



**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

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/GeNR/RCe d'inspection
March 7 to March 13, 2012 (onsite)	2012_2580_198_00002	Other-Data Quality Inspection (Restorative Care and Therapies)
Licensee/Titulaire Lutheran Homes Kitchener-Waterloo 2727 Kingsway Drive Kitchener, ON N2C 1A7 Fax: 519-893-3432		
Long-Term Care Home/Foyer de soins de longue durée Trinity Village Care Centre 2727 Kingsway Drive Kitchener, ON N2C 1A7 Fax: 519-893-3432		
Name of Inspector(s)/Nom de l'inspecteur(s) Patricia Ordowich (198) (Lead) Sandy Schmidt (200)		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Data Quality inspection related to restorative care and therapies.</p> <p>During the course of the inspection, the inspectors spoke with: Administrator, Director of Care, Activation Coordinator, RAI Co-ordinators (3), physiotherapist, physiotherapy assistant, registered nurse, restorative care aide.</p> <p>During the course of the inspection, the inspectors reviewed: resident health records from July 1, 2010 to March 31, 2011 and the most recent quarter of the completed RAI-MDS 2.0 (October, November, December 2011); home policies and procedures.</p> <p>The following Inspection Protocol was used in part or in whole during this inspection: Restorative Care and Therapy</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection.</p>		

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

AROM = active range of motion
 CIHI = Canadian Institute for Health Information
 HS = before bed
 HSP = Health Service Provider
 LHSIA = *Local Health Systems Integration Act*
 L-SAA = LHIN-Service Accountability Agreement
 LTCHA = *Long-Term Care Homes Act, 2007*
 NR/RC = Nursing Rehabilitation/Restorative Care
 PRN = as necessary
 PROM = passive range of motion
 PT = Physiotherapy
 RAI-MDS 2.0 = Resident Assessment Instrument-Minimum Data Set 2.0
 RAPs = Resident Assessment Protocol
 VPC = Voluntary Plan of Correction/Plan de redressement volontaire
 WN = Written Notifications/Avis écrit

 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 = October 1, 2011 to December 31, 2011

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 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-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, Lutheran Homes Kitchener-Waterloo, under the *Local Health System Integration Act, 2006*. Compliance with the L-SAA is, therefore, a condition of the license issued to Lutheran Homes Kitchener-Waterloo for the Trinity Village 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, Lutheran Homes Kitchener-Waterloo, 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 Lutheran Homes Kitchener-Waterloo for the Trinity Village 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, Lutheran Homes Kitchener-Waterloo 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

measurable objectives and interventions must be documented in the care plan and in the clinical record.

a. For resident 001:

- There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident received active range of motion (AROM) and passive range of motion (PROM) as nursing rehabilitation/restorative care (NR/RC) activities. However, the plan of care indicated that the resident received AROM and PROM from physiotherapy (PT) and not NR/RC as coded on the RAI-MDS 2.0.
- There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident received 3 days of PT for a total of 45 minutes however the PT attendance record indicated that the resident attended 2 days for a total of 30 minutes during the 7-day observation period.

b. For resident 002:

- There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident received 3 days of PT for a total of 45 minutes however the PT attendance record indicated that the resident attended 1 day for a total of 15 minutes during the 7-day observation period.

c. For resident 003:

- There were discrepancies within the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded for NR/RC communication activity. However, there was no plan of care for communication for NR/RC.
- There were discrepancies between 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 NR/RC for AROM. However, the nursing flow sheet documented that the activity was provided for 6 days during the 7-day observation period.

d. For resident 004:

- 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 was on a NR/RC AROM activity however the plan of care documented that the resident was on dressing or grooming NR/RC activity and did not mention AROM.
- 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 3 days of PT for a total of 45 minutes. The RAI-MDS 2.0 was also coded that the resident had no limitation in functional range of motion for all limbs. The plan of care for PT documented that the goal was to improve the tinetti score to 18/28 however the score was already 20/28. The goal was also to improve left extremity strength to 5/5 however the strength was already documented to be 5/5.

e. For resident 005:

- 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 was on a dressing or grooming NR/RC activity however the RAI-MDS 2.0 was also coded that the resident was independent in both dressing and personal hygiene. The plan of care also documented that the resident was independent in both dressing and personal hygiene. Therefore, this did not meet the RAI-MDS 2.0 definition for a NR/RC dressing or grooming activity as the resident was already doing these activities independently.
- There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident received 3 days of PT for a total of 45 minutes however the PT attendance record indicated that the resident attended 2 days for a total of 30 minutes during the 7-day observation period.

f. For resident 006:

- There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-

MDS 2.0 was coded that the resident received dressing or grooming NR/RC activities. However, the plan of care said that the resident required total assistance with dressing and grooming. This does not meet the definition for NR/RC activity of dressing or grooming. The purpose of NR/RC dressing or grooming is that the resident will achieve or maintain self performance in dressing and undressing, bathing and washing, and performing other personal hygiene tasks.

g. For resident 008:

- There was a discrepancy between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded for the NR/RC walking activity however the nursing flow sheet documentation indicated that the resident was independent in walking. There was no other documentation to indicate the reason for the walking program as the resident was already ambulatory. Therefore this did not meet the RAI-MDS 2.0 definition for a NR/RC walking activity as the resident was already walking independently.
- 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 3 days of PT for a total of 75 minutes. However, the PT activity log documented that the resident attended PT for 2 days for a total of 60 minutes.

i) For 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 2 days of psychotherapy for a total of 60 minutes during the 7-day observation period but there was no documentation to indicate that this was provided during that time.

j) For resident 010:

- There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded for 3 days for a total of 45 minutes of receiving PT. However, the PT daily attendance record indicated that the resident received 2 days for a total of 30 minutes.

Inspector ID #: 198, 200

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.	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	

