Ontario

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 prévue sous *la Loi de 2007 sur les foyers de soins de longue durée*

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de 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
Jun 3, 2019	2019_560632_0012	018244-18	Complaint

Licensee/Titulaire de permis

Rykka Care Centres GP Inc.
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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

Arbour Creek Long-Term Care Centre
2717 King Street East HAMILTON ON L8G 1J3

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

YULIYA FEDOTOVA (632)

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): May 9, 10, 13, 14, 15, 16, 2019.

The following intake was completed during this Complaint inspection:
log #018244-18 - related to prevention of abuse and neglect, personal support services, nutrition and hydration, skin and wound care.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care, Assistant Director of Care, Residents Assessment Instrument (RAI) Co-ordinator, Wound Care Lead, Home Clerk, Restorative Care Aid (RCA), Food Service Manager, Registered Dietitian, Personal Support Workers (PSWs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), residents and their families.

During the course of the inspection, the inspector reviewed clinical records, policies, procedures, and practices within the home, reviewed meeting minutes and observed the provision of care.

The following Inspection Protocols were used during this inspection:
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **4 WN(s)**
- **3 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 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 failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any procedure it was complied with.

In accordance with O. Reg. 79/10, s. 68. (1) b, the licensee was required to have an organized program of hydration required under clause 11 (1) (b) of the Act, including the development and implementation of procedures under s. 68. (2) (a) of O. Reg 79/10.

The home's "Resident Hydration INDEX I. D.: RCS C-40" procedure indicated that night shift registered staff would "total amount of fluid consumed by the resident on a 24-hour basis for comparison to the amount specified in the plan of care". Residents who did not meet their identified fluid requirements would be listed on the 24-hour report. Registered staff would initiate a Dietary Referral form for each resident who had not consumed their required amount of fluids for the 24-hour period over three-day time span once it was determined there was no reason for reduced consumption.

A. Review of resident #003's plan of care indicated identified amount of estimated fluid goal a day. Review of specified record for a specified two months period of time identified, that on specified dates, the resident had consumed less than estimated daily volume of fluids. Review of Arbour Creek Care Center specified report did not contain documentation related to resident #003. Interview with RPN #106 indicated that staff was to be notified when the resident consumed less than estimate daily volume of fluids. The ADOC acknowledged that staff did not comply with "Resident Hydration INDEX I. D.: RCS C-40" procedure.

The licensee failed to ensure that the home's "Resident Hydration INDEX I. D.: RCS

C-40" procedure was complied with.

B. A complaint log #018244-18 (IL-58176-HA) was submitted to the Ministry of Health and Long-Term Care (MOHLTC) related to resident #001.

Review of resident #001's plan of care indicated identified amount of estimated fluid goal a day. Review of specified record for a specified two months period of time identified that on specified dates the resident had consumed less than estimated daily volume of fluids. Review of Arbour Creek Care Center specified report did not contain documentation related to resident #001. Interview with RPN #106 indicated that staff was to be notified if the resident consumed less than identified amount of fluids a day. The ADOC acknowledged that staff did not comply with "Resident Hydration INDEX I. D.: RCS C-40" procedure.

The licensee failed to ensure that the home's procedure "Resident Hydration INDEX I. D.: RCS C-40" (revised on March 10, 2018) was complied with. [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 and ensuring that the procedure was complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:
1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. The licensee failed to keep a written record relating to each evaluation under paragraph 3 that included the date that those changes were implemented.

The licensee failed to ensure that the home's Skin Care and Wound Management Program INDEX I.D: QIP I-05-65 evaluation included the date that summary of the changes were implemented.

On an identified date, the Wound Care Lead indicated that the goals and objectives for a reviewed 2019 period did not contain associated performance metrics indicating the date when summary of the changes were made and the date that those changes were implemented.

The ADOC acknowledged that the home's Skin Care and Wound Management Program INDEX I.D: QIP I-05-65 (date of report was 2019) evaluation did not include the date that summary of the changes were implemented. [s. 30. (1) 4.]

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 and ensuring that a written record relating to each evaluation under paragraph 3 that includes the date that those changes are implemented, 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 of a long-term care home failed to ensure that a resident who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A complaint log #018244-18 (IL-58176-HA) was submitted to the MOHLTC on an identified date related to resident #001.

Resident #001 had specified interventions in place related to skin and wound care.

i. Review of resident #001's electronic Treatment Administration Record (eTAR) for a specified three months period in 2018 and for a specified two months period in 2019 indicated that a specified skin assessment was to be conducted weekly.

Review of progress notes and assessment section indicated that no specified reassessment was conducted on identified dates during a specified period in 2018 and in 2019, which was confirmed by the Wound Care Lead and acknowledged by the ADOC.

The home failed to ensure that resident #001's specified skin reassessment was conducted at least weekly by a member of the registered nursing staff.

ii. Review of resident #001's eTAR for a specified three months period in 2018 and for a specified two months period in 2019 indicated that another specified skin assessment was to be conducted weekly.

Review of progress notes and assessment indicated that no specified weekly reassessment for the resident's specified skin site was conducted on specified dates in 2018 and in 2019, which was confirmed by the Wound Care Lead and acknowledged by the ADOC.

The home failed to ensure that resident #001's specified skin reassessed was conducted at least weekly by a member of the registered nursing staff. [s. 50. (2) (b) (iv)]

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 and ensuring that a resident who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:
1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).
2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).
3. Behaviour management. 2007, c. 8, s. 76. (7).
4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).
5. Palliative care. 2007, c. 8, s. 76. (7).
6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).

Findings/Faits saillants :

1. The licensee failed to ensure that all staff who provided direct care to the residents received as a condition to continuing to have contact with residents annual retraining in the area of skin and wound care in accordance with O. Reg. 79/10, s. 221. (1) (2), in relation to the following:

On an identified date, 2019, the DRC confirmed that 51 percent of staff, who provided direct care to the residents, received annual retraining in the area of skin and wound care in 2018 and that not all direct care staff received the annual retraining.

The licensee failed to ensure that all staff, who provided direct care to the residents, received as a condition to continuing to have contact with residents, annual retraining. [s. 76. (7) 6.]

Issued on this 12th day of June, 2019

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

Original report signed by the inspector.