



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

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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Jan 9, 2014, 2014_191107_0002, H-000569-12, Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

BAYWOODS PLACE
330 MAIN STREET EAST, HAMILTON, ON, L8N-3T9

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

MICHELLE WARRENER (107)

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): December 6, 9, 2013

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care, Assistant Director of Care, Personal Support Workers, Registered Nursing staff, Dietary Aides, and residents

During the course of the inspection, the inspector(s) Reviewed clinical health records of identified residents in relation to care, bathing and meal service, observed the noon meal service on two identified home areas, reviewed relevant policies and procedures

The following Inspection Protocols were used during this inspection:



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Dining Observation
Personal Support Services

Findings of Non-Compliance were found during this inspection.

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 O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).



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Findings/Faits saillants :

1. [O.Reg. 79/10, s. 33(1)]

Not all residents were bathed by the method of their choice over a 28 day period reviewed.

A) The plan of care for resident #002 identified a preference for showers twice weekly. The home's "Bath-Shower Schedule" also identified the resident was to be provided a shower. The resident frequently received a sponge bath (6 out of 8 times were sponge bath over the 28 day period) instead of a shower. Documentation did not identify that the resident's preferences had changed or rationale for providing a sponge bath versus a shower. Staff interview confirmed that the resident sometimes received a sponge bath as it was easier for staff to provide.

B) Resident #008 voiced a preference for showers to both the Director of Care and to the inspector. The home's "Bath-Shower Schedule" identified the resident was to receive a shower twice weekly. The resident received a sponge bath 8 out of 9 times over the 28 day period instead of a shower. Documentation did not identify that the resident's preferences had changed or rationale for providing a sponge bath versus a shower. One staff interviewed stated they had safety concerns with bathing, however, not all staff voiced that concern and another staff stated it was because of an issue with the bath team. Documentation of an assessment of the resident's needs and preferences related to bathing had not been completed during that time.

C) Resident #007 had a preference for a shower, as indicated on the home's "Bath-Shower Schedule", however, the resident had received a bed bath 8 out of 8 times over the 28 day period reviewed. Staff stated the resident had difficulty with bathing. Documentation did not include rationale for providing a bed bath instead of a shower and did not include an assessment of the resident's needs in relation to bathing. [s. 33. (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 with ensuring that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.



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WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 72(3)(a)]

Not all food was prepared and served using methods that preserved taste, nutritive value, appearance and food quality at the lunch meal December 6, 2013. The texture of the pureed hamburger and pureed hot vegetable was thin and soupy. Too much fluid was added to the items resulting in reduced nutritive value and appearance of the menu items. The meal items were running into each other on the plate and created a risk for residents requiring thickened consistency fluids. [s. 72. (3) (a)]

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 with ensuring that all food and fluids in the food production system are prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.

WN #3: 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:

7. Sufficient time for every resident to eat at his or her own pace. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :



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1. [O.Reg. 79/10, s. 73(1)7]

Not all residents were provided sufficient time to eat at their own pace at the lunch meal December 6, 2013. Resident #009 was being fed by staff in a hurried manner. The resident had not swallowed the food that was in their mouth prior to the staff member offering the next bite of food. The resident started coughing when being fed. The resident confirmed that they were fed very quickly at the meal. [s. 73. (1) 7.]

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 with ensuring that there is sufficient time for every resident to eat at his or her own pace, to be implemented voluntarily.

WN #4: 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 :



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1. [LTCHA, 2007, S.O. 2007, c.8, s. 6(1)(a)]

The document that the home refers to as the written plan of care did not set out the planned care for identified residents in relation to bathing.

A) The written plan of care for resident #006 did not include level of assistance required and preferences for bathing. The resident required assistance from staff for bathing.

B) The written plan of care for resident #007 did not include bathing preferences. The resident was receiving only a sponge bath. The resident was completely dependent on staff for bathing.

C) The plan of care for resident #008 did not include level of assistance required and preferences for bathing. The resident was completely dependent on staff for bathing. The resident was receiving only a sponge bath and staff indicated that was due to a safety concern or due to a bath team issue. The plan of care did not provide direction to staff related to bathing. The resident voiced a preference for showers, however, was receiving sponge baths. [s. 6. (1) (a)]

Issued on this 9th day of January, 2014

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

M. Warren, RD