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

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 1, 2017	2017_656596_0013	002823-17	Follow up

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
5015 Spectrum Way Suite 600 MISSISSAUGA ON 000 000

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

WESTSIDE
1145 Albion Road Rexdale ON M9V 4J7

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

THERESA BERDOE-YOUNG (596), CECILIA FULTON (618), GORDANA KRSTEVSKA (600), SLAVICA VUCKO (210)

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): July 13, 14, 17, 18, 19 and 20, 2017.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Nurse Educator (NE), registered practical nurse (RPN), personal support worker (PSW).

The following Inspection Protocols were used during this inspection:

Medication
Pain
Personal Support Services

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

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #005	2016_344586_0007	596
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #003	2016_344586_0007	596
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #002	2016_344586_0007	618

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 O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when the resident's pain was not relieved by

initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

On August 19, 2016 a Compliance Order (CO) #006 from inspection #2016_344586_0007 was issued under s. 52. (2).

The licensee shall do the following:

1. Immediately assess residents who demonstrate pain using a clinically appropriate assessment instrument specifically designed for this purpose when the pain is not relieved by initial interventions.

2. Administer analgesia as prescribed and reassess the effectiveness of the analgesia on managing the resident's pain.

3. Notify a Physician or Registered Nurse in Extended Class if the resident's pain worsens or persists.

4. Retrain all staff in pain management to include responsive behaviours as related to pain.

The order compliance date was August 31, 2016.
The home was in compliance with requirement #3 listed in CO #006.

Review of the home's policy titled Pain Assessment and Symptom Management Program, number CARE8-010.03, revised July 31, 2016, revealed that residents should be assessed using a standardized, evidenced-informed clinical tool that is appropriate for the resident's cognitive level - Pain Assessment in Advanced Dementia (PAINAD) tool.

Review of critical incident (CI) report submitted to the Ministry of Health and Long Term Care (MOHLTC) revealed that resident #017 had experienced some identified symptoms on a specified date in October 2016. Twelve days later a diagnostic test confirmed a particular medical condition.

Review of the resident's written plan of care and minimum data set (MDS) revealed a decline in cognitive function.

Review of resident #017's progress notes, assessment records and interview with

registered practical nurse (RPN) #108 revealed that the resident had not been assessed for pain using a clinical tool that was specifically designed for this purpose during the time period of initial symptoms, until the result of the above mentioned diagnostic test.

Review of progress notes for resident #017 revealed that the resident experienced pain four times on three specified dates in October 2016.

Review of the resident #017's progress notes and medication administration record (MAR) indicated that for a period of twenty one days in October 2016 the resident did not receive any pain medication.

Interviews with RPNs #100, #108, and #119 confirmed that registered staff use a standardized pain assessment tool from point click care (PCC) for all residents, and they do not use a different tool for residents with severe cognitive impairment.

2. Review of another CI report submitted to the MOHLTC revealed that on a specified date in March 2017, resident #018 was noted to have an area of impaired skin integrity. The following day the physician assessed the resident and ordered a diagnostic test which confirmed a particular medical condition.

Review of resident #018's written plan of care and MDS assessment indicated the resident was cognitively impaired.

Review of resident #018's progress notes revealed on a specified date in March 2017, PSW #156 reported to RPN #109 about a symptom that the resident was experiencing.

Review of resident #018's assessment records indicated that the resident was not assessed for pain using a clinically appropriate assessment instrument specifically designed for this purpose, that was appropriate for the resident's cognitive level.

Interview with RPN #108 confirmed that he/she did not assess resident #018's level of pain on the above mentioned specified date in March 2017.

3. Review of CI report submitted to the MOHLTC revealed that on a specified date in June 2017, resident #030 was noted to have an area of impaired skin integrity accompanied by other specified symptoms. The next day the resident was hospitalized and diagnostic test results confirmed a particular medical condition.

Review of the resident's MDS assessment indicated the resident was severely cognitive impaired.

