



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 17, 2018	2018_509617_0001	029136-17	Resident Quality Inspection

Licensee/Titulaire de permis

ST. DEMETRIUS (UKRAINIAN CATHOLIC) DEVELOPMENT CORPORATION
60 RICHVIEW ROAD ETOBICOKE ON M9A 5E4

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

UKRAINIAN CANADIAN CARE CENTRE
60 RICHVIEW ROAD ETOBICOKE ON M9A 5E4

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

SHEILA CLARK (617), AMY GEAUVREAU (642)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 8-12, 2018.

A Log regarding follow up to Compliance Orders #001 related to O. Reg79/10, s. 36., and #002 related to LTCHA, 2007 S.O. 2007, c.8, s. 6. (7), from Inspection #2016_334565_0012, were also inspected during this Resident Quality Inspection.

During the course of the inspection, the inspector(s) conducted a tour of resident home areas, observed the delivery of care to residents, observed resident to resident and staff to resident interactions, reviewed resident health care records, and reviewed various home policies, procedures, and programs.

During the course of the inspection, the inspector(s) spoke with the Administrator (AD), Director of Care (DOC), Documentation Nurse, Registered Dietitian (RD), Physiotherapist (PT), Physiotherapist Aide (PTA), Registered Nurse (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Activity Aides (AAs), residents and family members.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Residents' Council
Skin and Wound Care**

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

**2 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 # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 36.	CO #001	2016_334565_0012		617
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #002	2016_334565_0012		617

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>Legendé</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. 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 :



The licensee has failed to ensure that the care set out in the plan of care was based on an assessment of resident #003 and the needs and preferences of that resident regarding their nutritional needs.

Inspector #642 conducted a record review of resident #003's health care record and found that over a three month period since their admission, the resident had lost a specific amount of weight.

Inspector #617 reviewed resident #003's health care records including their Resident Assessment Instrument Minimal Data Set (RAI MDS), their care plan, and the Registered Dietitian's (RD) assessment all current to the time of inspection, which indicated that the resident was determined to be at a designated nutritional risk, and required no assistance from staff to eat.

On a specific date in January 2018, during a meal in the dining room, Inspector #617 observed resident #003, where they were offered fluids and their meal. During the course of the meal the resident was observed to have consumed half a glass of fluid on their own; however, they were not able to feed themselves for the rest of their meal. The Inspector then observed RPN #104 provide feeding assistance to the resident.

On the same date in January 2018, during another meal in the dining room, Inspector #617 observed resident #003's family member feed the resident their entire meal and fluids.

In interviews with RPN #107, PSW #105, PSW #108, and resident #003's family member, they reported to the Inspector respectively, that for some time now, the resident required feeding assistance due to a decline in their health.

In an interview with PSW #108, they reviewed resident #003's care plan with the Inspector and confirmed that an intervention reflecting the resident's need for feeding assistance was not in their care plan and should have been updated. [s. 6. (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 the care set out in the plan of care is based on an assessment of resident #003 and the needs and preferences of that resident regarding their nutritional needs, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

- 1. A change of 5 per cent of body weight, or more, over one month.**
- 2. A change of 7.5 per cent of body weight, or more, over three months.**
- 3. A change of 10 per cent of body weight, or more, over 6 months.**
- 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**

Findings/Faits saillants :

The licensee had failed to ensure that resident #003 with a weight change of 7.5 per cent of body weight, or more, over three months was assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated.

Inspector #642 conducted a record review of resident #003's health care record and found that over a three month period since their admission in October 2017 to January 2018, the resident had a 7.5 per cent body weight change identified by their documented monthly measured weight history.

In interviews with the Registered Dietitian (RD), RPN #107, PSW #108 and PSW #105, they all confirmed to Inspector #617 respectively, that the home's procedure for measuring all residents' weights required the PSWs to weigh and document the weight monthly on the unit's weight list which was then submitted to the RD for transcription into the resident's electronic documentation record (PCC).



Inspector #617 reviewed resident #003's weight history in PCC and determined that the RD had signed for the documentation of the resident's weight on a specific date in January 2018, in which the PCC system flagged the weight as a 7.5 per cent change in comparison to the weight entered on a specific date in October 2017.

In an interview with the RD, they confirmed to the Inspector that they had entered resident #003's weight into PCC and were aware of the 7.5 per cent weight change.

In a review of the home's policy entitled, "Nutrition Care-Weight Change Management-#FS-NUT-08", last revised on January 2017, indicated that the RD was to conduct an assessment of each resident, as referred due to significant weight change, and were to investigate possible factors that could have contributed to this weight change. To address the weight change and improve the resident's nutrition status, as required, the RD was to consider the following: possible changes in the diet order; discussion with the physician about possible change in medication; addition of special snacks or nutritional supplements; provision of an alternate menu plan; additional assistance in the dining room; referrals for dental care. The RD was to modify the Nutrition Care Plan to implement increased energy intake interventions, as required.

A review of resident #003's health care records including the nutrition assessments, RD progress notes and care plan, dated from their admission in October 2017, to January 2018, determined that an assessment, actions taken and outcomes evaluated for the resident's significant weight change were missing.

In an interview with the RD, they confirmed to Inspector #617 that they were required to complete an assessment of resident #003's weight change including a review of their meal consumption records, observations of their eating needs in the dining room at meal times, medication changes, increased pacing with their dementia and if the resident was recently sick; however, they had not yet done so. [s. 69. 1.,s. 69. 2.,s. 69. 3.,s. 69. 4.]



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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 resident #003's weight change of 7.5 per cent of body weight, or more, over three months is assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated, to be implemented voluntarily.

Issued on this 17th day of January, 2018

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

Original report signed by the inspector.