Ontario

Inspection Report under the *Long-Term Care Homes Act, 2007*

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/GeNR/RCe d'inspection**
May 23, 2012 to May 25, 2012 May 28 to May 31, 2012 (onsite)	2012_2477_198_00007	Data Quality Inspection (Restorative Care and Therapies)

Licensee/Titulaire
Rykka Care Centres LP
50 Samor Road, Suite 205
Toronto, ON M6A 1J6
Tel: 416-479-4345

Long-Term Care Home/Foyer de soins de longue durée
Orchard Terrace Care Centre
199 Glover Road
Stoney Creek, ON K8E 5J2
Tel: 905-643-1795

Name of Inspector(s)/Nom de l'inspecteur(s)
Pat Ordowich (198) – Lead
Nancy Rawlings (199)

Inspection Summary/Sommaire d'inspection

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The purpose of this inspection was to conduct a Data Quality inspection related to restorative care and therapies.

During the course of the inspection, the inspector spoke with: Administrator, Director of Nursing and Personal Care (DONPC), RAI Co-ordinator (RAI-C), Programs Manager, Physiotherapist (PT) and Physiotherapy Assistant (PTA).

During the course of the inspection, the inspectors reviewed: resident health records for 10 residents in the home for the quarters from July 1, 2010 to March 31, 2011 and the two most recent completed RAI-MDS 2.0 that was submitted to the Canadian Institute for Health Information (CIHI) (January 1, 2012 to March 31, 2012) for those residents who still lived in the home as well as the home policies and procedures for restorative care including therapies.

The following Inspection Protocol was used in part or in whole during this inspection: Restorative Care and Therapy.

☒ Findings of Non-Compliance were found during this inspection.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions that may have been used in this report.

VPC – Voluntary Plan of Correction/Plan de redressement volontaire
WN – Written Notifications/Avis écrit

ARD = assessment reference date
AROM = active range of motion
CIHI = Canadian Institute for Health Information
RAI-MDS 2.0 = Resident Assessment Instrument Minimum Data Set Version 2.0
NR/RC = Nursing Rehabilitation/Restorative Care (
PROM = passive range of motion
PT = Physiotherapy
QHS = Every evening at bedtime
RAI-C = RAI Co-ordinator
RAPs = Resident Assessment Protocol

Q2 = July 1 to September 30, 2010
Q3 = October 1 to December 31, 2010
Q4 = January 1 to March 31, 2011
Most recent quarter inspected = January 1 to March 31, 2012

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.
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.)	Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with *Long Term Care Homes Act (LTCHA), 2007*, c. 8, s. 101.

(1) A licence is subject to the conditions, if any, that are provided for in the regulations. 2007, c. 8, s. 101.

(2) The Director may make a licence subject to conditions other than those provided for in the regulations,

(a) at the time a licence is issued, with or without the consent of the licensee; or

(b) at the time a licence is reissued under section 105, with or without the consent of the new licensee.

2007, c. 8, s. 101 (2).

(3) It is a condition of every licence that the licensee shall comply with this Act, the *Local Health System Integration Act, 2006*, the *Commitment to the Future of Medicare Act, 2004*, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).

(4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101 (4);

Findings:

1. The Long-Term Care Homes Service Accountability Agreement (L-SAA) is an agreement entered into between the local health integration network and the Licensee, Rykka Care Centres LP, under the *Local Health System Integration Act, 2006*. Compliance with the L-SAA is, therefore, a condition of the license issued to Rykka Care Centres LP for the Orchard Terrace Care Centre long-term care home.
2. The Licensee has failed to comply with the following provisions of the L-SAA:

Article 3.1

(a) The HSP will provide the Services in accordance with:
  (i) this Agreement;
  (ii) Applicable Law; and
  (iii) Applicable Policy.

