



**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**

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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
Jan 28, 2015	2015_168202_0001	T-123-14	Resident Quality Inspection

Licensee/Titulaire de permis

REGIONAL MUNICIPALITY OF YORK
17250 Yonge Street NEWMARKET ON L3Y 6Z1

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

YORK REGION NEWMARKET HEALTH CENTRE
194 EAGLE STREET NEWMARKET ON L3Y 1J6

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

VALERIE JOHNSTON (202), JUDITH HART (513), SHIHANA RUMZI (604)

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): January 12, 13, 14, 15, 16, 19, 20, 21, 23, 26, 2015.

During the course of the inspection, the inspector(s) spoke with administrator, director of care (DOC), supervisor of nursing, dietitian, activationist, registered nursing staff, personal support workers, families, residents.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Dignity, Choice and Privacy
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Residents' Council
Responsive Behaviours
Skin and Wound Care**

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

**8 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



1. The licensee has failed to ensure that the home is a safe and secure environment for its residents.

On January 14, 2015 at 10:26 a.m. and 12:33 p.m., on Mulberry home area, the shower/bath room door #1031 was observed to open without utilizing an entry code. The room was observed to contain a towel warmer set at 170°F, an unlabelled spray deodorant can and Premins Cleaners/Percept Disinfectant.

Interviews with RPN #03 and the administrator, verified that the door did not lock and confirmed that the towel warmer was on and set to 170°F, a potential risk to residents. [s. 5.]

**WN #2: 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).**

s. 6. (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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee has failed 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.

The plan of care for resident #07 indicated that he/she has ongoing skin integrity concerns. The resident is to be transferred using a mechanical lift with two staff assistance. Interview with the resident indicated that he/she bruises easily and is often found with a new bruise post transfer.

A review of the skin assessments for an identified period of time, indicated that the resident has ongoing bruising with unknown cause. Staff interviews indicated awareness of the resident's fragile skin, however, they indicated that there are no directions in the written plan of care to prevent injury to his/her skin when providing personal care and transfers. An interview with a registered staff confirmed the plan of care did not provide any directions to staff on how to protect the resident's fragile skin from injury when moving in the bed or with a mechanical lift. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The plan of care for resident #07 indicated that he/she has ongoing skin integrity issues. Interview with the resident indicated that he/she bruises easily and is often found with a new bruise post transfer.

Record review indicated that the physician prescribed weekly skin assessments to be performed on bath day. Record review of skin assessments for an identified period of time had not been completed nine times in the reviewed time period.

Interview with the registered charge nurse confirmed that the required weekly skin assessments for the resident had not been provided to the resident as specified in the plan of care. [s. 6. (7)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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, that the licensee has instituted or put in place is in compliance with, implemented in accordance with all applicable requirements under the Act and is complied with.

On January 20, 2015, the inspector observed risperidone 0.25 milligrams that had expired on August 20, 2013, in the second floor medication cart.

Record review identified that the pharmacy system index titled, medication storage and insulin audit, index number 06-02-60, last updated and reviewed October 1, 2012, indicated under #16 that, discontinued (expired) medications are stored properly before disposal (separate from drugs for administration).

Interview with the registered day charge nurse confirmed that the drug was expired and was immediately removed from the cart. Interview with the DOC confirmed that the expired drug should have been removed from circulation. [s. 8. (1)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system



Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that resident-staff communication response system can be easily seen, accessed, and used by residents, staff and visitors at all times.

Resident #04's plan of care identified the resident as being independent with toileting and will request staff assistance as needed.

