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

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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 10, 2014	2014_191107_0003	H-000160-13	Follow up

Licensee/Titulaire de permis

1508669 ONTARIO LIMITED
c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400, TORONTO, ON, M5J-2V1

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

WEST PARK HEALTH CENTRE
103 Pelham Road, St Catharines, ON, L2S-1S9

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

MICHELLE WARRENER (107)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): December 13, 16, 17,

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care, Registered Nursing staff, Personal Support Workers, Dietary Aides, Environmental Services Manager, and residents

During the course of the inspection, the inspector(s) Toured the home and reviewed clinical health records for identified residents

The following Inspection Protocols were used during this inspection: Personal Support Services

Findings of Non-Compliance were found during this inspection.

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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. [LTCHA, 2007, S.O. 2007, c.8, s. 6(10)(b)] Previously issued January 24, 2013 as a CO

Not all residents were reassessed and their plan of care reviewed and revised at least every six months and at any other time when the residents' care needs changed or care set out in the plan was no longer necessary.

A) Direction for staff providing care to residents was provided on three different documents (kardex, computer plan of care, paper copy of the plan of care), however, not all of the information was consistent across the documents. Personal Support Workers (PSW)s did not have access to the computer plan of care and the Director of Care confirmed that staff were directed to use the paper copy of the plan of care as the most current/up to date version. Registered staff stated they referenced the computer plan of care which the Director of Care confirmed were not consistently updated. The PSWs were able to access the paper plan of care and the kardex on the computer, however, information on the paper plan of care for multiple residents had not been updated since 2012 or early 2013 and did not reflect the current status of the residents. The kardex was often incomplete or contained outdated information also. Interview with PSWs confirmed they used the 24 hour report, the computerized kardex or the paper copy of the plan of care to obtain direction for provision of care. The plans of care were not consistent and were not kept up to date.

B) Resident #001's plan of care was not reviewed and revised at least every six months and when there was a change in the resident's condition. The kardex on the computer did not include direction for staff related to Activities of Daily Living (ADL), diet type and texture, risks associated with specific medications, falls risk, etc. The plan of care on the computer identified the diet type and texture, however, did not provide direction to staff related to ADL's and several risk areas. The paper copy of the plan of care had a review date for eight months prior without revisions post review date. The paper copy of the plan did not include direction for staff related to identified risks. Interview with registered staff confirmed that staff would expect to see this information on the resident's plan of care.

C) Resident #002's plan of care was not revised at least every six months and when there was a change in the resident's plan of care. The paper copy of the plan of care had a revision date of eight months ago and the information on the plan was not consistent with the current level of care in multiple areas. The information on the kardex did not include significant changes to the resident's health status. The paper copy of the plan of care identified significant responsive behaviours, however, this was not identified on the kardex or computerized plan of care. The computerized plan of care included outdated information, was not specific related to the resident's

preferences, and was inconsistent in relation to a specific care area.
D) Resident #003 did not have their plan of care reviewed and revised within six months. The paper copy of the resident's plan of care had a review date of 19 months prior. No revisions were made with the exception of dietary, which was revised eight months ago.
E) Resident #004's plan of care was not revised within six months. The paper plan of care was dated over one year prior. The Nutritional status plan was revised nine months ago, however, there were no revisions noted to the plan of care after those revisions.
F) Resident #005's plan of care was not revised within six months. The paper plan was dated 20 months prior to this inspection. There were no noted revisions to the plan for the previous 18 months.
G) Resident #006's plan of care was not reviewed and revised within 6 months and when changes occurred. The paper copy of the plan of care was dated 18 months prior. The activities plan of care had been updated on the computer and was not consistent with the paper plan. The computerized plan of care was overdue and had a target review date two months prior to this inspection. The paper plan required a specific dietary restriction, however, also instructed staff to encourage the restriction.
H) The plan of care available to staff providing care to resident #007 was not revised within 6 months and whenever there was a change in the resident's condition. The paper copy of the plan of care was not current in relation to multiple care areas and did not include the need for a restraining device. The paper plan of care was dated 18 months prior to this inspection.
I) The paper plan of care available to staff providing care to resident #008 was not reviewed and revised at least every six months and when there was a change in the resident's condition. The paper plan of care was dated one year prior to this inspection and was not current in relation to diet texture. The plan did not include any updates since 2012 other than Nutritional Status which was updated nine months prior to this inspection.
J) Resident #009 had a computerized plan of care target revision date one month prior to this inspection, however, the plan was not reviewed/revised as of December 16, 2013. The print date (paper copy) was four months prior to this inspection. The resident had two changes to the consistency of fluids required. The plan of care available to staff providing care was not revised within that time in relation to the fluid consistency changes. The resident's nutritional requirements and goal weight range had been revised on the computerized plan of care, however, had not been revised on the paper copy which was accessible to staff providing care.
K) The plan of care for resident #010 was not reviewed and revised when there was a

