



**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**

Hamilton Service Area Office  
119 King Street West, 11th Floor  
HAMILTON, ON, L8P-4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119, rue King Ouest, 11<sup>ième</sup> étage  
HAMILTON, ON, L8P-4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

### **Public Copy/Copie du public**

| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|--------------------------------|--|
| Jul 23, 2014                                   | 2014_240506_0018                              | H-000899-<br>14                | Resident Quality<br>Inspection                     |

#### **Licensee/Titulaire de permis**

MARYBAN HOLDINGS LTD  
3700 BILLINGS COURT, BURLINGTON, ON, L7N-3N6

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

BILLINGS COURT MANOR  
3700 BILLINGS COURT, BURLINGTON, ON, L7N-3N6

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

LESLEY EDWARDS (506), CATHIE ROBITAILLE (536), JESSICA PALADINO (586)

### **Inspection Summary/Résumé de l'inspection**



**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**

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

**This inspection was conducted on the following date(s): July 14, July 15, July 16, 2014, July 17, July 18, July 21 and 22, 2014.**

**The following inspection was conducted concurrently with this inspection-  
Critical Incident Inspection log number;H-000866-14.**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Food and Nutrition Manager, Registered Dietitian(RD), Maintenance Manager, Recreation Director, Resident Assessment Instrument Co-ordinator (RAI), Registered nursing staff, Personal Support Workers (PSW), dietary staff, family members and residents.**

**During the course of the inspection, the inspector(s) toured the home, observed the provision of care and services provided on all home areas and reviewed relevant documents including, but not limited to: policies and procedures, meeting minutes, menus, recipes, education records and health care records.**

**The following Inspection Protocols were used during this inspection:**

**Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Food Quality  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
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**

|   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/> VPC – Voluntary Plan of Correction<br/> DR – Director Referral<br/> CO – Compliance Order<br/> WAO – Work and Activity Order</p>  | <p>Legendé</p> <p>WN – Avis écrit<br/> VPC – Plan de redressement volontaire<br/> DR – Aiguillage au directeur<br/> CO – Ordre de conformité<br/> WAO – Ordres : travaux et activités</p>  |
| <p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

**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. (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. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).**

**s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised,**

**(a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).**

**(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).**

---

**Findings/Faits saillants :**

1. The licensee did not ensure that the care set out in the plan of care was provided to the following residents as specified in the plan.

A) Resident #021's diet list, which staff use to be kept aware of the residents' special diet interventions, stated that the resident is to receive crustless bread. During lunch service on an identified date in July 2014, the resident received a sandwich with crusts.

B) Resident #020's diet list and what the home refers to as the care plan stated that the resident is to receive puree soup in a mug and a lipped plate for their entrée. During lunch service on an identified date in July 2014, the resident received regular soup in a bowl and a regular plate for their entrée.

C) Resident #022 and #024's diet lists and care plans stated that the residents are to receive half portions at meals. During lunch service on an identified date in July 2014, both residents received full portions.

D) Resident #023's diet list stated that the resident is to avoid juice with meals. During lunch service on an identified date in July 2014, the resident was fed juice. [s. 6. (7)]



2. The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care related to falls and have convenient and immediate access to it.

Resident #008 was at high risk for falls and sustained multiple falls in June 2014. Interventions had been put in place for this resident to mitigate their falls and were documented in the resident's progress notes. The document that the home refers to as the care plan and the kardex that directs the frontline staff to provide care, did not include the interventions that were documented in the progress notes to mitigate the resident's falls. The Administrator confirmed that the frontline staff did not have immediate and convenient access to the interventions to provide care to this resident and confirmed that the interventions should have been in the resident's care plan and kardex. [s. 6. (8)]

3. The licensee did not ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's nutrition plan of care and have convenient and immediate access to it.

