



**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  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 9, 2015	2014_259520_0038	L-001609-14	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

LUTHERAN HOMES KITCHENER-WATERLOO  
2727 KINGSWAY DRIVE KITCHENER ON N2C 1A7

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

TRINITY VILLAGE CARE CENTRE  
2727 KINGSWAY DRIVE KITCHENER ON N2C 1A7

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

SALLY ASHBY (520), JUNE OSBORN (105), RUTH HILDEBRAND (128)

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## **Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): December 8, 9, 10, 11, 12, 16, 17, 18, 19, 2014**

**During the course of the inspection, the inspector(s) spoke with the Chief Operating Officer (Acting Administrator), Director of Resident Care, Assistant Director of Resident Care, Environmental Services Manager, Nutrition Manager, Food Services Supervisor, Registered Dietitian, Program Director, RAI Co-ordinator, 3 Registered Nurses (RN), 10 Registered Practical Nurses (RPN), 1 Registered Practical Nurse (RPN) Student, 18 Personal Support Workers (PSW), 8 Food Service Workers, 3 Recreationists, Locksmith, 3 Family Members and 40 plus Residents.**

**The inspector(s) also toured the home: observed meal service, medication pass, medication storage areas and care provided to residents; reviewed health records and plans of care for identified residents; reviewed policies and procedures of the home; observed general maintenance, cleaning and condition of the home.**

**The following Inspection Protocols were used during this inspection:**



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**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Family Council  
Food Quality  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Recreation and Social Activities  
Reporting and Complaints  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Sufficient Staffing**

**During the course of this inspection, Non-Compliances were issued.**

**12 WN(s)**

**11 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**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 O.Reg 79/10, s. 15. Bed rails**



Specifically failed to comply with the following:

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
  - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
  - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that where bed rails are used, the resident has been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices to minimize risk to the resident, as evidenced by:

During Room observations 19/40 (47.5%) of beds were noted to have potential entrapment concerns:

Interview with the Environmental Manager on a date in December 2014 verified that the home had not had a full bed assessment done for potential entrapment zones for all beds in the home. During observations with the Environmental Manager it was confirmed that some beds had potential entrapment zones. [s. 15. (1)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: 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).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there was a written plan of care for each resident that set out clear directions to staff and others who provide direct care to the resident, as evidenced by:

A. On a date in December 2014, a Resident was observed during a specific activity unattended.

A clinical record review revealed that the plan of care indicated that the Resident required a specific device and two person extensive assistance for this activity. The plan of care also indicated that due to health concerns the Resident was at risk for falls and injury.

Two Personal Support Workers and a Registered Practical Nurse indicated that the Resident was safe to be unattended.

A third Personal Support Worker indicated that all Residents who use a specific device needed to have one person remain with them. The Personal Support Worker indicated this Resident needed to have a staff member present during this activity.

A Personal Support Worker and a Registered Practical Nurse indicated that the Resident was not able to ring the call bell for assistance.

All staff interviewed indicated that the plan of care directed staff as to whether the Resident could be left unattended.

However, a clinical record review in Point Click Care, revealed that the plan of care did not set out clear direction to staff related to this activity.

The Assistant Director of Care acknowledged that the plan of care for this Resident did not provide clear direction to staff. The Assistant Director of Care indicated that the home was in the midst of updating the plans of care for Residents to provide more detail and



individualized interventions for each Resident.

B. A Resident was observed on a date in December 2014 eating in his/her room unsupervised for a period of 5 minutes during a meal. Two Registered Nursing staff provided different answers as to what the expectations were in relation to supervision/monitoring for this Resident.

The Nutrition Manager indicated the expectation was that staff would stay with this Resident who was receiving a tray.

A clinical record review revealed that this Resident was assessed on a date in November 2014. The Resident's plan of care indicated that assistance for eating was required.

The Assistant Director of Care acknowledged that Residents who eat in their rooms should be assessed individually so that staff have clear direction in terms of the amount of supervision required. She confirmed that the Resident's plan of care did not provide clear direction to staff related to this Resident eating unsupervised in his/her room. [s. 6. (1) (c)]

2. An interview with a Resident revealed that his/her teeth were brushed by staff only once a day.

Record review revealed staff document twice daily oral care.

A second interview with this Resident again reported staff only brush his/her teeth in the mornings.

