



**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**

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

**Division de la responsabilisation et de la
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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
Dec 17, 2014	2014_294555_0030	O-001282-14	Resident Quality Inspection

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive Suite 201 KITCHENER ON N2E 4H5

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

THE VILLAGE OF TAUNTON MILLS
3800 Brock Street North WHITBY ON L1R 3A5

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

GWEN COLES (555), CHANTAL LAFRENIERE (194), JESSICA PATTISON (197),
MARIA FRANCIS-ALLEN (552)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 1, 2, 3, 4, 5, 8, 9, 10, 11 and 12, 2014

The following three complaint and one critical incident intakes were completed concurrently: O-417-14, O-301-14, O-034-14, O-834-14.

During the course of the inspection, the inspector(s) spoke with Residents, Families, the General Manager, the Assistant General Manager, the Director of Nursing (DON), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Care Assistants (PCA), Activity Director, RAI/Admissions Coordinator, Administrative Coordinator, Infection Prevention and Control RPN, Housekeeping Aides, Director of Environmental Services (DES), Occupational Therapist (OT), Kinesiologist, Physical Therapy Assistant (PTA), Resident Council President and Family Council Member.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Admission and Discharge
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**



During the course of this inspection, Non-Compliances were issued.

7 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. (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).**

s. 6. (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).

2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).

3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provide care to the Resident #43 related to falls prevention.

Resident #43 had six falls in an eighth month period. During the inspection Resident #43 was observed sitting in a wheelchair at different times.

Review of the current care plan indicated the following under the Falls heading: the resident is described as being independent with transfers but at times may need assistance and that no aids are used for ambulation.

Interviews with Staff # 102, 105, 127 and 128 who all indicated that the resident requires extensive assistance with transfers and that the resident uses a wheelchair to mobilize around the home.

The plan of care for Resident #43 related to transfers and aids does not set out clear directions to staff. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the following was documented: the provision of care set out in the plan of care.



For Resident #43:

Review of the current care plan indicates that the staff are directed to complete skin assessments twice weekly on the resident's bath days. This was confirmed during interview with Staff # 105 who stated that the resident's skin is assessed and documented twice per week on the resident's shower days and more frequently if there are signs that the resident has developed additional skin problems.

Review of clinical health records indicated that a one month period the skin assessment was completed four times which is not twice per week.

For Resident #15:

Resident # 015 was observed throughout the inspection seated in a tilted wheelchair.

Review of written care plan indicated that the resident is in a tilt wheelchair with roho cushion and the angle is adjusted frequently to lower pressure; and staff is directed to turn and reposition the resident every two hours and document on repositioning monitoring form found in nursing form binder.

Interview with Staff # 110 and 112 indicated that the resident should be turned and repositioned every two hours and that staff are to document this on the monitoring form. Review of clinical health records indicated that there was no documented evidence that the resident was turned and repositioned every two hours in a two month period. [s. 6. (9) 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 to ensure that the plan of care sets out clear directions to staff and others who provide care, and that the provision of care as provided is documented, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement

Specifically failed to comply with the following:

s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:

- 1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 3. The use of the PASD has been approved by,**
 - i. a physician,**
 - ii. a registered nurse,**
 - iii. a registered practical nurse,**
 - iv. a member of the College of Occupational Therapists of Ontario,**
 - v. a member of the College of Physiotherapists of Ontario, or**
 - vi. any other person provided for in the regulations. 2007, c. 8, s. 33 (4).**
- 4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 33 (4).**
- 5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.

Throughout the inspection Resident #15 was observed seated in a tilted wheelchair. Interviews conducted with Staff # 101, 110, 112, and 125 indicated that the tilt wheelchair is being used for the resident as a PASD - to relieve pressure from the resident's coccyx area.

Review of the clinical health records indicated that the tilt wheelchair is being used to relieve pressure and that the angle of the tilt is to be adjusted frequently to lower the pressure.

Review of the home's policy on Restraints/Personal Assistance Service Devices # 04-79 indicates "if it is determined that a PASD is needed, written consent from the Resident or SDM must be obtained". The policy further states that consent forms will be filed under the consent tab in the Resident's chart.

Interview with the Assistant General Manager indicated that verbal consent would have been provided by the resident's Substitute Decision Maker (SDM) and should be documented in the software system.

There is no documented evidence found in the clinical health record to support that consent was obtained from the resident or SDM to use the tilt wheelchair as a PASD. [s. 33. (4) 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 to ensure that the use of PASD's has been consented by the resident or Substitute Decision Maker, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishing and equipment are maintained in a safe condition and in a good state of repair.

- The tub spa room on Dryden neighbourhood had broken tiles on the corner wall in the entrance as well as at the base of the doorway.
- The wooden hand rails on Dryden, Dunlop and Claremont neighbourhoods have cracked/chipped areas, which are sharp in the corners where the rails meet.
- Wallpaper on the Dunlop neighbourhood was torn outside rooms # 221,226,227,228, 229,232.
- Drywall damage has been noted in many areas throughout the home in residential and common areas. Room # 152 has drywall damage on both entrance walls into the room at the base of the wall with drywall bead exposed.
- Drywall damage was noted on the Dryden unit in the entrance of the dining room as well as in the activity room with gouges and large dents noted in the wall.
- Bathroom flooring on the Perry and Dunlop units were noted to be coming apart at the seams under the toilet in the bathroom. The flooring is in two pieces with a joint noted under the toilet running the width of the floor. The seam is coming apart in these noted bathrooms.

