



**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
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 26, 2014	2014_276537_0015	L-000448-14	Resident Quality Inspection

Licensee/Titulaire de permis

QCC CORP
3942 West Graham Place, LONDON, ON, N6P-1G3

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

WATFORD QUALITY CARE CENTRE
344 VICTORIA STREET, P. O. BOX 400, WATFORD, ON, N0M-2S0

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

NANCY SINCLAIR (537), INA REYNOLDS (524), PATRICIA VENTURA (517)

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): April 22, 23, 24, 25, 29, 30 and May 1, 2014

An inspection of a Critical Incident was also completed: L-000541-14

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Resident Assessment Instrument (RAI) Coordinator, Nutrition Manager, Program Manager, Maintenance Manager, 5 Registered Nurses (RN), 4 Registered Practical Nurses (RPN), 6 Personal Support Workers (PSW), 1 Cook, 41 Residents, Family Council Chair, and 3 Family Members of Residents.

During the course of the inspection, the inspector(s) toured the home, observed meal service, food service, medication passes, medication storage areas and care provided to residents, reviewed medical records and plans of care for identified residents, reviewed policies and procedures of the home, and observed general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Food Quality
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care**

Findings of Non-Compliance were found during this inspection.



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.) 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. (8) The licensee shall ensure 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. 2007, c. 8, s. 6 (8).

Findings/Faits saillants :



1. The licensee has failed to ensure that staff and others who provide direct care to a resident are kept aware of the contents of the plan of care and have convenient and immediate access to it with regard to side rail usage while in bed.

Interview with the Director of Care revealed the plan of care for resident #450 for side rail usage was posted on the inside of the resident's closet door. Interview with a Personal Support Worker and a Registered Practical Nursing staff revealed they were not aware of the specific side rail use for resident #450.

The Personal Support Worker and Registered Practical Nursing staff further indicated they expected the plan of care for side rail usage for this resident to be found either in the written care plan in Point Click Care or in the Personal Support Worker Kardex in Point of Care. The direct care staff interviewed were not aware there was a paper posted on the inside of the residents' closet door with this information.

Review of the health record for resident #450 revealed that the written plan of care for this resident in Point Click Care and this resident's Kardex available to Personal Support Worker staff through Point of Care did not mention this resident's required use of side rails.

The Director of Care confirmed the expectation was that staff who provided direct care to the resident were familiar with resident care needs and how to access the plan of care with regard to side rail usage. [s. 6. (8)]

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 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. 8. Policies, etc., to be followed, and records



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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).

Findings/Faits saillants :



1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is (b) complied with.

Staff reported resident #452 to have impaired skin integrity.

Review of Policy Skin and Wound Management Nursing indicates the following:
Upon admission, quarterly, post LOA of 24 hours and with a change in status that affects skin integrity, a head-to-toe assessment shall be carried out and documented for all residents.

The Director of Care confirms that a head-to toe assessment had not been completed for resident # 452 with a noted change in status that affected skin integrity. [s. 8. (1) (a), s. 8. (1) (b)]

2. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is (b) complied with.

The call bell for resident #100 rang and the resident waited 15 minutes for a direct care staff member to respond to the call bell.

Review of Policy and Procedure Nurses' Aid Duties on the 0700-1500 shift indicated the following:

At 1145 hr, the Personal Support Worker or Health Care Aid on duty was to make sure all residents were out of their rooms and in the dining room for lunch. The Policy also states Personal Support Workers or Health Care Aids are to answer call bells as needed.

The Registered Practical Nurse verified that she was not on the specified hallway at the time the call bell was ringing and did not realize the call bell was on.

The Director of Care confirmed the expectation for Personal Support Workers and Registered Practical Staff is to ensure all residents are out of their rooms and in the dining room for lunch and that call bells are promptly responded to within one to three minutes. [s. 8. (1) (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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, 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).
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Findings/Faits saillants :

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

On April 22, 23 and 24, 2014 observations of the home areas revealed the following maintenance issues:

Hallway:

- marks and holes noted on ceiling tiles**
- loose baseboard**
- wall crack noted below utility box**
- corrosion noted on the grill in hallway**
- water stains on ceiling tiles**
- wall crack noted**

Dining Room:

- dining room chairs noted to be scuffed and marked**
- missing baseboard by dining room exit door**



- missing and/or broken vertical blinds in dining room
- crack in wall below dining room window
- overbed table in dining room corroded and visibly soiled
- ceiling vent grills by south doors noted to be visibly soiled.

Resident rooms:

- washroom doors were noted to have scrape, dents, marks and chipped paint.
- bedroom and bathroom walls along the baseboards noted to have scratches, marks and dents.
- resident bedroom entrance doors noted to have scratches, marks, missing paint and dents.
- walls noted to have been patched, and have not been sanded or finished with paint.
- the base boards were observed to be loose or missing in several areas of the home.
- there was a hole in the window screen in a resident bedroom.
- broken, missing, damaged and stained floor tiles were noted in several areas of the home.
- corrosion was observed in the bathroom sinks, on the wire basket, and on paper towel dispensers.
- caulking was chipped and stained around the toilet base.
- holes and cracks noted in bedroom ceiling and walls in several areas of the home.
- call bells were found lying on the floor in the shared bathroom.
- window blinds are broken and bent
- hem on the window curtains are hanging down and noted missing curtain hooks
- rust coloured stains were observed on a toilet seat.

Interview with the Administrator and Maintenance Manager on May 1, 2014 confirmed the need for repairs. [s. 15. (2) (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 the home, furnishings and equipment are kept clean and sanitary, maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the height with respect to each resident is measured and recorded annually as part of the weight monitoring system.

A review of 10 residents' clinical records revealed that weights have not been measured and recorded annually.

This was confirmed by the Director of Care. During an interview with the Director of Care it was confirmed that the home's expectation is to have residents' heights measured and recorded annually. [s. 68. (2) (e) (ii)]



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 there is a weight monitoring system to measure and record height upon admission and annually thereafter, with respect to each resident, to be implemented voluntarily.

WN #5: 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 has been assessed by a registered dietitian.

Staff reported Resident #452 to have impaired skin integrity.

Review of Policy Nutrition and Skin Integrity Dietary - Nutrition and Hydration indicates the following:

A Dietary Referral to the RD (Registered Dietitian) is made by the Registered staff responsible for wound care management whenever a resident exhibits new skin breakdown or there is a change in wound status (improving, worsening, unchanged). The NM (Nurse Manager) , if completing assessments, should also notify the RD of any new skin concerns when completing Low and Moderate risk assessments.

The Director of Care confirms that the dietitian was not sent a referral indicating a new wound for resident # 452 and a dietary assessment had not been completed. [s. 50. (2) (b) (iii)]

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).**
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Findings/Faits saillants :



1. The licensee has failed to ensure that drugs are stored in compliance with manufacturer's instructions related to expiration dates.

An expired medication was found in the medication room behind the nurse's desk. One container of Mucillum 336g with an expiration date of Feb 2014 was found in the cupboard.

The Director of Care confirmed the outdated medication, and removed it from the medication room.

The Director of Care confirmed that expired medications were to be destroyed and not kept in the cupboard of the medication room for usage by staff. [s. 129. (1) (a)]

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. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control program.

A number of unlabeled personal care items were observed in shared resident bathrooms. These items included toothbrush, toothpaste and bedpans.

The Director of Care, one Registered Staff, and one Personal Support Worker confirmed that resident personal care items are not to be shared amongst residents and should be labeled with the residents name. [s. 229. (4)]



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Issued on this 27th day of May, 2014

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