Assistant Director Of Resident Care verified there was no indication on the plan of care for oral/tooth care twice a day, and she confirmed the expectation was for the Personal Support Workers to complete mouth care twice a day at a minimum. [s. 6. (1) (c)]

***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 there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.***

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**WN #3: 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:**

**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 O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to institute a policy related to measuring and recording the height of each resident upon admission and annually thereafter. The protocol/procedure to record heights annually has not been complied with, as evidenced by:

A review of the policy entitled Resident Weights and Heights, revised July 2014, indicated that the House Manager would measure and record the height of Residents upon admission.

The Director of Care acknowledged that the policy does not indicate that heights are to be taken annually.

Clinical record reviews and a Height Report from Point Click Care revealed that 90/150 (60%) of Residents did not have a height taken in the last year.

The RAI Coordinator and the Director of Care indicated that the home had a process in place to take heights at the time of the annual care conference and an audit of this was completed. The Director of Care acknowledged, however, that the process was not being complied with or the home would not have only had 40% of the heights taken since December 2013. [s. 8.]

2. The licensee has failed to ensure the home's policy related to tray service was complied with, as evidenced by:

On a date in December 2014 at the end of a meal in a House Area, two trays were observed being transported down the hall to Resident rooms with three beverages and a





dessert uncovered on each tray.

A Personal Support Worker confirmed that all food and beverages were not covered and revealed that they don't cover all items during transporting of trays.

A review of the policy entitled Tray Service #E-25 revised May 2014 indicated:  
"The Personal Support Worker will deliver the tray to the Resident covered while being transported through common areas."

The Nutrition Manager acknowledged that the home does not always follow their policy related to tray service and indicated that it was usually just the entrée that was covered while transporting meal trays.

On a date in December 2014 an Inspector observed a Food Service Worker transporting an uncovered tray of tarts on the elevator.

The Food Service Worker acknowledged the expectation was to have the tray of tarts covered during transport. [s. 8. (1) (b)]

3. The licensee has failed to ensure the home's policy related to bathing was complied with, as evidenced by:

Review of the Bath Policy (received from the home after the RQI was completed)  
Revised Date June 2014 noted the following:

#### Baths

Under Procedure:

#9. All bath and care given are to be documented in POC before leaving the unit.

#### Bed Baths

Documentation:

PSW to record bed bath on POC

#### Shower or Tub Baths

Documentaton:

PSW to record shower and hair wash on POC

Review of the Bath Audit for a one month period revealed that 27 of 62 (44%) of



Residents had the following documentation missing regarding baths:

- 11 Residents had one bath missed during this time frame
- 1 Resident had two baths missed during this time frame
- 3 Residents had three baths missed during this time frame
- 9 Residents had four baths missed during this time frame
- 3 Residents had five baths missed during this time frame

Included in the above numbers were 2 Residents who had zero baths documented in a two week period.

An interview with the Assistant Director of Resident Care on a date in December 2014 verified that there was no documentation/refusals noted for the above noted Residents and that the baths had likely been missed.

Interview with the Assistant Director of Resident Care on a date in December 2014 confirmed the missing documentation. The Assistant Director of Resident Care verified the expectation of the home was to ensure that documentation of all baths be completed daily as per policy. [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 that the height policy is revised to include measuring heights annually and that the policy is complied with. In addition, please ensure that the tray service policy is complied with in relation to transporting food in hallways. Additionally, ensure that the bathing policy is complied with., to be implemented voluntarily.***

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**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, furnishings and equipment were kept clean and sanitary, as evidenced by:

Observation noted 10/37 (27%) of Resident rooms exhibited a black residue on the vinyl floors.

The Environmental Manager verified these findings and confirmed there was an expectation to complete a deep cleaning process when necessary. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home was maintained in a good state of repair, as evidenced by:

Observations revealed 5/5 (100%) of the Houses had worn carpets at the entrances to the dining rooms, 18/37 (48%) of the Resident rooms had brown spots that appeared rusty in the flooring, and 1/37 rooms had a hole in the vinyl about the size of a quarter. Observations noted 20/37 (54%) Resident rooms had a variety of chipped paint from walls/washroom, Resident grab bars and also scrapes and gouges in walls, 5/5 (100%) Houses in common areas and along halls had areas of chipped paint, scrapes and scratches in the walls.

These issues were verified by the Environmental Manager. One of the rooms identified as requiring paint to cover patched walls was painted during this inspection.