Review of resident #030's progress notes, revealed on the above mentioned specified date in June 2017, PSW #113 reported to RPN #108 that the resident was noted top have an area of impaired skin integrity.The RPN did not assess the resident as his/her shift was almost finished, and directed the PSW to report his/her findings to the oncoming RPN #114. The PSW reported his/her findings to RPN #114.

In June 2017, RPN #114 documented about resident #030's area of impaired skin integrity accompanied by other symptoms, and he/she notified the physician. Physician documentation revealed that resident had areas of impaired skin integrity.

Review of the resident's assessment records and interviews with RPN #108, #114 and PSW #113 revealed that resident #030 had not been assessed for pain using a clinically appropriate assessment instrument specifically designed for this purpose, when the PSW reported his/her findings to both RPNs.

Interview with the Nurse Educator (NE) confirmed that the staff had not been assessing residents for pain using a clinically appropriate assessment instrument, that was appropriate for the resident's cognitive level. The NE further stated that he/she will contact the corporate office to ensure that they create a clinically appropriate assessment instrument for pain, specifically designed for residents with responsive behaviours.

Interview with the DOC confirmed that the above mentioned staff had not assessed the above mentioned residents for pain on the identified dates.

Review of the home's staff education program for 2016, revealed training material for pain management included training of the home policy titled Pain Assessment and Symptom Management Program, number CARE8-010.03, revised July 31, 2016, and fast facts sheet about pain. The training material did not include recognition of specific and non-specific signs of pain, or responsive behaviours as related to pain.

Interview with the NE confirmed that staff training related to pain management did not include recognition of specific and non-specific signs of pain, or responsive behaviours related to pain.

The order is made based on the application of the factors of severity which was minimal

harm/risk or potential for actual harm/risk, the scope was isolated, and compliance history was previous non-compliance with an order. [s. 52. (2)]

Additional Required Actions:

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

Issued on this 6th day of September, 2017

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

Original report signed by the inspector.

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	THERESA BERDOE-YOUNG (596), CECILIA FULTON (618), GORDANA KRSTEVSKA (600), SLAVICA VUCKO (210)
Inspection No. / No de l'inspection :	2017_656596_0013
Log No. / No de registre :	002823-17
Type of Inspection / Genre d'inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Sep 1, 2017
Licensee / Titulaire de permis :	REVERA LONG TERM CARE INC. 5015 Spectrum Way, Suite 600, MISSISSAUGA, ON, 000-000
LTC Home / Foyer de SLD :	WESTSIDE 1145 Albion Road, Rexdale, ON, M9V-4J7
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Lydia Baksh

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

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

Order # / Ordre no : 001 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / Lien vers ordre existant: 2016_344586_0007, CO #006;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Order / Ordre :

The licensee shall do the following:

1. Immediately assess residents #017, #018, #030 and all residents who demonstrate pain using a clinically appropriate assessment instrument specifically designed for this purpose when the pain is not relieved by initial interventions.

2. Administer analgesia as prescribed and reassess the effectiveness of the analgesia on managing the resident's pain.

3. Retrain all staff in pain management to include recognition of specific and non-specific signs of pain for residents with responsive behaviours and cognitive impairment.

On August 19, 2016 a Compliance Order (CO) #006 from inspection #2016_344586_0007 was issued under s. 52. (2).

The licensee shall do the following:

1. Immediately assess residents who demonstrate pain using a clinically appropriate assessment instrument specifically designed for this purpose when the pain is not relieved by initial interventions.

2. Administer analgesia as prescribed and reassess the effectiveness of the analgesia on managing the resident's pain.

3. Notify a Physician or Registered Nurse in Extended Class if the resident's pain worsens or persists.

4. Retrain all staff in pain management to include responsive behaviours as related to pain.

The order compliance date was August 31, 2016.
The home was in compliance with requirement #3 listed in CO #006.

The order is made based on the application of the factors of severity which was minimal harm/risk or potential for actual harm/risk, the scope was isolated, and compliance history was previous non-compliance with an order.

