



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

**Rapport d'inspection
prévues la 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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**Ministère de la Santé et des Soins de
longue durée**

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Date(s) of inspection/Date de l'inspection March 24, 30, 2011 April 1, 4, 5, 2011	Inspection No/ d'inspection 2011_152_8574_24Mar093934	Type of Inspection/Genre d'inspection Follow up / Complaint T-3055-10
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Licensee/Titulaire
Unionville Home Society
4300 Highway #7
Markham, Ontario
L3R 1L8

Long-Term Care Home/Foyer de soins de longue durée
Union Villa
4300 Highway #7
Markham, Ontario
L3R 1L8

Name of Inspector(s)/Nom de l'inspecteur(s)
Catherine Palmer (152)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow up previous order and additional concerns identified by a previous complainant.

During the course of the inspection, the inspector spoke with the president and CEO (administrator), the director of operations (director of care), registered staff, personal support workers, registered dietitian, nutrition manager, family members, dietary aide.

During the course of the inspection, the inspector reviewed residents' health care records, interviewed staff and families, observed meal service, observed medication pass, reviewed home's policies and procedures.

The following Inspection Protocols were used in part or in whole during this inspection:
Nutrition and Hydration
Dining Observation
Sufficient Staffing

Findings of Non-Compliance were found during this inspection. The following action was taken:

7 WN
7 VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

NON-COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
 VPC – Voluntary Plan of Correction/Plan de redressement volontaire
 DR – Director Referral/Régisseur envoyé
 CO – Compliance Order/Ordre de conformité
 WAO – Work and Activity Order/Ordre travaux et activités

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 constitue 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 O. Reg. 79/10 s. 8(1)(a) (b) 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 all applicable requirements under the Act; and (b) is complied with.

Findings:

According to O Reg. 79/10 s. 51. (1) 2. The continence care and bowel management program must, at minimum, provide for the following; 2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols.

1. The home's continence management bowel continence management (D-10-10) program was not implemented or incorporated into plan of care for an identified resident assessed to have constipation.

Inspector ID #: 152

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 bowel protocol is implemented for the identified resident and for all residents that are constipated or at risk for constipation according to the home's policy and procedure D-10-10 Continence Management Bowel Continence Management Program, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 c. 8 s. 6(1)(c) Every licensee of a long-term care home shall 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. 2007, c. 8, s. 6 (1).

Findings:

The written plans of care for identified residents do not set out clear directions to staff and others who provide direct care to residents.

1. Identified resident did not receive double portion of water according as per RD assessment and plan of care at observed breakfast meal. Diet sheets for staff serving meals indicate to provide 2 water at lunch and dinner, not at breakfast.
2. The plan of care does not set out clear directions for provision of care for identified resident related to

correct diet texture and need for crushed medications.

3. The home's registered dietitian recommended an identified resident to have 250 mLs apple juice at meals. Diet sheets for serving staff and written care plan indicate 175 mLs apple juice at breakfast, lunch, and dinner. Resident received only 125 mLs apple juice at observed breakfast meal April 1, 2011.

Inspector ID #: 152

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 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.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 c. 8 s. 6(10)(b) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

1. The plan of care for an identified resident was not reviewed and revised to reflect the resident's change in care needs related to constipation.

Inspector ID #:

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 resident is reassessed and the plan of care reviewed and revised when the resident's care needs change, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 c. 8 s. 6(11)(b) When a resident is reassessed and the plan of care reviewed and revised, (b)if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).

Findings:

1. The licensee did not ensure that different approaches were considered in the revision of an identified resident's plan of care related to poor food and fluid intake.

Inspector ID #: 152

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 when a resident is reassessed and the plan of care reviewed and revised, if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 c. 8 s. s6(4)(a) (b) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and (b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings:

1. The home's multidisciplinary team did not collaborate regarding with each other in the assessment or implementation of the plan of care related to an identified resident's ongoing constipation.
2. The home's multidisciplinary team did not collaborate with each other in the assessment and implementation of the plan of care related to an identified resident's swallowing assessments by a speech language pathologist.

Inspector ID #: 152

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 staff and others involved in the different aspects of care of the resident collaborate with each other, in the assessment and development and implementation of the plan of care of the resident so that their assessments are integrated and are consistent with and complement each other, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 c. 8 s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings:

The licensee has failed to ensure that the care set out in the plan of care is provided to residents.

1. An identified resident was observed to receive only one glass nectar thick water (120 mLs) at breakfast meal April 1, 2011, despite plan of care direction for 250 mLs water at breakfast meal.
2. Assessment by the home's registered dietitian on January 12, 2011 included recommendation for an identified resident to have 250 mLs apple juice at meals. Diet sheets for serving staff indicate 175 mLs apple juice at breakfast, lunch, and dinner. The resident received only 125 mLs apple juice at observed breakfast meal April 1, 2011.
3. An identified resident's plan of care notes recommendation for crushed medications. Resident was observed at morning med pass, on April 1, 2011. The resident's medication was offered whole and the resident refused the medication. The registered practical nurse indicated that she does not crush the resident's medications.

Inspector ID #: 152

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 provided to the resident as specified in the plan, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O. Reg. 79/10 s. 73(2)(a) (b) The licensee shall ensure that, (a) no person simultaneously assists more than two residents who need total assistance with

eating or drinking; and (b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

Findings:

The dinner meal was observed on Friday April 1, 2011 in Victoria Square and Cedar Grove Dining rooms.

1. Staff was providing total assistance to more than two residents at the same time during dinner meal on Cedar Grove April 1, 2011.
2. An identified resident requires extensive assistance with meals. Resident was in the dining room at 5 pm with fluids placed in front of him/her. The resident was not assisted with fluids until his/her dinner meal was provided at 5:45 pm.

Inspector ID #: 152

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 no person simultaneously assists more than two residents who need total assistance with eating or drinking, and no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident, to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O.Reg. 79/10, s. 69 2.	CO	001	2010_110_8574_16Nov095636	110

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). 	

Cathy Pamm

May 11, 2011