Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 15, 2020	2020_769646_0014	012958-20, 015034-20, 020736-20	Complaint

Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 Markham ON L3R 3T7

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

Hawthorne Place Care Centre
2045 Finch Avenue West North York ON M3N 1M9

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

IVY LAM (646), IANA MOLOGUINA (763), JULIEANN HING (649)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): October 15, 16, 19, 20, 21, 22, 23, 26, 27, 28, 29, and 30, 2020.

The following intakes were completed in this complaint inspection:
Log #012958-20 related to allegations of staff to resident abuse;
Log #015034-20 related to skin and wound, nutrition and hydration, falls, and medication; and
Log #020736-20 related to care provision and hospitalization and change in condition.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Vice President (VP) of Operations, Nurse Clinician, Assistant Director of Care (ADOC), Physician (MD), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Registered Dietitians (RD), Food Service Manager (FSM), Dietary Aides, Admissions Coordinator, Quality Assurance Manager, Environmental Manager, Program Manager, Program Aides, Employee Engagement Specialist (EES), Social Worker, Residents, and Family Members.

The inspectors conducted observations of staff to resident interactions, resident observations, reviewed residents' clinical records, staffing schedules, and reviewed policy and procedures.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Hospitalization and Change in Condition
Medication
Nutrition and Hydration
Pain
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care

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

4 WN(s)
4 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

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	Légende 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. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

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).

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. The licensee has failed to ensure that a resident's substitute decision-maker was given an opportunity to participate fully in the development and implementation of the resident's plan of care.

A resident's food and fluid intake began to decline over a three-week period, resulting in them not meeting their daily requirements. There was no documentation that the resident's substitute decision-maker was made aware of their inadequate food and fluid intake during this period, this was confirmed by a Registered Nurse (RN).

Sources: resident's food and fluid intake record, progress notes, and RN interview and other staff. [s. 6. (5)]

2. The licensee has failed to ensure that two Personal Support Workers (PSWs) provided care to a resident as set out in the resident's plan of care.

The resident's clinical records identified that they required two staff of a specified gender

to provide assistance for personal care. On an identified date, one PSW opposite of the specified gender and one PSW of the specified gender indicated they provided an identified care for the resident. The PSW of the specified gender asked the PSW of the opposite gender to assist them with the care. The PSW opposite of the specified gender indicated they were aware that the resident required to only have staff of the specified gender to provide personal care, but no other staff were available to assist the other PSW at the time, so they helped anyway. Staff acknowledged that it was expected of them to provide care to the resident as set out in their plan of care, and to rearrange their care tasks if needed so that two staff of the specified gender were available for personal care provision.

Sources: Resident's care plan and progress notes, staff interviews (PSWs, RPN, DOC). [s. 6. (7)]

3. The licensee has failed to ensure a resident was reassessed and their plan of care reviewed and revised when they were diagnosed with a health condition, and their care needs changed.

The resident began to have increasing confusion and behavioural symptoms and sustained a fall. The physician was informed of the changes in the resident's condition and they adjusted the resident's medications. The resident's symptoms continued, and a laboratory sample was taken for testing. The resident's symptoms did not improve after the medication changes, they were refusing care and reported pain. The lab report indicated that the resident was positive for infection, and they were transferred to hospital for further assessment. The resident was later transferred back to the home without treatment for the infection. Post return from hospital, the resident's symptoms did not improve, had poor food intake, refused to get up out of bed, and was drowsy. Approximately a week later they were transferred to hospital again and diagnosed with the infection as previously identified on the lab, and treatment was started. An RN acknowledged that the resident should have been reassessed and treated for the infection.

Sources: Resident's clinical record including progress notes, hospital reports, lab report, RN and other staff interviews. [s. 6. (10) (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:
- the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care;
- the care set out in the plan of care is provided to the resident as specified in the plan; and
- the 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, 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

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 risks related to nutrition and hydration were complied with for a resident.

LTCHA s.11 (1) (a) and (b) requires an organized program of nutrition and hydration for the home to meet the needs of residents.

O. Reg. 79/10, s. 68 (1)(b) and O. Reg. 79/10, s.68 (2) (b), requires that the program includes the identification of any risks related to nutrition and hydration.

Specifically, staff did not comply with the home's policy and procedure "Referral – Nutritional Services" – Interdisciplinary referral to Nutrition Manager/ Supervisor and Registered Dietitian".

Over a three-week period, a resident who was identified at moderate nutritional risk was not consistently meeting their daily targeted fluid intake. During the same period the resident's food intake was also below their requirement. The nursing department did not send a referral to the Registered Dietitian (RD) for the resident's inadequate food and fluid intake. The RN and RD both acknowledged that the home's policy was not complied with when the resident's fluid and food intake was below their daily requirements.

Sources: Resident's food and fluid intake record including assessments and progress notes, the home's policy "Referral – Nutritional Services" – Interdisciplinary referral to Nutrition Manager/ Supervisor and Registered Dietitian", and RN and RD interviews and other staff. [s. 8. (1) (a),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 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, the plan, policy, protocol, procedure, strategy or system is in compliance with and is implemented in accordance with applicable requirements under the Act; and is complied with, to be implemented voluntarily.

WN #3: 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 who exhibited altered skin integrity, was assessed by an RD who was a member of the staff of the home, and changes made to the resident's plan of care relating to nutrition and hydration were implemented.

The home's Skin and Wound Assessment policy required that registered staff complete a referral to the RD for all wounds. The resident had two areas of altered skin integrity. A referral was not sent from nursing to the RD for the two areas of altered skin integrity, resulting in the resident not being assessed for nutrition interventions to promote wound healing. The RN and RD both acknowledged that a skin and wound referral was not sent/ received.

Sources: Resident's electronic record including weekly skin and wound assessments, the home's policy titled skin and wound assessment, and RN and RD interviews and other staff. [s. 50. (2) (b) (iii)]

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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds 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, if clinically indicated, to be implemented voluntarily.

WN #4: 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 a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument designed for this purpose.

A resident complained of pain on three separate dates in one month, and pain medication was administered. Documentation of the effectiveness of the pain medication on the above-mentioned dates indicated that it was ineffective. No further action was taken when the pain medication was ineffective. The RN acknowledged that when the resident's pain was not relieved by the initial intervention on the above-mentioned dates, they should have been assessed using a clinically appropriate assessment instrument designed for pain.

Sources: The resident's electronic medication administration record (e-MAR) and RN interview and other staff. [s. 52. (2)]

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 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, to be implemented voluntarily.

Issued on this 18th day of January, 2021

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

Original report signed by the inspector.