# Inspection Report under the *Long-Term Care Homes Act, 2007*

# Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*


**Ministry of Health and Long-Term Care**
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de longue durée**
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8iém étage
Toronto, ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002

Télécopieur: 416-327-4486


☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**

| Date(s) of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection |
|---|---|---|
| May 18, 20, 26, 27, 30 and June 6 2011 | 2011_189_2888_18May102152 | Critical Incident 1053-11 |

Licensee/Titulaire
Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc.
100 Milverton Drive, Suite 700,
Mississauga Ontario
L5R 4H

Long-Term Care Home/Foyer de soins de longue durée
The Woodhaven
380 Church Street
Markham, Ontario
L6B 1E1

Name of Inspector(s)/Nom de l'inspecteur(s)
Nicole Ranger (189)

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a Critical Incident inspection regarding Medication Administration and End of Life Care

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Medical Director, Registered Staff, Personal Care Providers

During the course of the inspection, the inspector:
Conducted a walk through of the resident home area and common area
Reviewed health care records
Review the homes Medication, End of Life, Abuse Policies

The following Inspection Protocols were used in part or in whole during this inspection:

Prevention of Abuse and Neglect
Personal Support Services
Medication Inspection
Minimizing of Restraining
Nutrition and Hydration

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

9 WN
3 CO: CO # 001, 002, 003
2 VPC

## NON- COMPLIANCE / (Non-respectés)

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire
**DR** – Director Referral/Régisseur envoyé
**CO** – Compliance Order/Ordres de conformité
**WAO** – Work and Activity Order/Ordres: travaux et activités

| | |
|---|---|
| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. | Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. |
| 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.) | Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi. |

**WN #1:** The Licensee has failed to comply with O.Reg 79/10, s.110 (1) 1, 2,3

**110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:**

**1. Staff apply the physical device in accordance with any manufacturer's instructions.**

**2. The physical device is well maintained.**

**3. The physical device is not altered except for routine adjustments in accordance with any manufacturer's instructions**

**Findings:**

1. The OT recommended the resident trial restraint to address sliding.
2. Since recommendation, the resident has slid down in the wheelchair on 4 incidents
3. The manufacturer's instructions for restraints were not available on the unit

| **Inspector ID #:** | 189 |
|---|---|

**Additional Required Actions:**

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

**WN #2:** The Licensee has failed to comply with O.Reg 79/10, s. 110(2) 1,2

**(2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:**

**1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class.**

**2. That staff apply the physical device in accordance with any instructions specified by the physician or registered nurse in the extended class.**

**Findings:**

1. The restraint was applied to the resident in January 2011.
2. There was no physician order for restraint until May 2011.

| **Inspector ID #:** | 189 |
|---|---|

WN **#3:** The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6 (1)(c)

**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**

**(c). clear direction to staff and others who provide direct care to the resident.**

**Findings:**

1. Care plan does not reflect resident current restraints which resident has been using since January 2011.
2. Care plan currently states resident is using previous restraints.

| **Inspector ID #:** | 189 |
|---|---|

WN #4: The Licensee has failed to comply with LTCHA *2007*, S.O. 2007, c.8, s. 19 (1)
**19 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff**

**Findings:**

1. A resident was not protected from physical abuse (feeding resident too fast, and/or withholding food and fluids).

| **Inspector ID #:** | 189 |
|---|---|

**Additional Required Actions:**

**CO #** - 002 was served on the licensee. Refer to the "Order(s) of the Inspector" form.

**WN #5:** The Licensee has failed to comply with LTCHA *2007*, S.O. 2007, c.8, s. 3 (1) 1
**3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**
**1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the residents individuality and respects the resident's dignity**

**Findings:**

1. Residents were not treated with courtesy and respect in a way that fully recognize the residents' individuality and respect the resident's dignity. Staff member did not provide residents' time to complete meals and fed residents in an unsafe manner.

| **Inspector ID #:** | 189 |
|---|---|

**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 every resident is treated with courtesy and respect and in a way that fully recognizes the residents individuality and respects the resident's dignity, to be implemented voluntarily.

**WN #6:** The Licensee has failed to comply with O.Reg 79/10, s. 73 (1) 7
**73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:**
**7. Sufficient time for every resident to eat at his or her own pace**

**Findings:**

1. Residents were not provided sufficient time to eat at his or her own pace.

| **Inspector ID #:** | 189 |
|---|---|

**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 dining and snack service includes sufficient time for residents to eat at his or her own pace, to be implemented voluntarily.

| **WN #7:** The Licensee has failed to comply with LTCHA *2007*, S.O. 2007, c.8, s. 6(7)<br>**(7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan** | |
|---|---|
| **Findings:**<br><br>1. Resident did not have interventions regarding eating assistance as set out in the plan of care. | |
| **Inspector ID #:** | 189 |

| **WN #8:** The Licensee has failed to comply with O.Reg. 79/10, s. 8(1) (a) (b)<br>**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,**<br>**(a)is in compliance with and is implemented in accordance with all applicable requirements under the Act; and**<br>**(b)is complied with** | |
|---|---|
| **Findings:**<br>1. The home's medication policy regarding narcotics was not complied with by a registered staff. | |
| **Inspector ID #:** | 189 |
| **Additional Required Actions:**<br><br>**CO #** - 003 was served on the licensee. Refer to the "Order(s) of the Inspector" form. | |

| **WN #9:** The Licensee has failed to comply with the Nursing Home Act R.R.O 1990, Regulation 832, s.63 (2)<br>**(2) No drug shall be taken by or administered to a resident except on the individual prescription or written direction of the prescriber attending the resident** | |
|---|---|
| **Findings:**<br>1. Two medications were discontinued without a physician order and one medication was started without a physician order. | |
| **Inspector ID #:** | 189 |

| Signature of Licensee or Representative of Licensee<br>Signature du Titulaire du représentant désigné | | Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. |
|---|---|---|
| Title: | Date: | Date of Report: (if different from date(s) of inspection).<br>July 6th, 2011 |

