



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 28, 29, Sep 26, 27, Oct 1, 10, 2012	2012_024137_0049	Complaint

Licensee/Titulaire de permis

REGIONAL MUNICIPALITY OF WATERLOO
150 Frederick Street, KITCHENER, ON, N2A-4J3

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

SUNNYSIDE HOME
247 FRANKLIN STREET NORTH, KITCHENER, ON, N2A-1Y5

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

MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Director Seniors' Services, Coordinator, Quality Initiatives and Risk Management, Resident Care Coordinator, Registered Dietician, Food Services Manager, two Registered Nurses, one Registered Practical Nurse, one Personal Support Worker and Administrative Assistant.

During the course of the inspection, the inspector(s) reviewed resident's clinical records, hydration policy and protocol for reporting poor food and fluid intake.

[L-001160-12]

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care
Specifically failed to comply with the following subsections:

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

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;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. A review of an identified resident's progress notes revealed that there was no documented evidence that the resident's POA had been made aware of the deterioration in the resident's health status and was not given an opportunity to participate in the plan of care.

[LTCHA, 2007, S.o. 2007, c.8, s.6(5)]

2. A review of the Nutritional Intake Record for an identified resident revealed that the resident exhibited lethargy and had a consistent low fluid intake. There is no documented evidence that the resident was reassessed and the care plan reviewed/revised.

[LTCHA, S.O. 2007, c.8, s.6(10)(b)]

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 resident is reassessed, care plan is reviewed/revised and POA is notified when there is a change in a resident's health status, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. A review of the Nutritional Intake Records reveals that anything refused or unusual "must" be reported to the RN or RPN. There is no documented evidence that an identified resident's consistent low fluid and food intake was reported to the registered staff and that any interventions were implemented.

2. An identified resident exhibited lethargy and consistent low fluid and food intake.

A review of the policy - Registered Dietician Referral - # 5-46 - February 28, 2012 revealed that a referral is to be completed to the RD whenever there is a change in the resident's status. There is no documented evidence that a referral was completed and the Registered Dietician confirmed that one was not completed.

A review of the policy - Hydration Assessment and Management - # 5-50 - February 29, 2012 revealed that residents with consistent low fluid intake are monitored by the interdisciplinary team on a regular basis for signs/symptoms of dehydration. If the issue is not resolved, the physician is informed and a written referral is made to the RD as required. All members of the interdisciplinary care team monitor residents' hydration status as part of routine care.

A review of the progress notes revealed that there is no documented evidence that the physician was informed or that a referral was made to the RD. This was confirmed by the Coordinator, Quality Initiatives and Risk Management and the Registered Dietician.

The home's policies and protocols were not complied with.

[O. Reg. 79/10, s.8(1)(b)]

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 policies, procedures and protocols are followed related to reporting consistent poor food and fluid intake, to be implemented voluntarily.

Issued on this 10th day of October, 2012

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

Marian G. McDonald