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

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

Division des foyers de soins de longue durée
Inspection de sions de longue durée

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 11iém étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 21, 2016	2016_301561_0008	006716-14	Complaint

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE BRAMPTON ON L6T 4B9

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

MALTON VILLAGE LONG TERM CARE CENTRE
7075 Rexwood Road MISSISSAUGA ON L4T 4M1

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

DARIA TRZOS (561)

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): March 22, 23, 29, 30, 2016.

Concurrent Inspections:
Follow up Inspections: 005673-16 (staff to resident abuse), 005674-16 (improper transfer)
Critical Incident Inspections: 008315-14 (injury of unknown cause), 001596-14 (responsive behaviours)

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Supervisors of Care (SOC), Registered staff including Registered Nurses (RN) and Registered Practical Nurses (RPN), Program Support Nurse, Personal Support Workers (PSWs), Physiotherapist, and family members.

During the course of the inspection the Inspector observed the provision of care, interviewed staff, reviewed the clinical records and reviewed the relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Personal Support Services
Skin and Wound Care

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	Legendé 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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident’s plan of care was not revised at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.

In 2014, resident #005 sustained an injury of unknown cause. The progress notes were reviewed, the resident was assessed by Nurse Practitioner (NP) and ordered tests. The interview with the Physiotherapist #108 had indicated that while the home was awaiting results they had assessed the resident and implemented new interventions. The resident’s health records were reviewed and the assessment done by the Physiotherapist was not documented in resident’s health records. The Point of Care (POC), a computerized system where the PSWs document what type of care was provided to the resident, did not include the new intervention assessed by Physiotherapist. The PSW #104 could not recall when the new transfer interventions were changed but when changes are made, they should always be updated in the written plan of care as this is the document that guides the care for each resident. The Supervisor of Care (SOC) #101 confirmed that the written plan of care is always revised electronically in PCC. The written plan of care in effect during the time the home was waiting for test results was not revised with the recommendations made by the Physiotherapist. The licensee failed to ensure that the plan of care was revised when resident's care needs changed. [s. 6. (10) (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 resident’s plan of care is revised at any other time when the resident's care needs change or care set out in the plan is no longer necessary, 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. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

In 2014, resident #005 sustained an injury from an unknown cause. The progress notes were reviewed and indicated that the resident was assessed by the Nurse Practitioner (NP) and ordered tests. Interview with the Physiotherapist #108 indicated that they could not recall the exact date, but while the home was awaiting results hey had assessed the resident and implemented new interventions. The resident's health records were reviewed and the assessment done by the physiotherapist was not documented in resident's health records. The Physiotherapist confirmed that they had not documented their assessment. [s. 30. (2)]

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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

Issued on this 5th day of May, 2016

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

Original report signed by the inspector.