During dining, soup is portioned by the dietary staff into bowls in the servery and put on a cart for the PSWs to distribute; this includes regular and pureed soups. A PSW then goes around the dining room and distributes the soup. There is no instructions on the cart for the staff to follow as to which texture of soup each resident is to receive. During lunch service on an identified date in July 2014, a PSW served resident #020 regular soup when they were supposed to receive pureed soup, and when the inspector made the staff aware of this, they confirmed they did not know the resident was supposed to receive pureed soup. The staff serving the soup did not have immediate access to the contents of the residents' plan of care. [s. 6. (8)]

4. The licensee did not ensure that when the plan of care is being revised and the care set out in the plan has not been effective different, approaches are considered.

Resident #002's plan of care indicated that the resident was at risk for falls and sustained multiple falls from identified dates from March 2014 to July 2014, indicating that the interventions were not effective. The plan of care was revised after each fall but the home did not trial or implement any different approaches to mitigate the resident from falling. This information was confirmed by the resident's health record and the Administrator. [s. 6. (11) (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 care set out in the plan of care is provided to residents as per the plan of care, and that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it, to be implemented voluntarily.***

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**

**11. Seasonal risk relating to hot weather. O. Reg. 79/10, s. 26 (3).**

---

**Findings/Faits saillants :**

1. The licensee did not ensure each residents' plan of care included seasonal risk related to hot weather.

Review of the home's clinical health records confirmed that the document the home refers to as the care plan did not include any individualized interventions for hot weather related illness for all residents in the home. The home's Prevention and Management of Hot Weather Related Illness Policy [CN-H-04-6, dated August 2012] stated that after staff have completed a heat risk assessment on each resident, they are then to complete and update each residents' care plan on potential and actual risk of heat related illnesses. Interview with the DOC confirmed this has not been done. [s. 26. (3) 11.]



***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 each residents' plan of care includes seasonal risk related to hot weather, to be implemented voluntarily.***

---

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

**Specifically failed to comply with the following:**

**s. 72. (2) The food production system must, at a minimum, provide for, (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).**

**s. 72. (2) The food production system must, at a minimum, provide for, (f) communication to residents and staff of any menu substitutions; and O. Reg. 79/10, s. 72 (2).**

**s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).**

---

**Findings/Faits saillants :**



1. The licensee did not ensure that the food production system included standardized recipes for all menus.

A) On July 16, 2014, observation of noon meal production and the staff interviewed confirmed that there were no recipes for pureed bread and pureed cinnamon bread.

B) The recipe for the Philly steak sandwich had handwritten instructions to add cheese sauce to the sandwich. There was no recipe for the cheese sauce, therefore no direction for staff.

C) The recipe for pureed sautéed mushrooms and onions listed mushrooms, onions and vegetable broth as the required ingredients, however the instructions stated that melted margarine and/or liquid was to be added to the vegetables. Margarine was not listed in the ingredients list. [s. 72. (2) (c)]

2. The licensee did not ensure that all menu substitutions were communicated to the residents.

The dinner menu on July 16, 2014, called for spring mix vegetables to be served. Review of the kitchen's menu and interview with the staff confirmed peas were served. This substitution was not made on the daily menu boards posted outside of each of the dining rooms, therefore the menu change was not communicated to the residents. [s. 72. (2) (f)]

3. The licensee did not ensure that all food and fluids in the food production system were prepared, stored, and served using methods to preserve taste and appearance.

A) The recipe for pureed sautéed mushrooms and onions was not followed. The recipes stated that vegetable broth was to be added to the mushrooms and onions, then blended in the food processor. Staff confirmed no broth was added, affecting the taste of the food.

B) On July 17, 2014, the lunch meal served to residents was visually unappealing. The carrot raisin salad was observed on multiple residents' plates to be very liquidy and was running all over their plates, affecting the appearance of the food. Interview with residents confirmed it was unappetizing. [s. 72. (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 the food production system includes standardized recipes for all menus, that all menu substitutions are communicated to the residents, and that all food and fluids in the production system are prepared, stored, and served using methods to preserve taste and appearance, to be implemented voluntarily.***

---

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

**Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:**

- 1. All areas where drugs are stored shall be kept locked at all times, when not in use.**
- 2. Access to these areas shall be restricted to,**
  - i. persons who may dispense, prescribe or administer drugs in the home, and**
  - ii. the Administrator.**
- 3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

---

**Findings/Faits saillants :**



1. The licensee did not insure that all areas where drugs were stored were kept locked at all times, when not in use.

On an identified date in July 2014, between 0810 hours and 0840 hours, a Registered staff was observed during the administration of six medications to residents in the dining room, leaving the medication cart unlocked and unattended five times out of six while the medication cart was out of their view.

