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

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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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
Oct 7, 2015	2015_326569_0019	025143-15	Resident Quality Inspection

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

THE VILLAGE SENIORS COMMUNITY
101-10TH STREET HANOVER ON N4N 1M9

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

DONNA TIERNEY (569), ALI NASSER (523), HELENE DESABRAIS (615)

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 22, 23, 25, 25, 28, 29, 30, October 1, and 2, 2015.

The following Critical Incident inspections were conducted concurrently: Log #013753-15/CI 2599-000005-14 and Log #018264-15/CI 2599-000005-15.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), the Resident Assessment Instrument Minimum Data Set Co-ordinator (RAI-MDS), the Environmental Services Manager (ESM), the Programs Manager, a Dietary Aide, the Physiotherapist, the Physiotherapy Assistant, 3 Registered Nurses, 2 Registered Practical Nurses, 7 Personal Support Workers, Family members, and over 40 Residents.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing

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

5 WN(s)
3 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). 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. 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).

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 direct care to the resident.

Clinical record review of the care plan for an identified resident revealed that the resident was on an individualized toileting program. Interventions directed staff to toilet the resident at specified times of the day.

Further record review revealed that the resident's Kardex on the electronic chart did not direct staff to toilet the resident at any specific time.

A staff interview with a Personal Support Worker (PSW) revealed that the resident was not toileted at a specific time, nor was the resident on a toileting routine.

An interview with the Director of Care (DOC) confirmed that the plan of care for the resident did not set out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

2. . Clinical record review of the care plan and the Kardex for an identified resident revealed specific interventions for staff to perform regarding resident safety.

Interview with a PSW and a Nursing Aide revealed they were not aware of the specified interventions for this resident.

Review of the Tasks list for the PSW's on Point Of Care revealed there were no specified interventions as were outlined in the care plan and the kardex. This observation was confirmed by a registered staff member who confirmed the plan of care for the resident did not set out clear directions to staff who provide direct care to the resident.[s. 6. (1) (c)]

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 there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, and that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails

Specifically failed to comply with the following:

s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that where bed rails were used, the resident has been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there were none, in accordance with prevailing practices to minimize risk to the resident.

Clinical record review for an identified resident revealed that the use of bed rails by the resident was part of the care plan interventions for bed mobility and minimizing falls.

Further review of the clinical record revealed that there was no evidence of an assessment of the resident and an evaluation of his/her bed system. This was confirmed by the DOC and the Environmental Services Manager (ESM).

An interview with the DOC and ESM revealed that a bed entrapment assessment was completed in 2014 on the beds, but there were no assessments completed on residents and their bed systems, or evaluation of the bed systems. [s. 15. (1) (a)]

2. Observation on September 23, 2015 revealed one quarter bedrail in the up position for an identified resident's bed.

Record review on the electronic charting system and in the resident hard copy chart revealed there was no documented evidence of an assessment for this resident in their bed system.

Interview with the ESM revealed the bed systems were evaluated in 2014 by an independent company for zones of entrapment. These assessments were not associated with any resident.

Interview with the DOC confirmed that where bed rails were used, the resident had not been assessed and his/her bed system evaluated in accordance with evidence based practices to minimize the risk to the resident. [s. 15. (1) (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 to ensure that where bed rails are used, the resident has been assessed and his or her bed system evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident, to be implemented voluntarily.

WN #3: 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).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions.

Clinical record review for an identified resident revealed that the resident's bowel continence status changed from continent to usually continent.

Further record review revealed that there was no record of an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions.

This was confirmed by the DOC, who also stated in an interview that the expectation would be that when there was a change in the resident's continence status, the resident would be assessed with an assessment tool that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions. [s. 51. (2) (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 to ensure that 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, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :

1. The licensee has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents could not be opened more than 15 centimetres.

Observations on September 23, 2015 at 0900 hours revealed that windows in five resident rooms and one hallway window had a tilt function that when engaged allowed the windows to open 90 by 60 centimeters.

This observation was confirmed by the DOC and the Director of Environmental Services. The tilt function on the windows were then disabled by the end of the day. [s. 16.]

WN #5: 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 drugs were stored in an area or a medication cart that was secure and locked.

On Tuesday September 29, 2015 at 1515 hours a resident treatment cart located in the C unit hallway was found to be unlocked and unattended. The cart contained various treatment items such as two prescribed bottles of Salicylic Acid/Coal Tar 4% shampoo, prescribed Betaderm Scalp lotion, prescribed Hydrocortisone Acetate/Zing Sulfite ointment, emo-cort cream, and several bottles of betadene and peroxide.

The RAI-MDS co-ordinator confirmed that the cart was unlocked and unattended. She then proceeded to lock the cart.

The Executive Director was informed of the finding and she confirmed that it was the home's expectation that the resident treatment cart should have been locked when unattended. [s. 129. (1) (a) (ii)]

Issued on this 7th day of October, 2015

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

Original report signed by the inspector.