

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015**Public Copy/Copie du rapport public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 23, 2021	2021_729615_0027	011786-21, 012356- 21, 012357-21, 012359-21	Complaint

Licensee/Titulaire de permisLutheran Homes Kitchener-Waterloo
2727 Kingsway Drive Kitchener ON N2C 1A7**Long-Term Care Home/Foyer de soins de longue durée**Trinity Village Care Centre
2727 Kingsway Drive Kitchener ON N2C 1A7**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

HELENE DESABRAIS (615)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): September 8, 9, 10, 14 and 15, 2021.

The following intakes were inspected during this inspection:

**Log #011786-21, complaint related to prevention of abuse, neglect and retaliation;
Log #012359-21, follow-up of Compliance Order (CO) #001 from previous
inspection #2021_796754_0018, related to prevention of abuse, neglect and
retaliation;**

**Log #012356-21, follow-up of CO #002 from previous inspection
#2021_796754_0018, related to medication, and;**

**Log #012357-21, follow-up of CO #003 from a previous inspection, related to
medication.**

**Critical Incident Inspection #2021_729615_0028 was completed in conjunction with
this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Chief
Operating Officer, the Acting Director of Care (ADOC), the Infection Prevention and
Control Manager (IPAC Manager), the Environmental Services Manager, one
Registered Practical Nurse (RPN), one Personal Support Worker (PSW) and two
housekeepers.**

**The inspector also toured the home, observed Infection Prevention and Control
practices, Cooling and Air Temperatures Systems, residents and the care provided
to them, reviewed residents' clinical records, the home's complaint responses, the
home's Visitors Policy and other relevant documents.**

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control

Medication

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Safe and Secure Home

Skin and Wound Care

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

**3 WN(s)
3 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 # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #002	2021_796754_0018		615
O.Reg 79/10 s. 134.	CO #003	2021_796754_0018		615
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2021_796754_0018		615

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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).**
 - 2. Every resident has the right to be protected from abuse. 2007, c. 8, s. 3 (1).**
 - 3. Every resident has the right not to be neglected by the licensee or staff. 2007,**

c. 8, s. 3 (1).

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

5. Every resident has the right to live in a safe and clean environment. 2007, c. 8, s. 3 (1).

6. Every resident has the right to exercise the rights of a citizen. 2007, c. 8, s. 3 (1).

7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care. 2007, c. 8, s. 3 (1).

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).

9. Every resident has the right to have his or her participation in decision-making respected. 2007, c. 8, s. 3 (1).

10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents. 2007, c. 8, s. 3 (1).

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible. 2007, c. 8, s. 3 (1).

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act. 2007, c. 8, s. 3 (1).

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).

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day. 2007, c. 8, s. 3 (1).
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately. 2007, c. 8, s. 3 (1).
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
- i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home. 2007, c. 8, s. 3 (1).
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home. 2007, c. 8, s. 3 (1).
19. Every resident has the right to have his or her lifestyle and choices respected. 2007, c. 8, s. 3 (1).
20. Every resident has the right to participate in the Residents' Council. 2007, c. 8, s. 3 (1).
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy. 2007, c. 8, s. 3 (1).
22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available. 2007, c. 8, s. 3 (1).
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential. 2007, c. 8, s. 3 (1).
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints. 2007, c. 8, s. 3 (1).
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so. 2007, c. 8, s. 3 (1).

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible. 2007, c. 8, s. 3 (1).

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents were able to receive their essential caregivers without interference.

The Ministry of Long-Term Care (MLTC)'s "COVID-19 Visiting Policy", effective date of December 26, 2020, stated in section 9.1, regarding caregivers that "homes may not require scheduling, or restrict the length or frequency, of visits by caregivers." A complaint was submitted to the Ministry of Long-term Care (MLTC) from the family of a resident related to the home restricting visits, length and frequency of essential caregivers visits for the resident. The home's Visitors Policy requested essential caregiver visitors to schedule their visits for a period of up to one hour.

The home's interference and restriction of essential caregiver visits posed a risk of emotional harm to the resident.

Sources: Complaint report, interview with the complainant, the home's Visitor Policy (dated May 27, 2021 and July 16, 2021) and interview with the Chief Operating Officer and the ADOC. [s. 3. (1)]

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 residents are able to receive their essential caregivers without interference, to be implemented voluntarily.

**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. (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).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident's substitute decision maker was given an opportunity to participate fully in the development and implementation of the resident's plan of care.

A complaint was submitted to the Ministry of Long Term Care (MTLC) related to a resident's Substitute Decision Maker (SDM)'s concerns and confusion about the treatment and progression of the resident's skin alteration.

For a period of seven months the resident's treatment plan was changed or modified 11 times. There was no documentation to support that the primary SDM for the resident was made aware of these changes and given an opportunity to fully participate in the development and implementation of the plan of care for the resident.

An RPN stated that communication with the SDMs to inform them of changes to residents' plans of care was completed by the registered nurse. If the conversations were not documented in the resident's progress notes it meant the SDM had not been contacted.

Not ensuring the resident's primary SDM was given the opportunity to fully participate in the development and implementation of their treatment plan caused the SDM to feel confused and concerned.

Sources: Complaint report, complainant interview, resident's clinical records, the home's policy and procedures and interviews with the ADOC and RPN. [s. 6. (5)]

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 residents' substitute decision maker are given an opportunity to participate fully in the development and implementation of the plan of care, to be implemented voluntarily.

WN #3: 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's skin alteration was reassessed at least weekly by a member of the registered nursing staff.

On a specific date, a PSW reported to a registered staff that a resident had a skin alteration. For eight weeks there was no monitoring or weekly assessment of the resident's skin alteration completed by a registered nursing staff. As a result, the resident's skin alteration worsened. The ADOC stated that the resident's skin alteration should have been reassessed weekly by a registered nursing staff.

Sources: Complaint Report, resident's clinical records and interviews with an RPN and ADOC. [s. 50. (2) (b) (iv)]

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 residents are reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

Issued on this 4th day of October, 2021

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

Original report signed by the inspector.