



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**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**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue, 4th floor
LONDON, ON, N6A-5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin, 4ème étage
LONDON, ON, N6A-5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 19, 2014	2014_228172_0018	L-001385-14	Resident Quality Inspection

Licensee/Titulaire de permis

STEEVES & ROZEMA ENTERPRISES LIMITED
265 NORTH FRONT STREET, SUITE 200, SARNIA, ON, N7T-7X1

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

ST ANDREW'S TERRACE LONG TERM CARE COMMUNITY
255 St. Andrew's Street, CAMBRIDGE, ON, N1S-1P1

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

JOAN WOODLEY (172), ALI NASSER (523), REBECCA DEWITTE (521)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 27, 28, 29, 30, 31, November 3, 4, 2014

3 Critical Incidents were concurrently inspected as well.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Acting Director of Care, the Environmental Manager, the Life Enrichment Manager, the Nutritional Manager, 2 Registered Nurses, 7 Registered Practical Nurses, 8 Personal Support Workers, 1 Life Enrichment Aide, 1 Dietary Aide, 1 Housekeeping Aide, 1 Physiotherapy Assistant, Residents and Family Members.

During the course of the inspection, the inspector(s) toured the home, observed meal service, medication pass, medication storage, and care provided to residents, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, minutes relevant to the inspection, and observed general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care**

Findings of Non-Compliance were found during this inspection.



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.) 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. (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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

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 the plan of care sets out clear directions to staff and others who provide direct care to the resident.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Care plan review did not identify the behaviour of changing clothes throughout the day.



Interview with a member of the Registered staff and the Acting Director of Care (DOC), confirmed there was no reference to this behaviour of changing clothing throughout the day in the care plan.

Interview with the Acting DOC confirmed the home's expectation is that behaviours would be identified on the care plan for residents especially when it is not a new behaviour so that all staff providing care are aware of the resident's specific behaviours. [s. 6. (1) (c)]

2. The Licensee has failed to ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident.

[REDACTED]

[REDACTED]

[REDACTED]

Record review of the Resident Kardex and Care Plan revealed no documentation of an assessment of the Residents needs and preferences [REDACTED]

[REDACTED].

Interview with the Acting Resident Manager confirmed there was no reference to this behaviour on the care plan or Kardex and it is the home's expectation that the care plan is based on an assessment of a resident's needs and preferences. [s. 6. (2)]

3. 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.

Care Plan review for a specific Resident revealed a fall prevention intervention of apply an alarm monitoring system.

Progress notes review revealed that a specific resident had a fall. Further notes revealed the alarm monitoring system was not working properly.



This was verified by the Acting Manager of Resident Care and she confirmed that the home's expectation is that the care set out in the plan of care will be provided to all residents. [s. 6. (7)]

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 plan of care sets out clear directions to staff and others who provide direct care to the resident, that the plan of care is based on an assessment of the resident and the needs and preferences of that resident and that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 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:

6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :



1. The Licensee has failed to ensure that food and fluids are served at a temperature that is both safe and palatable to the residents.

Interview with a Resident during noon meal revealed the soup was very hot and he/she was not able to eat it.

The temperature of the soup was taken by a nutritional service worker and revealed the soup was served at a temperature of 82°C.

Interview with the Nutritional Manager verified the temperature of the soup and confirmed the home's expectation and policy, is that meal items should not be served at a temperature higher than 77°C to avoid skin or mouth burns. [s. 73. (1) 6.]

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 food is served at a temperature that is both safe and palatable to the residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system

Specifically failed to comply with the following:

s. 114. (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 114 (3).

(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).

Findings/Faits saillants :



1. The Licensee has failed to ensure that written policies and protocols must be developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices related to their Medication management system.

Observations revealed a member of the Registered staff had counted and signed off the Narcotic count sheet five(5) hours before the end of his/her shift.

The pre signed Narcotic count sheet was verified by the Acting Resident Manager who confirmed it is the home's expectation that the count is completed at the change of every shift with the oncoming registered staff. [s. 114. (3) (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 the written policies and protocols are developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights



Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

- i. participate fully in the development, implementation, review and revision of his or her plan of care,**
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,**
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and**
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).**
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Findings/Faits saillants :

1. The Licensee has failed to ensure that the Rights of Residents in having his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act are fully respected and promoted.

Observations made on one resident home area revealed the door at the nursing station was unlocked, opened, unattended and all resident's clinical records and personal health information were accessible. This was verified by a Personal Support Worker.

Observations made on another resident home area revealed the doors at the nursing station were open, unattended, and all resident's clinical records and personal health information were accessible. This was verified by the Administrator.

Interview with the Administrator confirmed that the home's expectation is that resident's personal health care information is kept confidential. [s. 3. (1) 11. iv.]



WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 87.

Housekeeping

Specifically failed to comply with the following:

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

Findings/Faits saillants :

1. The Licensee has failed to ensure that procedures are developed and implemented to address incidents of lingering offensive odors.

Observations revealed lingering odor in two resident rooms.

Interview with Environmental Manager revealed the home does not have a procedure to address incidents of lingering offensive odors and confirmed the home's expectation would be to develop and implement a procedure for addressing incidents of lingering offensive odors. [s. 87. (2) (d)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :



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1. The Licensee has failed to ensure that the washroom fixtures and accessories are maintained and kept free of corrosion and cracks.

Observations revealed four corroded water taps in resident or public washrooms.

Interview with the Environmental Manager revealed that the home's preventative maintenance program does not include checking on the taps in bathrooms and confirmed the home's expectation that all washroom fixtures would be maintained and kept free of corrosion. [s. 90. (2) (d)]

Issued on this 20th day of November, 2014

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