Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	MICHELLE WARRENER (107)
Inspection No. / No de l'inspection :	2012_191107_0001
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Oct 10, 11, 12, 17, 18, 19, 22, 23, 26, 2012
Licensee / Titulaire de permis :	1245556 ONTARIO INC. 200 Ronson Drive, Suite 305, TORONTO, ON, M9W-5Z9
LTC Home / Foyer de SLD :	BURTON MANOR 5 Sterritt Drive, BRAMPTON, ON, L6Y-5P3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	~~JILL KNOWLTON~~ Adam Banks MW

To 1245556 ONTARIO INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Order / Ordre :

The licensee shall ensure that the home's Registered Dietitian assesses residents' nutrition and hydration status and any risks related to nutrition and hydration status, specifically related to significant weight loss, constipation, poor fluid intake/hydration levels below the residents' calculated fluids requirements, and poor skin integrity.

Grounds / Motifs :

1. [O.Reg. 79/10, s. 26(4)]
The Registered Dietitian did not assess resident #03's hydration status, and any risks related to hydration when the resident's fluid intake was less than their target fluid requirement.
a) At a nutritional review by the Dietitian, the resident was noted to be consuming approximately 1125ml/day of fluids. According to the resident's plan of care, their calculated fluid requirement was 1813 ml/day. There was no assessment of the poor hydration and action was not taken to address the noted poor hydration.
b) One week later there was a weight change warning for a significant weight loss over 6 months. The Registered Dietitian stated the resident's intake of food and fluids was adequate. There was no assessment of the resident's fluid intake in relation to the calculated fluid requirement and in relation to the significant weight loss and action was not taken to address the poor hydration.
c) The resident did not meet their calculated fluid requirement of 1813 ml/day (noted on the resident's plan of care) on any day recorded over a 2 month period, however, an assessment of the poor hydration did not occur. (107)
2. [O.Reg. 79/10, s. 26(4)(b)]
The Registered Dietitian did not assess resident #02's hydration and risks related to hydration when there was a significant change in their fluid intake. The resident had a fluid requirement of 1275ml fluids per day (as per the plan of care), however, they were documented as consuming less than their requirement over a 6 day period (avg 918/day). A referral to the Registered Dietitian was initiated by nursing staff, identifying poor hydration, and the Dietitian reviewed the resident at the end of the six day period. The resident was at high nutritional risk, however, an assessment of the poor hydration did not occur at the review by the Dietitian and action was not taken to address the poor hydration. Changes were made to the plan of care 11 days prior, however, the effectiveness of the changes were not assessed and the additional reduction in hydration during the six day period was not assessed. (107)
3. [O.Reg. 79/10, s. 26(4)(b)] Section 26(4) previously issued as a VPC January 18, 2011.
The Registered Dietitian did not assess resident #01's nutritional status, including any risks related to nutrition care.
a) A dietary referral related to significant weight loss, poor food intake, constipation, and the resident's request for a special item at breakfast was initiated by nursing staff on two days in one month. Progress notes in the resident's clinical health record indicated the resident had a significant change to their bowel pattern noted the same month, as a result of increasing medications for pain, and significant open areas on their skin. The review by the Registered Dietitian, related to the nursing referral, did not include an assessment of the resident in relation to the increased constipation.
b) A re-assessment of the resident's nutritional risk status did not occur when the resident returned from hospital after a significant change in status. The resident had a downgrade in diet to a modified texture, difficulty swallowing requiring thickened fluids, poor intake of food and fluids, however, the 'Nutrition/Hydration Risk Assessment Tool' was not completed after the significant change in status (as per the home's policy and procedure) and the resident continued to be identified as moderate nutritional risk, despite the increased risks identified. (107)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2012

Order # /
Ordre no : 002

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee must prepare, submit and implement a plan that outlines how the home will ensure that all residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is assessed by the home's Registered Dietitian. The plan shall include:
a) short term (immediate) and long term measures taken by the home to ensure compliance
b) quality management activities, including frequency of monitoring and the person responsible for the monitoring to ensure long term compliance
c) date of any education provided to Registered Nursing and Dietary staff related to the assessment process, referral process, and home policies.
The plan is to be submitted by November 16, 2012 to Long Term Care Homes Inspector: Michelle Warrener, Ministry of Health and Long-Term Care, Performance, Improvement and Compliance Branch, 119 King Street West, 11th Floor, Hamilton, Ontario, L8P 4Y7, email: Michelle.Warrener@ontario.ca or Fax: 905-546-8255.