**Ministry of Health and Long-Term Care**
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de longue durée**
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

# 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

| | ☐ Licensee Copy/Copie du Titulaire | ☒ Public Copy/Copie Public | |
|---|---|---|---|
| **Name of Inspector:** | Nicole Ranger | **Inspector ID #** | 189 |
| **Log #:** | 1053-11 | | |
| **Inspection Report #:** | 2011_189_2688_18May102152 | | |
| **Type of Inspection:** | Critical Incident | | |
| **Date of Inspection:** | May 18, 20, 26, 27, 30 and June 6, 2011 | | |
| **Licensee:** | Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc.<br>100 Milverton Drive, Suite 700,<br>Mississauga Ontario<br>L5R 4H | | |
| **LTC Home:** | The Woodhaven<br>380 Church Street<br>Markham, Ontario<br>L6B 1E1 | | |
| **Name of Administrator:** | Michelle Stroud | | |

To Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as General Partner, you are hereby required to comply with the following orders by the dates set out below:

| **Order #:** | 001 | **Order Type:** | Compliance Order, Section 153 (1)(a) |
|---|---|---|---|
| **Pursuant to: O Reg 79/10, s. 110. (1) 1, 2, 3 Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act: 1. Staff apply the physical device in accordance with any manufacturer's instructions. 2. The physical device is well maintained. 3. The physical device is not altered except for routine adjustments in accordance with manufacturer's instructions.** | | | |
| **Order: The licensee shall immediately ensure that a resident restraint is applied safely and that staff take steps to ensure that the resident does not slide down in the wheelchair while the belt is applied.** | | | |

**Grounds:**

1. The OT recommended the resident trial restraint to address sliding.
2. Since recommendation, the resident has slid down in the wheelchair on 4 incidents.
3. The manufacturer's instructions for restraint were not available on the unit.

| **This order must be complied with by:** | Immediately – May 27, 2011 |
|---|---|

| **Order #:** | 002 | **Order Type:** | Compliance Order, Section 153 (1)(b) |
|---|---|---|---|

**Pursuant to: LTCHA *2007*, S.O. 2007, c.8, s. 19 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff**

**Order: The licensee shall prepare and submit a written plan by Friday June 24, 2011 to ensure that residents are protected from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).**

**This plan shall be implemented by July 4th, 2011**
**The plan is to be submitted to Inspector by June 24, 2011**

**Grounds:**

1. A resident was not protected from physical abuse (feeding residents too fast, and/or withholding food and fluids).

| **This order must be complied with by:** | July 4th, 2011 |
|---|---|

| **Order #:** | 003 | **Order Type:** | Compliance Order, Section 153 (1)(b) |
|---|---|---|---|

**Pursuant to:** O.Reg. 79/10, s. 8(1) (a) (b)
**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 all applicable requirements under the Act; and**
**(b)is complied with**

**Order:** The licensee shall ensure the policy for Narcotic and Controlled Drugs Administration is complied with in accordance to O.Reg 79/10, s. 114 (2)

**Grounds:**
**O. Reg 79/10, s. 114 (2) indicates the licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.**

| (Woodhaven's MediSystem Pharmacy policy 04-07-10 meets the requirement under O.Reg 79/10, s 114 (2) )<br><br>1. The home's medication policy regarding narcotics was not complied with by a registered staff | |
|---|---|
| **This order must be complied with by:** | July 30th, 2011 |

## 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 service for the Licensee.

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

**Director**
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

**Health Services Appeal and Review Board** and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

**Director**
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

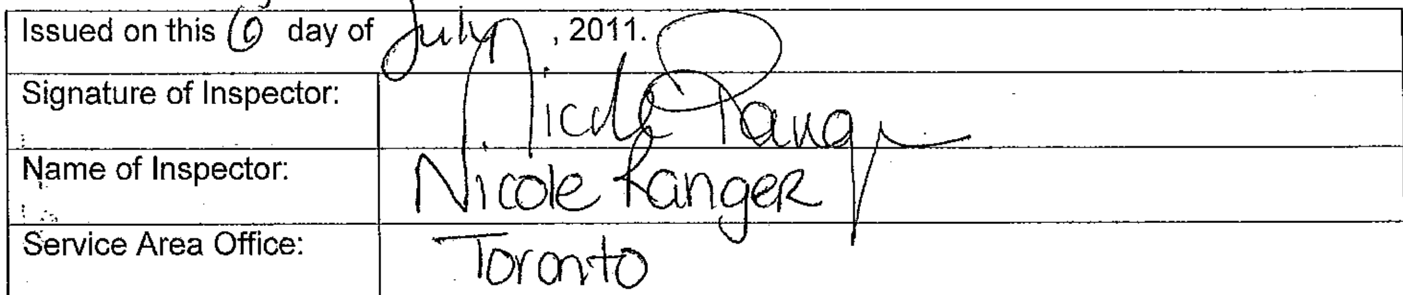
Fax: 416-327-7603

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.

Ontario

**Ministry of Health and Long-Term Care**
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de longue durée**
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité



| Issued on this 6th day of July, 2011. | |
|---|---|
| Signature of Inspector: | [signature] |
| Name of Inspector: | Nicole Ranger |
| Service Area Office: | Toronto |