Article 8.1

(a) The LHIN's ability to enable its local health system to provide appropriate, co-ordinated, effective and efficient health services as contemplated by LHSIA, is heavily dependent on the timely collection and analysis of accurate information. The Health Service Provider (HSP) acknowledges that the timely provision of accurate information related to the HSP is under the HSP's control;

Article 8.1(b): The HSP [Health Service Provider]

(iv) will ensure that all information is complete, accurate, provided in a timely manner and in a form satisfactory to the LHIN [Local Health Integration Network];

Article 8.1 (c): The HSP will:

(i) conduct quarterly assessments of Residents, and all other assessments of Residents required under the Act, using a standardized Resident Assessment Instrument - Minimum Data Set (RAI-MDS 2.0) 2.0 tool in accordance with the RAI-MDS 2.0 Practice Requirements included in Schedule F and will submit RAI-MDS 2.0 assessment data to the Canadian Institute for Health Information (CIHI) in an electronic format at least quarterly in accordance with the submission guidelines set out by CIHI; and

(ii) have systems in place to regularly monitor and evaluate the RAI-MDS 2.0 data quality and accuracy;

3. The RAI-MDS 2.0 LTC Homes – Practice Requirements are included in Schedule F of the L-SAA and fall within the definition of "Applicable Policy" under the L-SAA.
4. The RAI-MDS 2.0 Agreement between the Minister of Health and Long-Term Care and the Licensee, Rykka Care Centres LP, is an agreement under the *Long-Term Care Homes Act, 2007* for the provision of funding related to the implementation of RAI-MDS 2.0 assessment tool in long-term care homes. Compliance with the RAI-MDS 2.0 Agreement is, therefore, a condition of the license issued to Rykka Care Centres LP for the Orchard Terrace Care Centre long-term care home.
5. The documents listed in Schedules A to E of the RAI-MDS 2.0 Agreement between the Licensee, Rykka Care Centres LP and the Ministry of Health and Long-Term Care fall within the definition of "Applicable Policy" in the L-SAA. These documents include, but are not limited to, the Sustainability Project

Description, the Implementation Information Package together with the Training Module Overview, and the RAI Coordinator Role Description.

6. The level-of-care per diem funding in the Nursing and Personal Care (NPC) envelope paid by the local health integration network to the Licensee pursuant to the L-SAA is adjusted based on resident acuity. The higher the acuity, the greater the funding. The amount of funding in the NPC envelope is calculated using a formula set out in the LTCH Level-Of-Care Per Diem Funding Policy (a policy listed in Schedule F of the L-SAA) and resident acuity is determined using the RAI-MDS 2.0 information submitted by the Licensee to CIHI.
7. The incompleteness and inaccuracy of the RAI-MDS 2.0 data is evidenced by the following:
   (a) The RAI-MDS 2.0 coding was not supported by the home's documentation, including the residents' plans of care and the RAPs documentation. There were multiple inconsistencies between what was coded on the RAI-MDS 2.0 and the progress notes found in the residents' plans of care.
8. The following are specific examples of incomplete and/or inaccurate RAI-MDS 2.0 coding and non-compliance with the L-SAA and/or the RAI-MDS 2.0 LTC Homes – Practice Requirements and/or the Implementation Information Package and/or the RAI Coordinator Role Description and/or the RAI-MDS 2.0 Agreement. The RAI-MDS 2.0 Practice Requirements mandates the use of the RAI-MDS 2.0 Manual, which states that a rehabilitation or restorative practice must meet specific criteria including that measureable objectives and interventions must be documented in the care plan and in the clinical record.
   a. Resident 001
      - There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded that the resident received 7 days of NR/RC activities for bed mobility, transfer, dressing or grooming, and communication. However, the NR/RC activity log indicated that the resident participated in NR/RC activities of bed mobility for 5 days, transfers for 4 days, dressing or grooming for 4 days and communication for 5 days. The RAPs documented that the resident required total assistance for transfers. If a resident is totally dependent on staff for transfers despite all attempts to have the resident achieve or maintain self-performance in that activity, this is not considered a NR/RC transfer activity as per the RAI-MDS 2.0 coding rules.
      - There was inconsistency between the coding of the RAI-MDS 2.0 for PT and the PT activity log. The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 45 minutes. However the PT activity log indicated that the resident received PT for 2 days for a total of 30 minutes.
   b. Resident 002
      - There were discrepancies within the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident received 7 days of dressing or grooming however the RAI-MDS 2.0 was also coded that the resident was totally dependent on staff for dressing and required extensive assistance of two staff for personal hygiene. The plan of care for dressing said to cue resident to undress upper body and there was nothing in the plan of care for NR/RC activity of grooming. If a resident is totally dependent on staff for dressing despite all attempts to have the resident achieve or maintain self-performance in that activity, this is not considered a NR/RC dressing activity as per the RAI-MDS 2.0 coding rules.
      - The RAI-MDS 2.0 was coded for all quarters inspected that PT was provided 3 days for a total of 45 minutes during the 7-day observation period. However, the goals in the plans of care did not change and indicated that upper extremity range of motion would increase by 20 degrees but the PT assessments indicated that the range of motion of the upper extremities had decreased.
   c. Resident 003
      - There were discrepancies with the RAI-MDS 2.0 and the plan of care. The resident was coded as receiving NR/RC activity of walking, however the RAI-MDS 2.0 was also coded that the resident did not ambulate in room or corridor during the 7-day observation period. The plan of care indicated that the walking program was provided by PT and not NR/RC. This did not meet the RAI-MDS 2.0 definition for a NR/RC walking activity as it is used to improve or maintain the resident's self-performance in walking with or without assistive devices and the resident was not ambulatory during the observation period.

