Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 19, 22, 26, 31, Nov 1, 2, 5, 6, 2012	2012_031194_0051	Complaint

Licensee/Titulaire de permis

HELLENIC HOME FOR THE AGED INC.
33 WINONA DRIVE, TORONTO, ON, M6G-3Z7

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

HELLENIC HOME - SCARBOROUGH
2411 LAWRENCE AVENUE EAST, SCARBOROUGH, ON, M1P-4X1

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

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator, Acting Director of Care (DOC), Food Service Manager (FSM), Registered Dietitian (RD), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW),Substitute Decision Makers (SDM), family members and residents

During the course of the inspection, the inspector(s) reviewed resident's clinical health records, resident council minutes, relevant policies, observed meal service, and staff/resident interactions.

Four complaint inspections completed during this inspection (Log #002007,001125,000368 and 001079)

The following Inspection Protocols were used during this inspection:
Nutrition and Hydration

Personal Support Services

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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 subsections:

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;
(b) the goals the care is intended to achieve; and
(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. (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).

Findings/Faits saillants :

1. The Licensee failed to comply with O.Reg 79/10 s.6(2) in that the care set out in the plan of care was not based on an assessment of the resident and the needs and preferences of the resident.

TAR for resident #001 indicate that a treatment is to be completed at a designated time.

Resident #001 has confirmed that the treatment is not provided as needed.

SDM has expressed concerns that treatment is not being completed as needed.

Progress notes indicate that treatment is not provided as needed.

Treatment was not provided based on the needs of resident #001.[s.6(2)](Log#001079)

The plan of care for resident #001 indicates that the resident is incontinent of bowel and bladder".

Resident #001 has confirmed staff do not provide care as requested

The SDM has confirmed that the resident's needs are not being provided for as requested

Resident #001's plan of care does not related to toileting is not based on an assessment of the resident's needs and preferences.[s.6(2)](Log#001079)

2. The Licensee failed to comply with O.Reg 79/10 s.6(5) in that the resident's SDM was not given an opportunity to participate fully in the development and implementation of the resident's plan of care related to changes in medications.

A physician's order was received to administer medication to resident#001. SDM was not notified.

A subsequent physician order was received for resident #001 SDM was not notified.

SDM has confirmed that she was not advised when medication changes were made.[s.6(5)](Log#001079)

Progress notes for resident #002 confirms that a treatment is being provided.

A RAI MDS assessment for resident #002 confirms treatment.

The clinical health record for resident #002 does not indicate that the SDM was notified of treatment. [s.6(5)] (Log#000368)

3. The Licensee failed to comply with O.Reg 79/10 s.6(1)(a)in that the written plan of care for each resident does not set out the planned care for the resident.

Progress notes and RAI MDS assessment for resident #002 confirms that a treatment is being provided.

A physician order for treatment is received for resident #002.

The written plan of care for resident #002 does not set out the planned care related to the treatment.[s.6(1)(a)] (Log#000368)

4. The Licensee failed to comply with O.Reg 79/10 s.6(1)(c) in that the written plan of care for each resident does not set out clear direction to staff and others who provide direct care to the resident.

-The written plan of care for resident #001 gives conflicting directions to staff related to transfers, indicating that 2 staff

assist is be to provided for weight bearing support; as well as staff are to use mechanical lift and to avoid weight bearing.

-Resident #001 confirms that staff use a mechanical lift for transfers and provide toileting in an identified area.

-PSW #019 and #020 have confirmed that the resident is a mechanical lift and is toileted in an identified area.

The written plan of care for resident #001 does not set out clear direction for staff related to the method of transfer or the location used for toileting.[s.6(1)(c)](Log#001079)

RPN staff confirm that specific interventions are used for resident #004 when the resident is drowsy at meals

Interview with RPN and Dietitian confirm that resident #004 is at risk for Dehydration.

A Physician's order was received for resident #004 to "please push fluids"

The MARS for resident #004, directs staff to push fluids.

Staff could not confirm that fluids were pushed for this resident, there are no signatures on the MAR.

The RD directs fluid requirements in the plan of care for resident #004.

The fluid intake records for an identified period, for resident #004 indicates that the resident received less than the directed fluid requirements on 13 days.

Written Plan of care for resident #004 does not identify risk for dehydration or interventions confirmed by staff for when the resident is drowsy at meals.[s.6(1)(c)](Log#002007)

A RAI MDS assessment indicates a treatment for resident #002.

Progress notes for resident #002 indicate that a treatment was provided

There is no physician's order for the treatment provided.

The plan of care does not set out clear directions to staff and others who provide direct care to the resident related to treatment[s.6(1)(c)](Log#000368)

5. The licensee failed to comply with O.Reg 79/10 s.6(7)in that the care set out in the plan of care is not provided to the resident as specified in the plan.

A Physician's order for treatment for resident #003 was received.

Resident #003 was not provided treatment as specified in the plan of care for two identified months.[s.6(7)](Log#001125)

A physicians order was received for resident #002 for a specific treatment.