The Environmental Manager confirmed that there was no regular planned painting schedule other than the rooms were painted when a Resident was discharged. [s. 15. (2) (c)]



***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, (a) the home, furnishings and equipment are kept clean and sanitary; and (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care**

**Specifically failed to comply with the following:**

**s. 35. (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails. O. Reg. 79/10, s. 35 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that each resident of the home received fingernail care, including the cutting of fingernails, as evidenced by:

Observation of a Resident on a date in December 2014 revealed a brown substance under the fingernails on both hands. Observation of the same Resident on a subsequent date in December 2014 revealed a brown substance under the fingernails on both hands.

The Registered Practical Nurse verified the soiled fingernails and took the Resident immediately to his/her room to clean the fingernails.

The Director of Care confirmed that nail care was the responsibility of all staff at any time of the day. [s. 35. (2)]



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***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 each resident of the home receives fingernail care, including the cutting of fingernails, to be implemented voluntarily.***

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**WN #6: 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 respond to the Residents' Council in writing within 10 days of being advised of concerns or recommendations, as evidenced by:

A review of minutes of the Residents' Council meetings revealed that Residents had expressed concerns regarding food and meal service.

At the fall meeting three Residents expressed a concern about waiting while Personal Support Workers talk as well as the length of time it takes for food service in their dining rooms. The Nutrition Manager who was present at the meeting advised Residents that food service was performed by the Personal Support Workers and indicated that the Director of Resident Care or the Assistant Director of Resident Care would need to discuss these issues. The Residents agreed to invite the Director of Resident Care or the Assistant Director of Care to the next meeting to discuss the concern. The Director of Care attended the subsequent meeting but meal service was not discussed.

At a winter meeting the following issues were raised:

- broth soups including beef barley and chicken noodle repeatedly had a cloudy white appearance and the vegetable soup had minced vegetables;
- the chicken nuggets on one date were tough;
- one Resident inquired if the home peeled carrots themselves since black spots were noticed on the carrots;
- the issue of having meals served quicker in the dining rooms was raised again.

At the next winter meeting Residents expressed concerns related to:

- glaze on the ham takes away from the flavour and the rind isn't being taken off the ham;
- 3/4 of the riblets in a House Area had not been eaten. The Nutrition Manager stated they could try a different kind of riblet as an experiment.

The Nutrition Manager indicated that she verbally responded to the concerns of Residents but acknowledged that there wasn't always documentation to support this.

The Nutrition Manager and the Program Director confirmed the home does not respond to the Residents' Council in writing within 10 days of receiving concerns or recommendations. [s. 57. (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 a response is provided to the Residents' Council in writing within 10 days of being advised of concerns or recommendations, to be implemented voluntarily.***

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**WN #7: 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 ensure that the licensee has responded in writing within 10 days of receiving Family Council information related to concerns or recommendations, as evidenced by:

A review of the Family Council Minutes from a Spring meeting noted concerns. The Acting Administrator could not locate a response to these concerns and verified the response was not given in writing within 10 business days

A review of Family Council Minutes from another Spring meeting noted identified concerns (meds in resident rooms, oral care lacking, baths missed, fundraising, recreation staffing, Admission Process). A letter was sent to the Acting Administrator related to these identified concerns. The Acting Administrator sent a response letter addressing these concerns two months later.

The Acting Administrator verified the response was not given in writing within 10 business days [s. 60. (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 a response is provided to the Family Council in writing within 10 days of receiving Family Council advice related to concerns or recommendations, to be implemented voluntarily.***

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**WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 65.**

**No interference by licensee**

**A licensee of a long-term care home,**

**(a) shall not interfere with the meetings or operation of the Residents' Council or the Family Council;**

**(b) shall not prevent a member of the Residents' Council or Family Council from entering the long-term care home to attend a meeting of the Council or to perform any functions as a member of the Council and shall not otherwise hinder, obstruct or interfere with such a member carrying out those functions;**

**(c) shall not prevent a Residents' Council assistant or a Family Council assistant from entering the long-term care home to carry out his or her duties or otherwise hinder, obstruct or interfere with such an assistant carrying out those duties; and**

**(d) shall ensure that no staff member, including the Administrator or other person involved in the management or operation of the home, does anything that the licensee is forbidden to do under clauses (a) to (c). 2007, c. 8, s. 65.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the meetings or operation of the Family Council are not interfered with, as evidenced by:

Review of a Fall Family Council Meeting Minutes indicated they were concerned about interference with the Family Council, as noted below:

"...In response to the Acting Administrator's requested changes to a prior meeting minutes, the Family Council was in agreement with the minor changes that would more





accurately reflect the information provided. In response to changing certain other sections from the previous minutes the Family Council decided to reserve its right as a self led, self determined group to keep parts of the minutes as previously written." Also noted after this statement was a reference to "LTCH Act 2007, c.8, s. 60 (1) ii 8 related to bringing any concerns or recommendations to the Director's attention and s. 3 (1) 17 related to the ability to raise concerns without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else..."