d. Resident 004
   - The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 45 minutes during the 7-day observation period. However, the plan of care said that the resident was to see the physiotherapy assistant 2-3 times a week and there was no activity log provided. It was unclear if the resident attended PT 2 or 3 times during the observation period as per plan of care.

e. Resident 005
   - There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded that the resident attended the NR/RC activity of bed mobility, transfers and dressing or grooming for 7 days of the observation period. However, the NR/RC flow sheet indicated that the resident attended 2 days for bed mobility, 0 days for transfers, and 6 days for dressing or grooming. The plan of care indicated that one staff was to completely dress the resident and there were no NR/RC interventions for grooming.

f. Resident 006
   - There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The resident was coded that the resident was on a NR/RC walking activity. However, the plan of care indicated that the resident was on a walking program with PT and not NR/RC.
   - There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The resident was coding as receiving 4 days of PT for a total of 60 minutes during the observation period. However, the plan of care indicated that the resident was to attend PT for 2 to 3 times a week. There was no PT activity log provided so it is unclear how often or long the resident attended PT during the observation period as per plan of care.

g. Resident 007
   - There were discrepancies between the coding of the RAI-MDS 2.0, documentation and the plan of care. The RAI-MDS 2.0 was coded that the resident received 7 days of NR/RC activities of transfer and eating or swallowing during the 7-day observation period. However, the NR/RC flow sheet indicated that the resident received 3 days of transfer activity and 6 days for eating or swallowing. The RAPs documentation indicated that the resident fed self but gets distracted. This did not meet the RAI-MDS 2.0 definition for eating or swallowing as it must improve or maintain the resident's self-performance in feeding one's self food and fluids, or the resident's ability to ingest nutrition and hydration by mouth and the documentation indicated that resident already fed self.
   - The RAI-MDS 2.0 Practice Requirements says that for quarterly and significant change in status assessments that do not take the place of the full annual assessment, the standard statement may be used for 'existing' triggered RAPs that have no clinical and/or care plan changes. However, the standard RAPs statement was used for the full annual assessment for this resident.

h. Resident 008
   - The RAI-MDS 2.0 Practice Requirements says that RAPs must be generated and reviewed and RAPs assessment summaries must be completed for triggered RAPs and non-triggered clinical conditions within 7 days maximum of the Assessment Reference Date (ARD). However, RAPs assessment summaries were not completed for this resident for 2 quarters inspected.
   - There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The resident was coding as receiving 4 days of PT for a total of 60 minutes during the observation period. However, the plan of care indicated that the resident was to attend PT for 2 to 3 times a week. There was no PT activity log provided so it is unclear how often or long the resident attended PT during the observation period as per plan of care.

i. Resident 009
   - There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded that the resident received the NR/RC activity of transfers for 7 days during the observation period. However, the NR/RC flow sheet indicated that the resident received 1 day of the activity.

j. Resident 010
   - There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The resident was coded as receiving the NR/RC activity of communication, however this was not in the

plan of care. This would not give clear directions to staff and others who provided direct care to the resident.

- There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded that the resident received 7 days of dressing or grooming and transfer NR/RC activities during the 7-day observation period. However, the NR/RC flow sheet indicated that the resident received 6 days for dressing or grooming and 0 days for transfers during the observation period.

Inspector ID #:	198, 199

Additional Required Actions:

Voluntary Plan of Correction (VPC) - Pursuant to the Long Term Care Homes Act (LTCHA), 2007, c.8, s.101, the licensee is hereby requested to prepare a written plan of corrective action to ensure compliance with the RAI-MDS 2.0 Long Term Care Homes Practice Requirements, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** Pat Aldowich
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). August 9, 2012