goals of care were not being met.

b) Resident #001's plan of care indicated that the resident could become angry with staff, had a history of demonstrated responsive behaviours; however, the resident was not reassessed nor was the plan of care reviewed or revised when the care being provided to the resident was not effective in managing these behaviours. Data collected on a MDS review in December 2012 indicated that resident's pattern of responsive behaviours had not changed over the last three months. Staff and clinical documentation confirmed that based on the data collected over this period of time the care being provided to the resident was not effective in managing responsive behaviours and the plan of care for the resident had not reviewed or revised. (PLEASE NOTE: This evidence of non-compliance was found during inspection #2013_205129_0003) [s. 6. (10) (c)]

Additional Required Actions:

CO # - 005, 006 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).
4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).

Findings/Faits saillants :

1. Registered nursing staff who had reasonable grounds to suspect that resident #007 had been abused by staff, did not immediately report the suspicion and the information upon which the suspicion was based to the Director, in relation to the following: [24(1)2.]
Resident #007 suffered an injury on an identified date in 2011 during the provision of care. The plan of care for this resident directed that two or three staff were to provide care to the resident because the resident was aggressive during care and would resist care by demonstrating several responsive behaviours. Staff were directed that one or more staff were to hold the resident while one staff provided care. Clinical documentation indicated that on the identified date the resident attempted to kick at staff; however the resident did not make contact with either staff or an object. It was also documented that at the time the staff in the room heard a sound that would indicated the resident had sustained an injury. It was confirmed by x-ray that the resident had suffered a fracture.
The resident suffered a second injury of the same limb on an identified date in 2012. Documentation in the clinical record indicated staff noted that the resident demonstrated symptoms that would indicate the resident had sustained an injury including visual changes and pain. The resident was sent to hospital for assessment, where it was determined that the resident had suffered a fractured. Police attended the home in September 2012 due to allegations of assault raised by the family of the resident.
Staff confirmed that for both of these incidents there was a suspicion of abuse, because due to mobility issues the resident was not physically able to independently take action that would result in a fracture and forcing a resident to receive to receive care was considered abuse by the home.
Neither of the above noted incidents were reported to the Ministry as a suspicion of abuse, but instead were reported as an injury that results in transfer to hospital. Information that was reported to the Ministry did not accurately reflect the situations as documented in the resident's clinical record. [s. 24. (1) 2.]

Additional Required Actions:

CO # - 007 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 43. Every licensee of a long-term care home shall ensure that strategies are developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairment and of residents who cannot communicate in the language or languages used in the home. O. Reg. 79/10, s. 43.

Findings/Faits saillants :

1. The licensee did not ensure that strategies were developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairments and of residents who cannot communicate in the language used in the home, in relation to the following: [43]

a) Resident #007 did not speak or understand the language used in the home and may have had some degree of cognitive impairment; however, staff did not develop and implement effective strategies to communicate with this resident. Five registered staff, one unregulated staff and one non nursing staff acknowledged the this resident does not speak the language used in the home and this posed challenges when attempting to manage responsive behaviours being demonstrated by this resident. Staff documented daily over an extended period of time that this resident resisted care and became aggressive with staff when care was being provided. The plan of care identified communication as an area of concern for this resident and interventions in place to meet this need were the use of translators, staff were directed to approach the resident calmly and from the front, speak closely to the resident and in short simple sentences using hand gestures. Staff and clinical documentation confirmed that these communication strategies were not effective and one staff documented that they were unable to assess the resident's pain due to a language barrier.

b) Resident #001 did not speak or understand the language used in the home and was identified as having some degree of cognitive impairment, however, staff did not develop and implement effective strategies to communicate with this resident. The plan of care identified communication as a concern for this resident and interventions in place to manage this need were to give short easy to understand instructions, provide a language specific interpreter and speak loudly looking directly at the resident. Staff acknowledge that these strategies were not effective in communicating with this resident. At the time of this inspection the home provided a staff member to interpret during an interview, however this staff person acknowledged that she did not speak the language spoken by the resident well. Staff and clinical documentation confirmed that the resident continued to demonstrate resistance to care and effective communication strategies were not put in place to aid increasing the residents understanding and compliance of staffs actions.
(PLEASE NOTE: This evidence of non- compliance was found during inspection #2013_205129_0003) [s. 43.]