The physicians order was not transcribed onto identified MARS for resident #002.

Review of documentation for resident#002 confirms that care was not provided as specified in the plan of care[s.6(7)] (Log#000368)

The Plan of care for resident #002 indicates that Registered Dietitian assessed the resident for fluid requirements.

Review of the Fluid intake records for resident #002 indicate that on 21 days the daily required fluid amounts were not received.

The care set out in the plan of care for resident #002 related to hydration was not provided as specified in the plan.[s.6 (7)](Log#000368)

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 ensuring that;
-the written plan of care for each resident sets out clear direction to staff and others who provide direct care to the resident
-the written plan of care sets out planned care for the resident
-the care set out in the plan of care is based on an assessment of the resident and the needs and preferences
-that the SDM is given an opportunity to participate fully in the development and implementation of the resident's plan of care
-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. 68. Nutrition care and hydration programs

Specifically failed to comply with the following subsections:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;
(b) the identification of any risks related to nutrition care and dietary services and hydration;
(c) the implementation of interventions to mitigate and manage those risks;
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The Licensee failed to comply with O.Reg 79/10 s.68(2)(d)by ensuring that the Nutrition care and hydration program included a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

Licensee's policy "Hydration and Nutrition Monitoring" dated May 2012 was reviewed by inspector.

The policy does not reflect the licensee's current method of computerized documentation "Point of Care". The current policy does not provide a system to monitor and evaluate the food and fluid intake of residents risk using the new method of documentation.

The Plan of care for resident #002 directs that the resident is to receive a required amount of fluids daily, as per RD.

Review of the Fluid intake records for resident #002 indicate that on 21 days the daily required fluid amounts were not received.

The Acting DOC confirms the licensee does not have a system to monitor and evaluate the flood and fluid intake of residents with the current computerized documentation system.[s.68(2)(d)](Log#000368)

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 ensuring that a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes
Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

1. The home failed to comply with O.Reg 79/10 s.69(10) by ensuring that a resident with a weight change of 5 percent of body weight, or more, over one month is assessed using an interdisciplinary approach and that actions are taken and outcomes are evaluated.

A review of resident #002 weights indicate that a weight loss was recorded

The resident's health care records does not indicate that an assessment or interventions related to weight loss was completed. [s.69](Log#000368)

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following subsections:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours;
(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;
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The Licensee failed to comply with O.Reg 79/10 s.50(2)(b)(iv) in that residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tear or wounds are not re-assessed weekly by the registered staff, if clinically indicated;

"Skin and Wound Care Management Protocol" dated April 2012 directs registered staff to;
assess wounds weekly or more frequently, if needed.
-Utilizing the "Wound Management Treatment Plan" (Appendix A) for all resident's requiring wound care management.
2. Documentation for resident #003 in the clinical health records indicate that the resident required a treatment.

The Wound Management Treatment Plan for resident #003 was not completed weekly for five identified months.

Resident #003 who requires a treatment was not provided with weekly re-assessments by the registered staff[s.50(2)(b)(iv)](Log#001125)

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 ensuring that residents exhibiting altered skin integrity, including skin breakdowns, pressure ulcers, skin tears or wounds is re-assessed at least weekly by a member of the registered nursing staff., to be implemented voluntarily.

WN #5: 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 subsections:

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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA, 2007 s.8(1)(b)in that medication policies were not complied with.

As required under O. Reg 79/10 s.114(2)The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

Pharmacy (Don Valley Pharmacy Ltd) policy "Medication - Discontinue/Changed Directions" # 2.25 directs staff to;

If a change of direction is ordered, a cross should be placed through the drug order, a line should be drawn after the last dose administered and "change of Direction" should be written in following the line. The order with the changed direction is now treated as a new order.

Directions by physician related to medication administration was received for resident #003.

The MARs for resident #003 does not reflect that the licensee's policy "Medication Discontinue/Change in Directions" was followed by staff when processing this new order.[s.8(1)(b)](Log#001125)

A Physician order was received for resident #001.

The MARS for resident #001 does not reflect that the licensee's policy for "Medication Discontinue/Change Directions" was followed by staff when processing this new order.

A Physician order was received for resident #001.

The MARS for resident #001 does not reflect that the licensee's policy for "Medication Discontinue/Change Direction" was followed by staff when processing this order.[s.8(1)(b)](Log#001079)

WN #6: 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 subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
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.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
i. the Residents' Council,
ii. the Family Council,
iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
iv. staff members,
v. government officials,
vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The Licensee failed to comply with LTCHA, 2007 s.3(1)16 in that the resident's rights to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately, was not fully respected and promoted when a SDM was not notified concerning a transfer to hospital.

RPN confirms that she called the SDM's contact number and left a message. The SDM has confirmed that a clear message was not received. There is no evidence that the licensee attempted to re-contact SDM with information of resident's hospitalization.[s.3(1)16](Log#002007)

Issued on this 7th day of November, 2012

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

Chantal Jafrenière (194)