Grounds / Motifs :

1. [O.Reg. 79/10, s. 50(2)(b)(iii)] Previously issued as a VPC January 18, 2011.
The licensee did not ensure that resident #02, exhibiting altered skin integrity, including skin breakdown and pressure ulcers, was assessed by a registered dietitian who was a member of the staff of the home. The resident developed an open area on their skin which was not recorded as healed until almost two months later. During this time the Registered Dietitian did not assess the resident and the Dietitian confirmed that a nutritional assessment related to skin did not occur. (107)
2. [O.Reg.79/10, s. 50(2)(b)(iii)]
The licensee did not ensure that resident #01, who had altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had a nutritional assessment in relation to the skin breakdown. Progress notes in the resident's clinical health record reflected the resident had noted open areas on the skin, progressing to stage 3 three months later, however, there was no assessment by the Registered Dietitian during that time. Skin breakdown was not noted by the Registered Dietitian until after the three months and there was no re-assessment of the resident's energy and protein requirements in relation to the skin integrity concerns. The resident continued to have wounds that were increasing in size and significance without assessment and intervention by the Registered Dietitian until two months after the previous review. (107)
3. [O.Reg. 79/10, s. 50(2)(b)(iii)]
The licensee did not ensure that resident #03, who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was assessed by a Registered Dietitian in relation to the skin breakdown.
a) Resident #03 was documented (in the progress notes) as having an open area on the skin (repeat open area). The Registered Dietitian reviewed the resident related to a significant weight loss warning four days after the noted skin concern, however, there was no assessment of the resident in relation to skin integrity. The plan was to continue with the current interventions and that the weight loss was desirable.
b) Four days after the Dietitian review the resident was noted to have multiple open areas on their skin. The areas were noted to be open for another month. The Registered Dietitian reviewed the resident during that time for another significant weight loss warning, and again there was no assessment in relation to the poor skin integrity. The Dietitian indicated the weight loss was desirable and no changes were made to the plan of care. (107)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2013

Order # /
Ordre no : 003

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 69. 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.

Order / Ordre :

The licensee must prepare, submit and implement a plan that outlines how the home will ensure that:
a) residents are weighed at minimum monthly and when there are significant changes, those changes are verified by a re-weigh (as per the home's policy)
b) residents with significant weight changes are assessed by the multidisciplinary staff, including the Registered Dietitian
c) action is taken and outcomes are evaluated for effectiveness to address the weight changes
d) quality management activities, including person responsible and frequency of monitoring
The plan is to be submitted by November 16, 2012 to Long Term Care Homes Inspector Michelle Warrener, Ministry of Health and Long-Term Care, Performance, Improvement and Compliance Branch, 119 King Street West, 11th Floor, Hamilton, Ontario, L8P 4Y7, e-mail: Michelle.Warrener@ontario.ca, or Fax 905-546-8255.

Grounds / Motifs :

1. [O.Reg. 79/10, s. 69]
The licensee did not ensure that actions were taken and outcomes were evaluated in relation to significant weight loss for resident #03.
a) A significant weight loss warning was triggered for a 10.6% significant weight loss over 6 months. The Registered Dietitian stated that the significant weight loss was desirable and that the resident's intake of both food and fluids was adequate with no dietary concerns at that time. Progress notes and staff interview identified the resident was eating poorly, missing meals, routinely did not attend the breakfast meal, was not meeting their hydration requirements, had significant weight loss, and the family was concerned about the resident's nutritional intake and brought in additional items for them. Action was not taken by the Registered Dietitian to address the significant weight loss and outcomes were not evaluated in relation to nutrition and hydration goals identified on the resident's plan of care.
b) A significant weight loss warning was triggered for a 10.8% weight loss over 6 months. The Registered Dietitian stated this was a desirable weight loss and action was not taken despite documented ongoing poor intake, poor hydration, previous significant weight loss, noted difficulty swallowing medications with a downgrade to crushed medications, and poor skin integrity with open areas on the resident's skin.
c) A significant weight loss warning was triggered the following month for a 16.8% weight loss over one month. A re-weigh was not taken by staff to confirm the accuracy of the weight (as per the Home's policy and procedure), and the significant weight loss was not assessed. The Registered Dietitian used the previous months weight for her assessment and action was not taken despite repeatedly poor intake, poor hydration, and a history of poor skin integrity.
d) Outcomes were not evaluated, action was not taken and nutritional strategies were not revised over an eight month period, despite ongoing weight loss, poor intake, poor hydration, family concern with the resident's nutritional intake, and poor skin integrity. (107)
2. [O.Reg. 79/10, s. 69.3] Section 69 previously issued January 18, 2011.
The licensee did not ensure that action was taken and outcomes were evaluated after a 14% significant weight loss over 6 months for resident #02. The Registered Dietitian reviewed the resident related to the significant weight loss, however, action was not taken to address the ongoing weight loss and interventions were not evaluated for effectiveness in relation to the ongoing weight loss. The plan was to continue with the same interventions, which were not effective to prevent further weight loss. (107)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2013

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

and the

Director

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 26th day of October, 2012

Signature of Inspector / Signature de l'inspecteur : M Warrener, RD

Name of Inspector / Nom de l'inspecteur : MICHELLE WARRENER

Service Area Office / Bureau régional de services : Hamilton Service Area Office