change in the resident's condition. The print date for the paper copy of the resident's plan of care was 18 months prior to this inspection. The resident's paper copy of the plan of care was not consistent with the current status of the resident in relation to several care areas.
L) The plan of care for resident #011 was not reviewed and revised within six months or when there was a change in the resident's condition. The paper copy of the resident's plan of care was one year prior to this inspection with a few revisions nine months ago.
M) Resident #012 did not have a paper copy of the plan of care available to staff providing care. Personal Support Workers stated they would have to ask registered staff if there were questions about what care to provide to the resident. The resident had a change in health condition, however, the resident's plan of care (paper, kardex, and computer) did not include the change in health condition. The paper plan of care was not available to staff providing care and staff did not have access to the computerized version of the plan. [s. 6. (10) (b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,
ii.equipped with a door access control system that is kept on at all times, and
iii.equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
A. is connected to the resident-staff communication and response system, or
B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 9.1.ii]
Doors leading to stairways in the basement of the home were not equipped with a door access control system that was kept on at all times. The basement is utilized by numerous residents to attend recreation programs and physiotherapy services. The stairwells were not equipped with a door access control system and residents had access to the stairwells. [s. 9. (1) 1. 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 with ensuring that doors leading to stairways are equipped with a door access control system that is kept on at all times, to be implemented voluntarily.

Ontario

Ministry of Health and Long-Term Care

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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

Issued on this 27th day of January, 2014

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

M Warrener, RD

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	MICHELLE WARRENER (107)
Inspection No. / No de l'inspection :	2014_191107_0003
Log No. / Registre no:	H-000160-13
Type of Inspection / Genre d'inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Jan 10, 2014
Licensee / Titulaire de permis :	1508669 ONTARIO LIMITED c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400, TORONTO, ON, M5J-2V1
LTC Home / Foyer de SLD :	WEST PARK HEALTH CENTRE 103 Pelham Road, St Catharines, ON, L2S-1S9
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	MARJORIE MOSSMAN

To 1508669 ONTARIO LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / Lien vers ordre existant: 2013_122156_0006, CO #001;

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order / Ordre :

The licensee shall ensure that each resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, including but not limited to residents #001, #002, #003, #004, #005, #006, #007, #008, #009, #010, #011, #012.

Grounds / Motifs :

1. [LTCHA, 2007, S.O. 2007, c.8, s. 6(10)(b)] Previously issued January 24, 2013 as a CO
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resident. The resident had a change in health condition, however, the resident's plan of care (paper, kardex, and computer) did not include the change in health condition. The paper plan of care was not available to staff providing care and staff did not have access to the computerized version of the plan. [s. 6. (10) (b)] (107)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 30, 2014

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 10th day of January, 2014

Signature of Inspector / Signature de l'inspecteur : M Warrener, RD

Name of Inspector / Nom de l'inspecteur : MICHELLE WARRENER

Service Area Office / Bureau régional de services : Hamilton Service Area Office