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

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 28, 2014	2014_348143_0001	O-000178-14	Resident Quality Inspection

Licensee/Titulaire de permis

SHERWOOD PARK MANOR
1814 County Road #2 East, BROCKVILLE, ON, K6V-5T1

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

SHERWOOD PARK MANOR
1814 County Road #2 East, BROCKVILLE, ON, K6V-5T1

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

PAUL MILLER (143), RENA BOWEN (549), SAMI JAROUR (570)

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): March 17th-21st and March 24th-26th, 2014.

Complaint Inspection Log # O-000203-14 was also completed during the Resident Quality Inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing, the Assistant Director of Nursing, an attending physician, Registered Nurses, Registered Practical Nurses, Personal Support Workers, the Support Services Manager, a physiotherapist, a physiotherapy assistant, office assistants, an administrative assistant, the Environmental Manager, two cooks, a dietary aide, family members and residents.

During the course of the inspection, the inspector(s) observed resident care and services, completed tours of all resident home areas, reviewed policies and procedures, reviewed resident health care records, observed dining service, medication administration, reviewed Resident Council and Family Council minutes of meetings.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
Residents' Council
Responsive Behaviours
Skin and Wound Care

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. 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:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007, S.O. 2007, chapter 8 , s. 3. (1)1. in that the licensee has failed to ensure every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

On a specified date resident #9277 was receiving a bath. Inspector #549 observed that the privacy curtain was drawn with the door to the tub room open. Four residents were sitting in the lounge area across from the tub room with a clear view into the tub room and within hearing distance of the conversation in the tub room. Personal Support Worker (PSW) #S116 came to the tub room on three separate occasions and opened the privacy curtain to speak with the staff member providing a tub bath to resident #9277. Inspector #549 along with the residents in the lounge area had a clear view of resident #549 in the tub. Inspector #549 and the four residents in the lounge area could also hear the PSW who was providing the bath talking to the resident about resident #9277's personal care.
During an interview resident #9277 reported to inspector #549 that residents were able to see her/him bathing and was upset with the lack of privacy. Resident #9277 reported that the PSW who provided the bath apologized for the actions of the co-worker.

It was observed by inspector #143 in the East tub room that the privacy curtains provided have space at the point where they meet (at the ceiling track) and that privacy can't be maintained when two residents are bathed at the same time.

Inspector #549 observed that the west tub room and the north side large tub room had the same issue of space at the point where the privacy curtains met and that privacy could not be maintained when two residents are bathed.

The south side tub room was observed missing a curtain to ensure complete privacy when two residents are bathed at the same time.

PSW #S117 and PSW #S105 reported to inspector #549 that two residents have been bathed at the same time in the tub rooms that have two tubs. [s. 3. (1) 1.]

2. The licensee has failed to comply with the Long-Term Care Homes Act section 3.(1) 14. by not allowing residents to receive visitors without interference.

On March 25th, 2014 Inspector #143 reviewed the results of the 2013 resident satisfaction survey with the Administrator and the Director of Nursing (DON). One completed survey indicated that a family member reported a concern in respect of the visiting hours and a desire to visit with a resident in the morning. The Administrator and DON reported that visiting hours are 11:00 hours to 20:00 hours and hours are posted on the front door as visiting hours 1100 am to 8 pm. The DON reported to the inspector that palliative care residents may have visitors twenty four hours per day but otherwise the visiting hours are enforced. The DON also confirmed that visitors may be advised by staff that visiting hours are over. [s. 3. (1) 14.]

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 residents have the opportunity to receive visitors without interference and that residents are treated with respect, dignity and privacy while care is provided, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.

Findings/Faits saillants :

1. The licensee has failed to comply with O.Reg 79/10,s. 13 in that the licensee has failed to ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.

It was observed by inspector #143 the privacy curtain in room 303 has a space where two privacy curtains met at the ceiling track. The space between the two privacy curtains is approximately seven to ten centimeters.

It was observed by inspector #549 in room 313 and 203 that the ceiling track prevents the privacy curtain between the two residents to be completely closed and as such does not ensure privacy while care is provided. [s. 13.]

WN #3: 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 has failed to ensure that interventions to monitor resident #9265 are documented. O. Reg. 79/10, s. 30 (2).

A review of progress notes for resident #9265 indicated that the resident had sustained two falls during the last 30 days. On a specified date, staff #122 documented resident had an unwitnessed fall. A post fall assessment indicated that the resident had sustained an injury and that the resident is to be assessed in 7 days. On a specified date, staff #123 documented resident was found on his/her knees and had fallen while transferring to bathroom.

Staff #121 assessed resident #9265 on a specified date and documented the resident is at high risk for falls.

A review of the current plan of care indicated that the resident is to be checked q2 hours (every two hours) for safety due to risk for falls.