On January 16, 2015 at 11:15 a.m., in resident #04's bathroom, the call bell was observed to be tied to the back of the right hand rail of the toilet. Interviews with PSW #05 and RN #02, confirmed that the call bell was wrapped around the right hand rail of the toilet and was inaccessible to the resident. The RN unwrapped the call bell and brought it to the front of the toilet handrail in order to be accessible. [s. 17. (1) (a)]

The plan of care for resident #15 indicated that the resident will occasionally toilet him/herself and will use the call bell in the bathroom to request staff assistance. On January 19, 2015, at 3:00 p.m., the resident was observed to be in his/her washroom by the toilet. The call bell cord was observed to be pulled tight from the wall mount and wrapped multiple times around the grab bar attached to the wall away from the toilet. An identified PSW indicated that the call bell cord in resident #15's washroom had been incorrectly placed and that the resident would not be able to use it from the observed location. The PSW then placed the call bell cord around the grab bar beside the toilet so that the resident would be able to access the call bell if necessary. [s. 17. (1) (a)]

The plan of care for resident #13 indicated that the resident required extensive assistance for activities of daily living and is able to request assistance. On January 15, 2015, the resident was observed to be lying in bed, turned on his/her left side. The call bell was observed to be draped over a table to the right of the resident's bed and out of reach of the resident.

The charge nurse confirmed that the call bell was not accessible by the resident and then positioned the call bell so that the call bell was within the resident's reach. [s. 17. (1) (a)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids



Specifically failed to comply with the following:

s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,

(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).

(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids, (a) Labelled within 48 hours of admission and of acquiring, in case of new items; and (b) Cleaned as required.

On January 21, 2015 at 10:00 a.m., in an identified room the following items were observed to be unlabelled in the shared bathroom:

-blue denture cup and lid, Natura body lotion, Life brand lotion, pink comb, Polident green denture brush, purple basket, Aveeno body wash, lotion, shampoo and conditioner, Joico hair, Epsom salts, green face basin, Head and Shoulders shampoo and Cavi wiper.

On January 21, 2015 at 10:05 a.m., in another identified room, the following items were observed to be unlabelled in the shared bathroom:

Nivea shower gel, Scope mouth wash, Shower to shower powder, blue denture cup with white lid, pink comb, black hair brush, two white and blue toothbrushes, Peri care lotion, Polident, Aim toothpaste, pink hair pick and green bed pan.

Interviews with PSW #01 and RN#02 confirmed that the above personal items had not been labelled. [s. 37. (1)]

WN #6: 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 is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence.

The plan of care for resident #14, identified the resident as incontinent of bladder with occasional incontinence of bowel and requires two staff assistance for continence care. Interview with a RPN indicated that residents who are incontinent are assessed on admission to identify the type and size of continence care products to use. The RPN confirmed that the home currently does not have a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence. [s. 51. (2) (a)]

**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following:**

**s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,
(b) a between-meal beverage in the morning and afternoon and a beverage in the
evening after dinner; and O. Reg. 79/10, s. 71 (3).**

Findings/Faits saillants :



1. The licensee has failed to ensure that each resident is offered a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner.

On January 15, 2015 at 10:37 a.m., resident #13 was in his/her bed and was observed to have dry lips and tongue. The resident indicated that he/she was thirsty and asked the inspector for orange juice or ginger ale. Record review indicated that resident is on enhanced fluid monitoring.

Interview with the PSW who was serving beverages between breakfast and lunch indicated resident #13 was not offered a beverage because of a recent episode of incontinence.

The PSW reported to the charge nurse that a beverage was not offered due to the incontinence. The charge nurse confirmed the above and then directed the PSW to provide the resident with ginger ale. [s. 71. (3) (b)]

WN #8: 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 :



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1. The licensee failed to ensure that drugs are stored in an area or a medication cart, which is used exclusively for drugs and drug-related supplies.

On January 20, 2015, the medication cart contents were observed on second floor south. In a compartment in the top medication cart drawer was found a resident identification band, two watches, and one pair of nail clippers.

Interview with the charge nurse on second floor south confirmed that the above items did not constitute exclusive use of the medication cart for drugs and drug related supplies. [s. 129. (1) (a)]

Issued on this 29th day of January, 2015

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

Original report signed by the inspector.