These concerns are potentially placing residents at risk for their health, safety, comfort and well being in the home. [s. 15. (2) (c)]

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79.
Posting of information**



Specifically failed to comply with the following:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
 - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
 - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
 - (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
 - (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
 - (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :



1. The licensee has failed to ensure that the policy to minimize the restraining of residents is posted, as well as information about how a copy of the policy can be obtained.

Interview conducted on December 5, 2014 with the Assistant General Manager who reported that the restraint policy is not posted and only found in policy binder. Interview conducted on December 5, 2014 with Staff #108 who reported does not recall any posting of restraint policy. Staff #108 reports all hard copies of policies are located in office and on-line, and are accessible only to staff.

Observations made during the course of the inspection of common areas and resident care areas found no evidence of the posting of the policy to minimize restraints and how a copy can be obtained. [s. 79. (3) (g)]

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).



Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA s. 85(3) in that the licensee did not seek the advice of the Residents' or Family Council in developing the satisfaction survey. On December 3, 2014, the Residents' Council President stated that he did not recall being involved in the development of the Resident Satisfaction Survey. On December 4, 2014, a member of the Family Council stated that he did not recall being involved in the development of the Resident Satisfaction Survey. On December 3, 2014, during an interview with the Assistant General Manager, she confirmed that she had not involved either the Residents' or Family Council in the development of the Resident Satisfaction Survey. [s. 85. (3)]

2. The licensee has failed to comply with LTCHA s. 85(4)(a) in that they did not make available to the Residents' Council the results of the satisfaction survey in order to seek advice from the Council about the survey. On December 3, 2014, the President of the Residents' Council was interviewed and stated that he did not recall seeing or hearing about the results to the Resident Satisfaction Survey and to check with their assistant, staff member #103. On December 3, 2014, staff member #103 stated that he did not share the results of the 2013 Resident Satisfaction Survey with the Residents' Council. [s. 85. (4) (a)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 224. Information for residents, etc.



Specifically failed to comply with the following:

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:

3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 258 of this Regulation. O. Reg. 79/10, s. 224 (1).

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:

4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including the resident's Notice of Assessment issued under the Income Tax Act (Canada) for the resident's most recent taxation year. O. Reg. 79/10, s. 224 (1).

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:

8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 224 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the admission package includes the resident obligation to pay accommodation charges during a medical, psychiatric, vacation or casual absence from the home.

Interview conducted with Staff #108 on December 5, 2014 who reported any charges for any type of absence from the home are not found in Admissions Package however a verbal explanation of the different types of absences and related charges are given to the resident and family upon admission. A review of the Admission Package as provided by the Admission Coordinator found no reference to the resident's obligation to pay accommodation charges during a medical, psychiatric, vacation or casual absence from the home. [s. 224. (1) 3.]

2. The licensee has failed to ensure that the admission package included how to apply



for a reduction in the charge for basic accommodation and the supporting documentation required.

Interview conducted on December 5, 2014 with Staff #108 who reported that a verbal explanation of information related to Rate Reduction is given to families and residents upon admission if applicable however no written information is given. If the resident qualifies Staff #108 instructs family/resident to bring a Notice of Assessment in and directs them to complete forms with Staff #109 who handles any additional questions and form completion.

Interview conducted on December 5, 2014 with Staff #109 who reported only provides residents and families with a copy of the application form for Rate Reduction and no other information. Staff #109 reported any additional information would be provided by the Admissions Coordinator.

Review of the Admission Package provided by the Admission Coordinator found no evidence of information related to how to apply for a reduction in charge for basic accommodation and the supporting documentation required. [s. 224. (1) 4.]

3. The licensee has failed to ensure that the admission package includes the Ministry's hours of service.

Interview with Staff #108 who reported that the Admission Package includes the document entitled "LTC Resident Handbook" which includes the contact information for the Ministry, however indicated that there was no reference to the Ministry's hours of operation. Review of the "LTC Resident Handbook" found no reference to the Ministry's hours of operation for contact. [s. 224. (1) 8.]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



Specifically failed to comply with the following:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :



1. The licensee has failed to ensure that each resident admitted to the home is screened for tuberculosis within 14 days of admission, unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.

Review of clinical health records indicated Resident #45 was screened for tuberculosis greater than 14 days after admission. Review of Policy entitled "Infection Prevention and Control - Surveillance - Tuberculosis Prevention Program" dated March 2014 indicates "It is the policy of Schlegel Villages to ensure that all Residents are screened for tuberculosis (TB) prior to admission or within 14 days of admission." Interview with Staff #111 on December 8, 2014 who is responsible for the Infection Prevention and Control program who reported all newly admitted residents over 65 get chest x-ray and screening questionnaire completed for Tuberculosis done within 14 days of admission, and a 2 step TB test for those under age 65. Staff #111 reported that Resident #45 did not have a chest x-ray done within 14 days of admission. [s. 229. (10) 1.]

2. The licensee has failed to ensure that all staff are screened for tuberculosis in accordance with evidence-based practices.

Review of Staff #106 immunization records found no evidence of two step Tb testing within 14 days of employment. Interview on December 8, 2014 with Staff #111, Assistant General Manager and Staff #109 found no evidence of receipt of 2 step Tb test done within 14 days of hire or within the last year. Review of Policy entitled "Infection Prevention and Control - Surveillance - Tuberculosis Prevention Program" dated March 2014 indicated " All Team Members will have a 2-step TB skin test started within 14 days of employment unless they are known to be positive, or can provide proof of testing within the last year." [s. 229. (10) 4.]



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Issued on this 17th day of December, 2014

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

Original report signed by the inspector.