A review of the Falls Prevention Program Policy dated February 9, 2012 indicates residents at high risk for falls are to be observed and to document on the resident weekly nursing summary.

A review of the weekly nursing summary records for resident #9265 for a specified period indicated no documented evidence of the resident being monitored every two hours.

A review of the progress notes for resident #9265 indicated no documentation of how the resident is being monitored in respect of falls. [s. 30. (2)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA ,2007,S.O. 2007, c.8, s 57 (2) in that the licensee did not respond in writing within 10 days of receiving a concern or recommendation to the Residents' Council.

On March 19th, 2014, inspector #570 reviewed the Residents' Council meeting minutes between September 2013 and February 2014. The Residents' Council meeting minutes of February 24th, 2014 indicated a privacy concern was forwarded to management. There is no evidence to support that a written response from the licensee regarding the privacy concern was communicated to the Residents' Council.

On March 19th, 2014, the President of the Residents' Council confirmed during an interview with Inspector #570 that the Residents' Council does not receive written responses within 10 days from the licensee when there is a concern or recommendation brought forward by the Residents' Council.

On March 24th, 2014, the Administrator reported to Inspector #143 that written responses are to be provided by departmental managers responsible for the identified concern. The Administrator confirmed that a written response is not always provided within 10 days to the Residents' Council when concerns or recommendations are brought forward. [s. 57. (2)]

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA ,2007,S.O. 2007, c.8, s 60 (2) in that the licensee did not respond in writing within 10 days of receiving a concern or recommendation to the Family Council.

On March 21st, 2014, inspector #570 reviewed the Family Council meeting minutes of November 19th, 2013. At this meeting, the Family Council raised a concern regarding laundry and personal clothing items. There is no evidence to support that a written response from the licensee regarding laundry concerns was provided to the Family Council.

On March 21st, 2014, the President of the Family Council indicated during an interview with Inspector #570 that laundry remains an ongoing concern. The President of the Family Council confirmed that the Family Council does not receive written responses within 10 days from the licensee when there is a concern or recommendation brought forward.

On March 24th, 2014, the Administrator reported to Inspector #143 that written responses are to be provided by departmental managers responsible for the identified concern. The Administrator confirmed that a written response is not always provided within 10 days to the Family Council when concerns or recommendations are brought forward by Family Council. [s. 60. (2)]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The Licensee has failed to comply with the Long-Term Care Homes Act section 85. (3) by not seeking the advise of the Family Council in developing, carrying out and acting upon the satisfaction survey.

Inspector #570 and #143 reviewed the minutes of the Family Council meetings. This review indicated that the Family Council advise had not been requested in developing the satisfaction survey. Inspector #143 interviewed the Administrator and the DON on March 25th, 2014 and was informed that the Family Council had not been consulted in respect of the resident satisfaction survey. [s. 85. (3)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (3) The drugs must be destroyed by a team acting together and composed of,
(b) in every other case,
(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
(ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 79/10, s. 136 (3).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 136.(3)(b) in that the licensee has failed to ensure that written policies and protocols are developed for the medication management system to ensure the accurate destruction of all drugs used in the home.

On March 21st, 2014 inspector #549 requested a copy of the home's written policy for the destruction of drugs. The Assistant Director of Care provided inspector #549 with a policy titled, "MediSystem Pharmacy, Subject: Discontinued Medications", Index #: 04-02-40, last reviewed Oct, 1, 2012.

On March 27th, 2014 the DON emailed to Inspector #143 the home's Narcotic and Controlled Medication Policy H-78. A review of this policy indicated that procedure 9 states the following: Narcotic and controlled medications remaining in the facility after a resident has been discharged or the medical order discontinued, are disposed of in the facility by the pharmacist and a registered nursing staff on a weekly basis. A record of this destruction must be signed by both the registered staff and forwarded to the DON.

A review of these two policies did not identify that drugs in every other case (other then controlled substances) must be destroyed by a team acting together and composed of one member of the registered nursing staff appointed by the Director of Nursing and one other staff member appointed by the Director of nursing. [s. 136. (3)(b)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement
Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:
1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
i. the matters referred to in paragraph 3,
ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Findings/Faits saillants :

1. The Licensee has failed to comply with Ontario Regulation 222. (4) by not maintaining a record of the quality improvement and utilization system.

On March 18th, 2014 the Administrator completed the LTCH Licensee confirmation checklist for quality improvement and indicated a no response for questions 4, 5 and 6 in respect of maintaining a record of improvements.

On March 25th, 2013 Inspector #143 reviewed with the Administrator and Director of Care minutes from the quality improvement council as well as policies and procedures for the quality improvement program. The Administrator confirmed that the home did not have a record of the improvements made, the names of the persons who participated in the evaluations, the dates improvements were implemented and how this was communicated to Resident Council, Family Council and staff of the home. [s. 228. 4.]

Issued on this 31st day of March, 2014

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