Interview with the Social worker on a date in December 2014 noted he/she had communicated to the Family Council to look at the LTCHA 2007 if in doubt about anything or their rights as a council. When specifically asked by the Inspector about the changes requested by the Acting Administrator she reported the following:

\*The first and second requested changes were minor and agreed to by the Family Council

\*The third request was to make changes to the meeting minutes to reflect that the complaint/concern process should be followed each time. The Social Worker indicated the Family Council was not happy with this request to change the wording of the minutes and referred to the LTCHA 2007 for exact wording and refused to change the wording in the minutes.

Interview with the Secretary to the Family Council on a date in December 2014 who stated the following:

\*The minutes are not sent to the Acting Administrator for review, changes or approval. The Acting Administrator receives the final version of the minutes after the Family Council members receive theirs.

\*The Secretary recalled the Acting Administrator came to the Fall Meeting to address concerns raised during a prior meeting. The Acting Administrator repeatedly referred to the "process for complaints" and the "three rule" which included contacting #1 house manager, #2 then fill out concern form #3 if not satisfied go to the ethics committee.

\*After the Fall meeting the Secretary received an email from the Acting Administrator requesting changes to the minutes. He/she felt this was strange as he/she had been doing the minutes for 2-3yrs. and changes had never been requested from the Administration before. The Secretary spoke to the Social Worker regarding these requested changes. The Social Worker guided him/her to the LTCH Act and Regs. When the requested changes were discussed with the Family Council they agreed to the minor changes requested but they disagreed about the other change requested.

The Family Council agreed as a group that the Fall meeting minutes reflected accurately



what was discussed during the prior meeting and would not allow the changes to be made. The Secretary confirmed the Council felt that the licensee had attempted to interfere with the operation of the Family Council.

Interview with the Acting Administrator on a date in December 2014 confirmed changes had been requested but could not recall the exact changes and could not provide documentation to support what the requested changes had been. [s. 65.]

***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 meetings or operation of the Family Council are not interfered with, to be implemented voluntarily.***

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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

**Specifically failed to comply with the following:**

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:  
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure proper techniques were used to assist residents with eating, including safe positioning of residents who required assistance, as evidenced by:

On a date in December 2014 a Resident was observed being assisted with eating in a specific House Area dining room. The Resident did not appear to be in a safe eating position.

The Personal Support Worker assisting the Resident acknowledged that the Resident was not in a safe eating position.

A Registered Practical Nurse indicated that the Personal Support Workers were trained to place Residents at a 90 degree angle to ensure they were being fed safely.

The Director of Care acknowledged that if the Resident was not at a 90 degree angle it placed him/her at a high potential risk of choking.

The Director of Care further indicated that the home was doing a training module entitled Resident Eating Assistance Program during the month of December. The module included a segment on Ideal Positioning. [s. 73. (1) 10.]

***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 proper techniques are used to assist residents with eating, including safe positioning of residents who require assistance, to be implemented voluntarily.***

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**WN #10: 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. The licensee of a long-term care home has failed to ensure that there are written procedures in place that incorporate the requirements set out in section 101 for dealing with complaints, as evidenced by:

A review of the following policy:

Manual: Administration, Page: A-43, Section: A, Date of Origin : (blank), Reviewed Dates : 04/09, 2/10, 1/11, 09/12, Date Revised: 05/09, 2/10, 1/11, 09/12, 03/13 revealed: that this policy was not current with the required legislation and that although the word "complaint" appears twice in the policy the Acting Administrator confirmed this to be a concern policy only.

The Policy had an accompanying document titled "Trinity Village CONCERN Process" which was posted. It only referred to "concerns", except for a statement that read, "At any time you may submit your complaint directly to the Ministry of Health and Long term Care at 1-866-434-0144"

A second document, titled "Trinity Village Care Centre N-1-24B Page One Resident/Family/Staff Concerns" which was on a bright pink paper, stated "Emails will not be considered complaints/concerns" and that a "Concern" was (a matter of interest or importance causing worry).

