Ontario

**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**


**Health System Accountability and Performance Division**
**Performance Improvement and Compliance Branch**

**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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## Public Copy/Copie du public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Sep 26, 2014 | 2014_248214_0026 | H-001214-14 | Resident Quality Inspection |

**Licensee/Titulaire de permis**

MIRDEM NURSING HOMES LTD
176 VICTORIA AVENUE NORTH, HAMILTON, ON, L8L-5G1

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

VICTORIA GARDENS LONG TERM CARE
176 VICTORIA AVENUE NORTH, HAMILTON, ON, L8L-5G1

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

CATHY FEDIASH (214), GILLIAN TRACEY (130), KELLY HAYES (583)

**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): September 17, 18, 19, 22, 23, 24, 25, 26, 2014.**

**Please note: The following critical incident inspections were conducted simultaneously with this inspection: H-000874-14, H-000880-14, H-000990-14.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Programs Manager/Volunteer Coordinator, Food Services Superivsor, Resident Assessment Instrument (RAI) Coordinator, registered staff, Health Care Aides (HCA)/Personal Support Workers (PSW), residents and families.**

**During the course of the inspection, the inspector(s) interviewed staff, residents and families; reviewed clinical records, relevant policies and procedures, home's investigative records, minutes of meetings and observed care.**

**The following Inspection Protocols were used during this inspection:**
**Dining Observation**
**Falls Prevention**
**Family Council**
**Infection Prevention and Control**
**Medication**
**Nutrition and Hydration**
**Pain**
**Personal Support Services**
**Prevention of Abuse, Neglect and Retaliation**
**Residents' Council**
**Responsive Behaviours**
**Skin and Wound Care**

**Findings of Non-Compliance were found during this inspection.**

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

**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:**
**2. Every resident has the right to be protected from abuse. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure all residents were protected from abuse.

A critical incident submitted by the home identified that resident #200 with known responsive behaviors, struck resident #201 on an identified date in July 2014. Resident #201 sustained a bruise to their eyebrow. In an interview with the DOC it was confirmed that resident #201 was not protected from abuse. (#583) [s. 3. (1) 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 all residents are protected from abuse, including resident #201, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

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

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system was in compliance with and was implemented in accordance with applicable requirements under the Act.

A review of the home's policy, Skin & Wound Care Program (NM-02-04-01 and dated March 31, 2014) indicated under procedures for pressure ulcers that the registered staff would initiate referrals to the Dietitian for stage 3, 4 & unstageable ulcers only. The requirements set out in the Ontario Regulations 79/10 s.50(2)(b)(iii), indicate that any resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is assessed by a registered dietitian. An interview with the DOC confirmed that the home's policy was not in compliance with the applicable requirements under the Act. (#214) [s. 8. (1) (a)]

2. The licensee has failed to ensure that any plan, policy protocol, procedure, strategy or system was complied with.

A review of the home's policy titled, Fall Prevention Program (OM-02-01-23 and dated January 31, 2014) indicated the following:

i) Registered staff would complete a Fall Risk Assessment when a resident has a fall.

A review of resident #100's clinical record indicated that a Fall Risk Assessment had not been completed for the fall that the resident sustained on an identified date in March 2014. An interview with the DOC confirmed that the Fall Risk Assessment had not been completed when the resident fell and that the home had not complied with their policy. (#214) [s. 8. (1) (b)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

**Specifically failed to comply with the following:**

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

A) A review of resident #100's progress notes indicated that they had sustained a fall on an identified date in March 2014 and to see the incident report. The home completes incident reports electronically in Point Click Care (PCC) under the "Risk Management" section. Incident reports that are completed in the Risk Management section have a statement that states that the incident report is "Privileged and Confidential – Not part of the Medical Record – Do not Copy". An interview with the DOC confirmed that the actions taken by staff when the resident fell, were not documented in the resident's clinical record and that the Risk Management section in PCC is used only for the purpose of tracking resident falls. (#214)

B) A review of resident #107's progress notes indicated that they had sustained a fall on an identified date in July 2014 and to see the incident report. The home completes incident reports electronically in Point Click Care (PCC) under the "Risk Management" section. Incident reports that are completed in the Risk Management section have a statement that states that the incident report is "Privileged and Confidential – Not part of the Medical Record – Do not Copy". An interview with the DOC confirmed that the actions taken by staff when the resident fell, were not documented in the resident's clinical record and that the Risk Management section in PCC is used only for the purpose of tracking resident falls. (#214) [s. 30. (2)]

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**WN #4: 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 exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was 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 were implemented.

A) According to the clinical record for resident #107, they sustained a stage X pressure ulcer on an identified date in July 2014. A review of the resident's clinical record indicated that the dietitian had not been notified of the resident's pressure ulcer and as a result, the resident had not received an assessment by the registered dietitian. An interview with registered staff confirmed that the resident was not assessed by the dietitian. (#214)

B) According to the clinical record for resident #105, the resident had a stage 4 pressure ulcer that had healed in June 2014. The progress notes indicated that on an identified date in July 2014, the pressure ulcer had re-opened. A referral to the dietitian to inform of the re-opening of the pressure ulcer was not completed until approximately, eight weeks later. The resident was assessed by the dietitian at this time and interventions were put into place. An interview with the DOC confirmed that the resident was not assessed by the dietitian, when their stage 4 pressure ulcer had re-opened. (#214) [s. 50. (2) (b) (iii)]

**WN #5: 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:**
**1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).**

**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:**
**2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that weekly menus were communicated to residents.

On an identified date in September 2014 it was observed that the weekly menu was not posted on the first, second or third floor of the home. The "Diet Spreadsheet" was posted which contained the daily menu and serving sizes for regular and therapeutic diets but did not contain the menu choices for each day of the week. In an interview with the FSS and DOC it was confirmed that the weekly menus were not communicated to the residents. (#583) [s. 73. (1) 1.]

2. The licensee has failed to ensure that the meal and snack times were reviewed by the Residents' Council.

During an interview with the two co-presidents of Residents' Council on an identified date in September 2014, it was shared that the dining and snack service did not include a review of the meal and snack times by Residents' Council. Residents' Council meeting minutes were reviewed with the Manager of Programs and Volunteer Coordinator who confirmed that meal and snack times had not been reviewed with the Residents' Council. (#583) [s. 73. (1) 2.]

**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

**Specifically failed to comply with the following:**

**s. 129. (1) Every licensee of a long-term care home shall ensure that,**
**(a) drugs are stored in an area or a medication cart,**
**(i) that is used exclusively for drugs and drug-related supplies,**
**(ii) that is secure and locked,**
**(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
**(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
**(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that controlled substances were stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

A) Surplus controlled substances were stored in the locked med room located on the first floor, in a single locked, free-standing container, which was not fixed to the wall. The DOC confirmed that controlled substances were not stored in a double locked stationary cupboard in the locked area. (#130) [s. 129. (1) (b)]

**Issued on this 28th day of September, 2014**

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