Again at 0910 hours the medication cart was seen unattended and this inspector went to the cart and noted it was once again unlocked and the Registered staff was not within view of the cart. This inspector was able to open and close the drawers of the medication cart without the staff member being aware. The staff member confirmed that the cart should have been locked. On July 17, 2014 the Administrator confirmed the medication cart should always be locked when unattended or out of view of the nurse. [s. 130. 1.]

2. The licensee did not ensure that a monthly audit was undertaken of the daily count sheets of controlled substances.

The Administrator confirmed on July 18, 2014 that a monthly audit of the daily count sheets of controlled substances to determine if there were any discrepancies was not being done at this time. [s. 130. 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 the security of the home's drug supply, where the drugs are stored, is kept locked at all times, to be implemented voluntarily.***

---

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management**



**Specifically failed to comply with the following:**

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).**

---

**Findings/Faits saillants :**

1. The licensee did not ensure that the resident who had fallen had a post fall assessment completed using a clinically appropriate assessment instrument that is specifically designed for falls.

On an identified date May 2014, resident #005 sustained a fall with injury. Staff interviewed and documentation on July 17, 2014 confirmed that the resident did not receive a post fall assessment using a clinically appropriate assessment. [s. 49. (2)]

---

**WN #6: 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 did not ensure that foods and fluids were being served at safe and palatable temperatures.

The home's food temperature record indicated that hot items must be served at a minimum of 60°C and cold items at a maximum of 4°C. Temperatures were taken during breakfast service on July 16, 2014. The temperatures of the probed items were as follows: pureed bread 20.2°C, pureed mixed berries 21.2°C, pre-portioned oatmeal 58°C, and apple juice 14.3°C. During lunch service on July 17, 2014, two residents complained of their soup being cold. These residents, along with three residents interviewed during Stage 1 of the RQI, stated that their food is often cold when served to them. [s. 73. (1) 6.]

---

**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 116. Annual evaluation**

**Specifically failed to comply with the following:**

**s. 116. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 79/10, s. 116 (1).**

---

**Findings/Faits saillants :**

1. The licensee did not ensure that the interdisciplinary team met annually to evaluate the effectiveness of the medication management system.

On July 17, 2014 the Administrator confirmed that an annual review to evaluate the effectiveness of the medication management system had not occurred. [s. 116. (1)]

---

**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 :**

1. The licensee did not ensure that drugs were stored in an area of the medication cart that is secured and locked.

On an identified date in July 2014, between 0810 hours and 0840 hours, it was noted that a bottle of opened liquid medication with a dispensing syringe inside was left on top of the medication cart while the cart was witnessed by this inspector to be unattended and out of view of the Registered staff on duty. The staff member confirmed that the medication should have been secured and locked when they were away from the cart. On July 17, 2014 the Administrator confirmed that all medications must be secured and locked when the medication cart is unattended. [s. 129. (1) (a)]

---

**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**



**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:**

**1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).**

---

**Findings/Faits saillants :**

1. The licensee did not ensure that staff participated in the infection prevention and control program.

On an identified date in July 2014, during observation of the medication administration, it was noted that the Registered staff did not sanitize their hands before administration of an injectable medication to residents #010 and #011. [s. 229. (4)]

2. The licensee did not ensure that resident #033 was screened for tuberculosis within 14 days of admission.

Resident #033 was admitted to the home on an identified date in November 2013 and the resident did not receive their tuberculosis screening until April 2014. This information was confirmed by the health record and the DOC. [s. 229. (10) 1.]

---



**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**

**Issued on this 11th day of August, 2014**

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