Additional Required Actions:

CO # - 008 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).
(b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

1. The licensee did not ensure that for each resident demonstrating responsive behaviours, behavioural triggers for the resident are identified, where possible, in relation to the following: [53(4)(a)]
a) Clinical documentation for resident #001 indicated that the resident demonstrated four types of responsive behaviours. Staff and clinical documentation confirm that the specific events occurring when these behaviours were being demonstrated were not documented. Staff confirmed that there had been no attempt to identify situations, events or things that may be triggering these behaviours and at the time of this inspection these behaviours continued to be exhibited.
(PLEASE NOTE: This evidence of non-compliance was found during inspection #2013_205129_0003)

b) Clinical documentation for resident #002 indicated that the resident demonstrated three types of responsive behaviours. Staff and clinical documentation confirmed that there had not been an attempt to identify situations, events or things that may be triggering these behaviours and at the time of this inspection these behaviours continued to be exhibited.
(PLEASE NOTE: This evidence of non- compliance was found during inspection #2013_205129_0003)

c) Clinical documentation for resident #004 indicated that the resident demonstrated five types of responsive behaviours. Staff and clinical documentation confirmed that there had been no attempt to identify situations, events or things that may be triggering these behaviours and at the time of this inspection these behaviours continued to be exhibited.
(PLEASE NOTE: This evidence of non-compliance was found during inspection #2013_205129_0003)

d) Clinical documentation for resident #005 indicated that the resident demonstrated a responsive behaviour. Staff and clinical documentation confirmed that there had been no attempt to identify situations, events or things that may be triggering this behaviour and at the time of this inspection this behaviour continued to be exhibited.
(PLEASE NOTE: This evidence of non-compliance was found during inspection #2013_205129_0003)

e) Clinical documentation for resident #007 indicated that resident demonstrated four types of responsive behaviours. Staff and clinical documentation confirmed that

specific events occurring while these behaviours were being demonstrated were not documented. Staff confirmed that there had been no attempt to identify situations, events or things that may be triggering these behaviours and at the time of this inspection these behaviours continue to be exhibited. [s. 53. (4) (a)]

Additional Required Actions:

CO # - 009 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).
4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

Findings/Faits saillants :

1. The licensee did not ensure that an interdisciplinary pain management program was developed and implemented in accordance with O.Reg. 79/10 s. 30(1), in relation to the following: [48(1)4]
Staff in the home confirmed that the directions related to pain management consisted of a policy identified as [Pain Management] located at Tab 04-48 of the Nursing Manual, last reviewed on May 1, 2013 and samples of seven pain assessment tools, located in the same place as the above noted policy. These sample tools included: Abbey Pain Scale-Re-Admission, Abbey Pain Scale-PRN, Pain Assessment for Cognitively Alert Residents-PRN, Pain Assessment for Cognitively Alert Residents-Re -Admission, Pain Assessment-Admission, Weekly Pain Assessment Tool and a second Weekly Pain Assessment Tool.
The above noted information did not include:
a) Written descriptions of the pain management program including goals and objectives, methods to reduce the risk of resident's experiencing pain and monitoring of the outcome, including protocols for referral to specialized services when required.
b) Written directions for staff with respect to choosing the most appropriate assessment tool based on the resident's needs or directions on how the staff are to implement the tools in the way the tools were intended to be implement, in particular the Abbey Pain Scale tools.
c) Directions or methodologies for the evaluation of the effectiveness of strategies used by the home to manage pain.
d) Non pharmacological interventions for the management of resident's pain.
e) Methods for the analysis of resident's responses to pain management strategies or accurate directions for the quarterly review of care for resident who were experiencing pain. [s. 48. (1) 4.]

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 and ensuring that an interdisciplinary pain management program to identify pain in residents and manage pain is developed and implemented, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes

Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Findings/Faits saillants :

1. The licensee did not ensure that when residents were taking any drug or combination of drugs, including psychotropic drugs, there was monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs, in relation to the following: [134(a)]
a) Resident #007 was ordered to receive an antipsychotic medication daily which started in November 2012. Data collected during a MDS review in November 2012 indicated the resident's mood and behaviour symptoms had deteriorated and the following review completed in February 2013 indicated there had been no change in the resident's mood and behaviour symptoms. Staff confirmed that there was no documentation of the resident's response to this medication or the effectiveness of the medication based on the risks associated with the medication.
This resident was also ordered to receive a narcotic analgesic medication every 12 hours for the management of pain and clinical documentation indicated the resident had been receiving this medication since at least October 2012. Staff confirmed that there was no documentation of the resident's response to this medication or the effectiveness of the medication based on the risks associated with this medication. [s. 134. (a)]

Issued on this 23rd day of October, 2013

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

Phyllis Hiltz-Bontje