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
Jan 28, 2020	2020_769646_0001	021824-19	Complaint

Licensee/Titulaire de permis

University Health Network
R. Fraser Elliott Building 1S-417 190 Elizabeth Street TORONTO ON M5G 2C4

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

Lakeside Long Term Care Centre
150 Dunn Avenue TORONTO ON M6K 2R6

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

IVY LAM (646)

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): January 6, 7, and 8, 2020.

The following complaint inspection was conducted:
- Log #021824-19 related to sufficient staffing and continence care.

During the course of the inspection, the inspector(s) spoke with the executive director (ED), acting director of care (DOC)/Continence Lead, nursing clerk, registered nurse (RN), registered practical nurses (RPNs), personal support workers (PSWs), and residents.

The inspectors conducted observations of the home's storage areas, staff to resident interactions, observations of residents, reviewed residents' health records, home's investigation notes, staffing schedules, and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **2 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. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times.

This inspection was initiated related to a complaint submitted to the Ministry of Long-Term Care (MLTC) regarding the home not having a DOC for a month, and no Registered Nurse (RN) available in the building on various shifts for an identified period of time.

Review of the home's Daily Roster Report for an identified six-month period showed that there was no RN working in the home on the 44 shifts during the identified period.

Separate interviews with the Nursing Clerk, RN #110, and Registered Practical Nurse (RPN) #106 stated that there have been shifts in the identified six-month period where there was no RN working in the home. Interview with RPN #106 further stated that they had to work as the RPN in charge on certain shifts during the identified period because there was no RN in the home.

Interview with the Acting DOC stated that an RN should always be at the home as per the Ministry of Long-Term Care's legislation. The DOC further stated that the home makes effort to ensure there is always an RN in the home, including contacting full-time, part-time and casual staff, determining if any staff are willing to stay for over-time, and utilizing agency RNs. However, the DOC stated there have been dates when no RNs were available to work during the above-mentioned period, and the home was without an RN on the identified shifts above.

Interview with the Executive Director (ED) stated that the home makes effort to ensure that an RN is working in the home at all times. The ED further stated that the regular RNs have returned to work since, and there have been new RNs hired to work regularly in the home. Furthermore, the ED stated that there has not been a shift without an RN since. [s. 8. (3)]

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 at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations, to be implemented voluntarily.

WN #2: 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 each resident who is incontinent received an assessment that included 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 required, an assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence.

This inspection was initiated for resident #004 related to a complaint submitted to the MLTC, regarding allegations of a shortage of incontinence supplies for residents, and lack of continence care provided to residents in the home. Resident #004 was part of the inspection sample for reviewing the home's continence care program.

Review of the home's identified policy related to continence management showed that required documents related to continence management included the Continence Assessment, which was used to assess a resident's continence capabilities and opportunities to improve, maintain or prevent deterioration of current functioning. Assists in the monitoring of critical indicators of the gradual onset of significant changes in a resident's status.

The policy stated that registered staff were to complete a Continence Assessment using a clinically appropriate assessment tool that is specifically designed for assessment of incontinence. The policy further details that an assessment is completed for all residents upon admission, and for residents with any deterioration in continence level, at required jurisdictional frequency, and with any change in condition that may affect bladder and bowel continence.

Review of resident #004’s progress notes showed the resident was admitted on an identified date.

Review of the resident's clinical assessment on Point Click Care (PCC) showed that no continence assessment was completed for the resident on admission, and no continence assessment form was found for the resident from admission onward.

Interview with the Acting Director of Care (DOC) indicated that the clinically appropriate assessment instrument used by the home is the continence assessment tool on PointClickCare (PCC) which is completed by the registered staff, and this should have been done for resident #004 on admission, and any other times when the resident’s condition related to continence level changed, and it was not done. [s. 51. (2) (a)]

2. Resident #001 and #003 were included as part of the inspection sample for reviewing the home's continence care program.

Review of resident #003’s care plan on PCC showed that the resident required an identified incontinence product on all shifts. Review of resident #003’s most recent continence assessment on PCC showed that the resident required the identified type of incontinence product.

During the inspection, RN #110 showed the inspector the current Resident Profile Worksheet posted in the home area where resident #003 resided. Review of the Resident Profile Worksheet showed that resident #003 was to be provided with a second type of incontinence product for all shifts, which was different than the incontinence product identified on the resident's care plan.

Interview with Personal Support Worker (PSW) #105 stated that they worked regularly with resident #003, and that the resident used the second type of incontinence product identified from the Resident Profile worksheet and the product fit the resident well.

Review of the Assessments in PCC showed that no continence assessment had been completed for the resident since the time they had been identified to use the first type of incontinence product.

Interview with the Acting DOC stated that the registered staff are expected to assess resident #003 using the clinically appropriate continence care assessment tool in PCC when the resident's continence care needs changed from needing one type of incontinence product to another, and this was not done. [s. 51. (2) (a)]

3. Review of resident #001's care plan showed that they were incontinent, and the continence care intervention initiated on an identified date, showed that the resident was to wear an identified incontinence product. The intervention was updated on a later date, to provide the resident with the same incontinence product.

During the inspection, RN #110 showed the inspector the current Resident Profile Worksheet posted in the home area where resident #001 resided. Review of the Resident Profile Worksheet showed that resident #001 was to be provided with the identified incontinence product on all shifts.

Review of resident #001's continence assessments in PCC showed that an assessment was initiated on an identified date, but it was not completed. The home was unable to provide any continence assessment to indicate that the resident was assessed when they needed the identified incontinence product.

Interview with the Acting DOC stated that the registered staff are expected to assess resident #001 using the clinically appropriate continence care assessment tool in PCC when the resident's continence care needs changed to need the identified incontinence product, and this was not done. [s. 51. (2) (a)]

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 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, to be implemented voluntarily.

Issued on this 3rd day of February, 2020

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

Original report signed by the inspector.