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 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
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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
Jun 16, 2014	2014_337581_0004	H-000367-14	Critical Incident System

Licensee/Titulaire de permis

HOLLAND CHRISTIAN HOMES INC
7900 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, L6Y-5A7

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

GRACE MANOR
45 Kingknoll Drive, BRAMPTON, ON, L6Y-5P2

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

DIANNE BARSEVICH (581)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 14, 15, 20, 2014

PLEASE NOTE: Two areas of non-compliance were found related to the licensee's failure to ensure that the resident was reassessed and the plan of care reviewed and revised when care needs changed [2007,c. 8, s. 6(10)(b)] and staff did not comply with the home's policy [O. Reg. 79/10, s. 8(1)(b)]. This non-compliance was issued in Inspection #2014_205129_0010/H-000810-13/H-000783-13 conducted concurrently with this inspection on May 14, 15, 20, 2014 and is contained in the report of this inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care(DOC), Assistant Director of Care(ADOC), Registered Practical Nurse (RPN),Physiotherapist, Physiotherapist Assistant, Resident Assessment Instrument-Minimum Data Set(RAI-MDS)Coordinator, Personal Support Workers (PSW)

During the course of the inspection, the inspector(s) observed the provision of care, reviewed relevant clinical health records and the home's policies and procedures.

The following Inspection Protocols were used during this inspection:
Falls Prevention

Findings of Non-Compliance were found during this inspection.

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. (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. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee did not ensure that there was a written plan of care for each resident that sets out clear direction to staff and others who provide direct care to the resident in relation to the following [6(1)(c)]
On an identified date in May 2014,Inspector observed Resident #002 sitting in a tilt wheelchair with seat belt fastened. At 11:50 hours, the inspector observed two Personal Support Workers(PSW)apply safety equipment on the resident and walked the resident from the lounge to the washroom. The written plan of care did not identify the resident's ambulation level and the use of safety equipment.
The PSW confirmed that there were no clear directions to walk the resident to the washroom on the plan of care or kardex but they were verbally told by the registered staff to walk the resident to the washroom with assistance of two staff and the use of safety equipment.
The Registered Staff confirmed that the document used in the home to provide care direction to front line staff related to Resident #002’s ambulatory status and the amount of assistance required by the resident when ambulating did not provide clear directions to front line staff. [s. 6. (1) (c)]

2. The licensee did not ensure that the staff and others involved in the different aspects of care of the resident collaborated with each other, in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other in relation to the following, [6(4)(a)]
Registered Staff stated they provided verbal directions to the Personal Support Workers related to walking resident #002 to the washroom with the use of safety equipment.
The Physiotherapist completed a quarterly assessment of the resident on an identified day in May 2014 and stated in an interview the resident was not ambulatory, but did not complete the ambulatory section of the assessment. The Physiotherapist stated that the resident was no longer ambulating and was now in a tilt wheelchair restrained.
The Physiotherapist confirmed that there was no collaboration with nursing staff in the assessment of the resident’s care needs related to ambulation and the application of safety equipment. [s. 6. (4) (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 and ensuring that staff and others involved in different aspects of care of the resident collaborate with each other in the assessment and in the development and implementation of the plan of care so that different aspects of care are integrated and consistent with and complement each other, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 57. Integrating restorative care into programs
Every licensee of a long-term care home shall ensure that,
(a) restorative care approaches are integrated into the care that is provided to all residents; and
(b) the restorative care approaches are co-ordinated to ensure that each resident is able to maintain or improve his or her functional and cognitive capacities in all aspects of daily living, to the extent of his or her abilities. O. Reg. 79/10, s. 57.

Findings/Faits saillants :

1. The licensee did not ensure that restorative care approaches were integrated into the care that was provided to Resident #002 to ensure that the resident was able to maintain or improve their functional capacities in all aspects of daily living, to the extent of their abilities, in relation to the following; [57(a)]
The clinical record indicated resident #002 was ambulating independently, when on an identified day in April 2014, interventions were put in place to prevent the resident from falling. As a result of these interventions the resident was no longer able to ambulate independently.
The Physiotherapist stated verbally that if PSW's were still able to walk the resident to the washroom that the resident should be assessed for a restorative walking program. Physiotherapist confirmed that there was not a restorative focus of care implemented after the resident was no longer independently ambulating and was positioned in a tilt wheelchair and restrained.
The Director of Care (DOC) confirmed that there was not a restorative approach for Resident #002. The DOC stated the resident would benefit from a restorative approach as they were walking independently but is now confined to a tilt wheelchair with a seat belt fastened due to history of falls, high risk of falls and safety. [s. 57. (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 restorative care approaches are integrated into the care that is provided to all residents, to be implemented voluntarily.

WN #3: 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:
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. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the rights of the residents were fully respected and promoted and that every resident has the right to be properly cared for in a manner consistent with their needs in relation to the following, [3(1)4]
Resident #002 was admitted to the home in 2014 and was identified as ambulatory. Registered Staff continued to document that the resident was walking independently until an identified day in April 2014.
On an identified day in April 2014, interventions were put in place to help prevent future falls which included the resident being placed in a tilt wheelchair and restrained which impeded the residents' current ability to walk and transfer. The resident required care to maintain their current ability to continue walking and transferring. A Personal Support Worker was interviewed and stated that there has been a noticeable deterioration in the residents' ability to transfer, stand and walk since the resident was placed in a tilt wheelchair and not walking.
The Registered Staff and the Physiotherapist confirmed they did not identify a plan of care to maintain the residents' ability to continue to weight bear, transfer and walk with assistance. Resident #002's care needs were not addressed after they were restrained in a tilt wheelchair and no plan was put in place to maintain their transferring, standing and walking abilities. [s. 3. (1) 4.]

WN #4: 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 did not ensure where the Act or this regulation requires the licensee to have, institute or otherwise put in place any policy or procedure that the directions contained in the policy or procedure were in compliance with and is implemented in accordance with all applicable requirements under the Act, in relation to the following; [8(1)(a)]
The home’s policy [Falls Protocol] #30.06.13 issued on July 2, 2009, stated that all staff will receive education on the falls protocol in orientation programs for new hires and will be repeated regularly to ensure awareness of the program and everyone’s role in it. The direction that education will be repeated regularly does not comply with O. Reg. 79/10, s. 221 (1) 1 and O. Reg. 79/10, s. 219 (1) when the directions did not indicate that education on falls prevention and management will be provided annually. [s. 8. (1) (a)]

Issued on this 27th day of June, 2014

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