The Acting Administrator denied that this pink form was intended to address complaints.

The Acting Administrator also confirmed that the home did not have a complaints process in place. [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 there are written procedures in place that incorporate the requirements set out in section 101 for dealing with complaints, to be implemented voluntarily.***

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**WN #11: 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 has failed to ensure that all controlled substances are stored in a separate, double locked stationary cupboard in the locked area, when they are stored for destruction purposes, as evidenced by:

Observation of the storage area revealed a locked cupboard door with a one way slot. The Assistant Director of Resident Care unlocked this cupboard on request and revealed the absence of a second locked area.

The Assistant Director of Resident Care verified there was no second locked area and confirmed the home was not aware of the need for a double locked stationary cupboard in the locked area. [s. 129. (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 that all controlled substances are stored in a separate, double locked stationary cupboard in the locked area, when they are stored for destruction purposes, to be implemented voluntarily.***



**WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

**Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:**

- 1. All areas where drugs are stored shall be kept locked at all times, when not in use.**
- 2. Access to these areas shall be restricted to,**
  - i. persons who may dispense, prescribe or administer drugs in the home, and**
  - ii. the Administrator.**
- 3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that steps are taken to ensure the security of the drug supply, including the following: 2. Access to these areas shall be restricted to, i. persons who may dispense, prescribe or administer drugs in the home, and ii. the Administrator, as evidenced by:

On a date in December 2014 on a specific House Area noted an unlocked medication room door.

The Registered Practical Nurse stated the door was always locked and was surprised that it was unlocked. The Registered Practical Nurse and Inspector tried to reopen the door but could not.

The following day an Inspector observed a locksmith alone in the same House Area medication room. He confirmed that a member of the Registered Nursing Staff was not in the room with him.

A Registered Practical Nurse indicated to this Inspector the expectation was that only registered nursing staff were allowed in the medication room. However, he/she was unsure if the locksmith was allowed in the medication room while fixing the broken lock without a Registered Staff member present.

The following day the Director of Resident Care revealed to the Inspector that he was unaware that the locksmith could not be in the medication room unattended. [s. 130. 2. i.]

***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 steps are taken to ensure the security of the drug supply, including the following: 2. Access to these areas shall be restricted to, i. persons who may dispense, prescribe or administer drugs in the home, and ii. the Administrator, to be implemented voluntarily.***



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Issued on this 10th day of February, 2015**

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

**Original report signed by the inspector.**





Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**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**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** SALLY ASHBY (520), JUNE OSBORN (105), RUTH  
HILDEBRAND (128)

**Inspection No. /**

**No de l'inspection :** 2014\_259520\_0038

**Log No. /**

**Registre no:** L-001609-14

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Feb 9, 2015

**Licensee /**

**Titulaire de permis :** LUTHERAN HOMES KITCHENER-WATERLOO  
2727 KINGSWAY DRIVE, KITCHENER, ON, N2C-1A7

**LTC Home /**

**Foyer de SLD :** TRINITY VILLAGE CARE CENTRE  
2727 KINGSWAY DRIVE, KITCHENER, ON, N2C-1A7

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** JEANNE JACKSON

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To LUTHERAN HOMES KITCHENER-WATERLOO, you are hereby required to  
comply with the following order(s) by the date(s) set out below:



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,  
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;  
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and  
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

**Order / Ordre :**

The licensee must assess all residents where bed rails are used and evaluate their bed systems to minimize risk to all residents. Please also ensure steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

**Grounds / Motifs :**



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

1. The licensee has failed to ensure that where bed rails are used, the resident has been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices to minimize risk to the resident, as evidenced by:

During Room observations 19/40 (47.5%) of beds were noted to have potential entrapment concerns:

Interview with the Environmental Manager on a date in December 2014 verified that the home had not had a full bed assessment done for potential entrapment zones for all beds in the home. During observations with the Environmental Manager it was confirmed that some beds had potential entrapment zones. [s. 15. (1)] (520)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : May 15, 2015**



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

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de soins de longue durée, L.O. 2007, chap. 8*

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 9th day of February, 2015**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :** Sally Ashby

**Service Area Office /  
Bureau régional de services :** London Service Area Office