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**


**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 apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Jun 20, 2017 | 2017_570528_0017 | 030962-16 | Complaint |

## Licensee/Titulaire de permis

Schlegel Villages Inc
325 Max Becker Drive Suite 201 KITCHENER ON N2E 4H5

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

THE VILLAGE OF TANSLEY WOODS
4100 Upper Middle Road BURLINGTON ON L7M 4W8

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

CYNTHIA DITOMASSO (528)

## 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): May 19, 23, 24, 25, 26, and 29, 2017**

**This inspection included complaint log # 030962-16 related to responsive behaviours and plan of care; and was completed concurrently with critical incident inspection 2017_570528_0018, and follow up inspection 2017_570528_0019.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care, Neighbourhood Coordinators, the Kinesiologist, registered nurses, registered practical nurses, personal support workers, residents and families.**

**During the course of the inspection, the inspector also observed the provision of care and services, reviewed relevant policies and procedures, clinical health records, investigation notes, staff schedules, education records, and audit records.**

**The following Inspection Protocols were used during this inspection:**
**Continence Care and Bowel Management**
**Falls Prevention**
**Hospitalization and Change in Condition**
**Personal Support Services**
**Prevention of Abuse, Neglect and Retaliation**
**Responsive Behaviours**

**During the course of this inspection, Non-Compliances were issued.**
- **4 WN(s)**
- **3 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

| 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. 6. Plan of care**

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

**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/Faits saillants :**

1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

The plan of care for resident #013 identified that the resident had multiple co-morbidities that required monitoring and specifically directed staff to monitor for changes in symptoms. In August 2016, a progress note documented that the resident reported their family was taking them to the emergency department the next day due to a change in symptoms. Interview with RPN #104 confirmed that the registered staff did not assess the resident as required in the plan of care related to the change in symptoms, and instead left a note for the doctor. The family of the resident took the resident for assessment the following day and a consult letter confirmed that the resident had suffered injury, requiring ongoing monitoring and outpatient follow-up. The care was not provided to resident #013 related to monitoring for symptoms when the resident reported changes, as set out in the plan of care. (528) [s. 6. (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 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.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

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

**s. 51. (2) Every licensee of a long-term care home shall ensure that,**
**(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**
**(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**
**(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence; O. Reg. 79/10, s. 51 (2).**
**(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time; O. Reg. 79/10, s. 51 (2).**
**(e) continence care products are not used as an alternative to providing assistance to a person to toilet; O. Reg. 79/10, s. 51 (2).**
**(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes; O. Reg. 79/10, s. 51 (2).**
**(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).**
**(h) residents are provided with a range of continence care products that,**
**(i) are based on their individual assessed needs,**
**(ii) properly fit the residents,**
**(iii) promote resident comfort, ease of use, dignity and good skin integrity,**
**(iv) promote continued independence wherever possible, and**
**(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the resident who was incontinent
a) received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence where the condition or circumstances of the resident require,
b) had an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan was implemented.

Review of Minimum Data Set (MDS) Assessment, identified that resident #013 had a deterioration in bladder continence and a change in the assistance required for toileting.

i. The document the home referred to as the care plan stated that the resident was independent for toileting and only experienced incontinence related to infection.
ii. The Personal Care Observation and Monitoring Form for a specific five day period in 2017, documented the resident as having some control present with urinary continence, confirmed by RN #104.
iii. Review of the plan of care did not include an assessment related to the resident's change in continence level.
iv. The home's policy "Continence" identified that the resident's continence would be reassessed quarterly and as needed using the Continence Assessment Tool, with care plan update included.
v. Interview with the DOC confirmed that the last continence assessment completed did not assess the resident's change in continence.
Interview with RPN #104 and the ADOC confirmed that a continence assessment was not completed using the Continence Assessment Tool related to the resident's change in their continence level, and confirmed there was no written care plan to include interventions in managing resident #013's change in continence level. (528) [s. 51. (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 resident who is incontinent:***
***a. receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence where the condition or circumstances of the resident require,***
***b. has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented, to be implemented voluntarily.***

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**WN #3: 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 failed to ensure that strategies had been developed and implemented to respond to the resident demonstrating responsive behaviours.

Resident #019 was admitted to the home in 2016, with responsive behaviours and the plan of care directed staff to provide specific interventions to ensure that the resident and others were safe. On an identified evening in October 2016, resident #019 entered resident #013's room and an altercation occurred, resulting in superficial injury, emotional upset, anxiety and fear for several days to resident #013. Interview with Neighbourhood Coordinator staff #107 confirmed that the staff did not provide care, as required in the care plan. (528) [s. 53. (4) (b)]

***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 strategies have been developed and implemented to respond to the resident demonstrating responsive behaviours, to be implemented voluntarily.***

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**WN #4: 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).**

**Findings/Faits saillants :**

1. The licensee 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.

The plan of care for resident #013 identified that the resident required assistance with bathing two days a week. Review of the Personal Care Observation and Monitoring Form did not include documentation on scheduled bathing days on the following weeks:

i. March 11-17, 2017 one scheduled bath documented
ii. March 25-31, 2017 no bath documented
iii. April 1 - 7, 2017 one scheduled bath documented
iv. April 29-May 5, 2017 one schedule bath documented
v. May 13-19, 2017 no bath documented

During the course of the inspection, resident's were observed being provided their scheduled bath/shower. Interview with RPN #104 confirmed that PSW staff did not document that the resident's bathing was completed as scheduled. (528) [s. 30. (2)]

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**Issued on this 22nd day of June, 2017**

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

**Original report signed by the inspector.**