The licensee has failed to ensure that when the resident's pain is not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose

Grounds / Motifs :

1. Review of the home policy titled Pain Assessment and Symptom Management Program, number CARE8-010.03, revised July 31, 2016, revealed that residents should be assessed using a standardized, evidenced-informed clinical tool that is appropriate for the resident's cognitive level - Pain Assessment in Advanced Dementia (PAINAD) tool.

Review of critical incident (CI) report submitted to the Ministry of Health and Long Term Care (MOHLTC) revealed that resident#017 had experienced some identified symptoms on a specified date in October 2016. Twelve days later a diagnostic test confirmed a particular medical condition.

Review of the resident's written plan of care and minimum data set (MDS) revealed a decline in cognitive function.

Review of resident #017's progress notes, assessment records and interview with registered practical nurse (RPN) #108 revealed that the resident had not been assessed for pain using a clinical tool that was specifically designed for

this purpose during the time period of initial symptoms, until the result of the above mentioned diagnostic test.

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Review of the resident #017's progress notes and medication administration record (MAR) indicated that for a period of twenty one days in October 2016 the resident did not receive any pain medication.

Interviews with RPNs #100, #108, and #119 confirmed that registered staff use a standardized pain assessment tool from point click care (PCC) for all residents, and they do not use a different tool for residents with severe cognitive impairment.

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Review of resident #018's assessment records indicated that the resident was not assessed for pain using a clinically appropriate assessment instrument specifically designed for this purpose, that was appropriate for the resident's cognitive level.

Interview with RPN #108 confirmed that he/she did not assess resident #018's level of pain on the above mentioned specified date in March 2017.

3. Review of CI report submitted to the MOHLTC revealed that on a specified date in June 2017, resident #030 was noted to have an area of impaired skin integrity accompanied by other specified symptoms. The next day the resident was hospitalized and diagnostic test results confirmed a particular medical

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Review of the resident's MDS assessment indicated the resident was severely cognitive impaired.

Review of resident #030's progress notes, revealed on the above mentioned specified date in June 2017, PSW #113 reported to RPN #108 that the resident was noted to have an area of impaired skin integrity.The RPN did not assess the resident as his/her shift was almost finished, and directed the PSW to report his/her findings to the oncoming RPN #114. The PSW reported his/her findings to RPN #114.

In June 2017, RPN #114 documented about resident #030's area of impaired skin integrity accompanied by other symptoms, and he/she notified the physician. Physician documentation revealed that resident had areas of impaired skin integrity.

Review of the resident's assessment records and interviews with RPN #108, #114 and PSW #113 revealed that resident #030 had not been assessed for pain using a clinically appropriate assessment instrument specifically designed for this purpose, when the PSW reported his/her findings to both RPNs.

Interview with the Nurse Educator (NE) confirmed that the staff had not been assessing residents for pain using a clinically appropriate assessment instrument, that was appropriate for the resident's cognitive level. The NE further stated that he/she will contact the corporate office and ensure a tool that is they create a clinically appropriate assessment instrument for pain, specifically designed for residents with responsive behaviours.

Interview with the DOC confirmed that the above mentioned staff had not assessed the above mentioned residents for pain and had not administered analgesic to relieve the pain on the identified dates.

Review of the home's staff education program for 2016, revealed training material for pain management included training of the home policy titled Pain Assessment and Symptom Management Program, number CARE8-010.03, revised July 31, 2016, and fast facts sheet about pain. The training material did not include recognition of specific and non-specific signs of pain, or responsive behaviours as related to pain.

Interview with the NE confirmed that staff training related to pain management did not include recognition of specific and non-specific signs of pain, or responsive behaviours related to pain.

(600)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 29, 2017

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
Long-Term Care Inspections 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
Long-Term Care Inspections 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
Inspection de soins de longue durée
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.

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
Inspection de soins de longue durée
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 1st day of September, 2017

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Theresa Berdoe-Young

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