaries from the previous months. If a trend becomes evident, the Vice President or designate will bring forward the issue to the management team as a trigger for quality improvement.

Interview of the DOC indicated no complaints are recorded on the "Monthly Summary Form" but written complaints are discussed at quarterly CQI management meetings. [s. 101. (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 every verbal and written complaint made to the licensee concerning the care of a resident is investigated and resolved where possible, and a response provided to the complainant within 10 business days of receipt of the complaint, and the licesee keeps a documented record in the home that includes the nature of each verbal or written complaint, date the complaint was received, type of action taken, final resolution if any, and each date a response was provided to the complainant and the licensee shall ensure the documented record is reviewed and analyzed for trends at least quarterly, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices

Specifically failed to comply with the following:

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:
2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1. 2007, c. 8, s. 31 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that restraining of a resident by physical device included alternatives that have been considered.

Review of the "Restraint Consent" form for Resident #1 indicated there was no documented evidence of "alternatives to restraint use". [s. 31. (2) 2.]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:
2. That staff apply the physical device in accordance with any instructions specified by the physician or registered nurse in the extended class. O. Reg. 79/10, s. 110 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that staff applied the physical device in accordance with instructions by the physician.

Review of physicians order for Resident #1 indicated a table top restraint to be applied when the resident is in wheelchair.

Review of progress notes for Resident #1 did not have the table top restraint in place while in wheelchair on a specified date.[s.110.(2)2.]

WN #6: 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 :

1. The licensee failed to ensure that drugs were safely stored in an area or medication cart that is secured and locked.

On October 24, 2013 at 11:00 hours, observation of the medication cart and medication room was found unlocked and the charge nurse was not on the unit.

On October 24, 2013 at 12:10 hours, observation of the Resident#1 room identified an unopened, unused box of fleet enema was found on a resident's bedside table. [s.129. (1)(a)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 132. Natural health products

Specifically failed to comply with the following:

s. 132. (1) Every licensee of a long-term care home shall ensure that where a resident wishes to use a drug that is a natural health product and that has not been prescribed, there are written policies and procedures to govern the use, administration and storage of the natural health product. O. Reg. 79/10, s. 132 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that residents who wish to use a natural health product have written policies and procedures to govern the use, administration and storage of the product.

Interview of Registered staff and observation of medications indicated Resident#1 uses natural health products. Review of the homes pharmacy manual indicated there was no policy or procedure regarding the use of, administration and storage of the natural health products. [s. 132. (1)]

Issued on this 13th day of December, 2013

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

Lynda Brown