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 apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 7, 2015	2015_235507_0014	T-1754-15	Resident Quality Inspection

Licensee/Titulaire de permis

DON MILLS FOUNDATION FOR SENIORS
1 Overland Drive TORONTO ON M3C 2C3

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

THOMPSON HOUSE
1 OVERLAND DRIVE NORTH YORK ON M3C 2C3

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

STELLA NG (507), ARIEL JONES (566), JUDITH HART (513)

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): July 7, 8, 9, 13, 14, 15, 16, 17, 20 and 21, 2015.

The following Follow Up intake was inspected concurrently with this Resident Quality Inspection: T-2511-15.
The following Critical Incident Intake was inspected concurrently with this Resident Quality Inspection: T-2901-15.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Registered Dietitian (RD), Dietary Manager (DM), Program Manager (PM), Business Office Manager (BOM), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Physiotherapist (PT), Maintenance Supervisor (MS), Housekeeping Aide (HKA), residents, substitute decision makers (SDMs) and family members of residents.

The inspectors conducted a tour of the resident home areas, observations of medication administration, staff and resident interactions, provision of care, dining and snack services, record review of resident and home records, meeting minutes for Residents' Council and Family Council, menus, staff training records, staffing schedules and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **5 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 9. (1)	CO #001	2015_189120_0033	507

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 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).

Findings/Faits saillants :

1. The licensee has failed to ensure that written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours are developed to meet the needs of residents with responsive behaviours.

a) Review of progress notes for a period of five months for an identified resident indicated that the resident had responsive behaviours on a few occasions. On one occasion, the resident was given an antipsychotic medication to settle.

Interviews with two identified PSWs revealed that the identified resident was noted having responsive behaviours when he/she needed to use the washroom, and the resident would settle after being assisted with toileting. Furthermore, staff indicated that if the resident remained unsettled after toileting, providing the resident with activities would settle the resident. Interview with an identified RN revealed that strategies to minimize the identified resident's responsive behaviours included assisting with toileting, assessing for pain, and providing activities. The identified RN confirmed that written strategies for the resident's above mentioned responsive behaviours have not been developed as required.

b) Review of progress notes for a period of six months for another identified resident revealed that altered skin integrity on the resident's limbs were documented on five identified dates.

On two identified dates, the inspector observed altered skin integrity on the identified resident's limbs.

Interviews with an identified PSW and identified RN revealed that the identified resident had responsive behaviour which caused altered skin integrity on his/her limbs.

A record review of the identified resident's written plan of care failed to reveal information specific to the resident's above mentioned behaviours and interventions.

Interview with identified RN confirmed that written strategies for the resident's responsive behaviours have not been developed as required. [s. 53. (1) 2.]

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 written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours are developed to meet the needs of residents with responsive behaviours, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:
1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act. O. Reg. 79/10, s. 221 (2).
2. If the licensee assesses the individual training needs of a staff member, the staff member is only required to receive training based on his or her assessed needs. O. Reg. 79/10, s. 221 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in behaviour management annually.

Record review and interview with the ADOC confirmed that not all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in behaviour management in 2014. [s. 221. (2)]

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 staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in behaviour management annually, to be implemented voluntarily.

WN #3: 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care is based on an assessment of the resident and the resident's needs.

Review of the assessment completed by the PT on an identified date, indicated that an identified resident required identified devices for bed mobility and transfer.

Interviews with the resident, identified PSWs, identified RN, and the PT confirmed that the identified resident used identified devices for bed mobility and transfer due to physical limitations.

Review of the resident's written plan of care failed to reveal information in relation to the use of the identified devices for bed mobility and transfer. Interviews with the identified RN and the PT confirmed that the use of the identified devices should be included in the resident's written plan of care to reflect his/her care needs in bed mobility and transfer. [s. 6. (2)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home and furnishings are maintained in a good state of repair.

Over the course of the inspection, the inspectors observed the following examples that the home and furnishings were not kept in a good state of repair:

Third Floor:
- toilet paper roll holder missing in the bathroom of an identified resident room,
- bathroom floors stained around the toilet in another identified resident room,
- wall damage along the length of the small corridor to the west toilet and shower rooms, with chipped paint on both the walls and door frames, and
- chipped/scuffed paint along the lower half of the walls of the west and north corridors in multiple areas.

Fourth Floor:
- dark staining of the floor in the north shower room, and
- chipped/scuffed paint along the lower half of the walls of the west and north corridors in multiple areas.

An interview with the MS revealed that the identified floors were stained and required replacement, and the painting in the corridors on the third and fourth floors needed to be done. The MS confirmed that the above mentioned areas were not maintained in a good state of repair. [s. 15. (2) (c)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

Review of progress notes for a period of seven months for an identified resident revealed that altered skin integrity on the resident's limbs were documented on five identified dates.

On two identified dates, the inspector observed altered skin integrity on the resident's limbs.

Record review and interview with an identified RN confirmed that the resident did not receive a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment for the above mentioned altered skin integrity. The identified RN further confirmed that the skin assessment should be completed by using the "weekly wound assessment record" on the Point Click Care (PCC) for any altered skin integrity. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented.

Review of the progress notes for an identified resident revealed that an altered skin integrity on the resident's limbs was documented on an identified date.

Interviews with an identified RN and an identified RPN revealed that the registered staff should complete the RD referral form for RD assessment for any altered skin integrity.

Record review and interviews with the identified RPN and the RD confirmed that no referral was made to the RD, and an assessment was not completed by the RD in relation to the above mentioned altered skin integrity. [s. 50. (2) (b) (iii)]

Issued on this 10th day of August, 2015

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

Original report signed by the inspector.