



**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 soins de longue durée**

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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
Apr 19, 2016	2016_434631_0003	001936-16	Complaint

Licensee/Titulaire de permis

955464 ONTARIO LIMITED
3700 BILLINGS COURT BURLINGTON ON L7N 3N6

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

MILLENNIUM TRAIL MANOR
6861 OAKWOOD DRIVE NIAGARA FALLS ON L2E 6S5

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

KERRY ABBOTT (631), CATHY FEDIASH (214)

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, 2016

The following inspections were conducted:

Complaints:

030450-15 - related to responsive behaviours, continence care and bowel management, skin and wound care, nutrition and hydration, recreation and social activities

001936-16 - related to responsive behaviours and reporting and complaints

Findings of non-compliance are contained in this inspection report.

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Directors of Care (ADOC), Registered Staff, Personal Support Workers (PSW), family members, and residents.

During the course of the inspection, the inspector(s) toured the home, observed the provision of care and services, reviewed relevant documents including, but not limited to: policies and procedures, health care records.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Nutrition and Hydration

Recreation and Social Activities

Reporting and Complaints

Responsive Behaviours

Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

3 WN(s)

3 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 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 failed to ensure the the policies were complied with.

A review of the home's policy titled, "Responsive Behaviours Management" (CN-B-04-1 and dated February 2016) indicated the following:

i) Under protocols for screening, assessment, reassessment and identification of triggers, MDS RAI assessment as well as observation of the resident is used for any responsive behaviours.

A) A review of resident #200's most recent quarterly Minimum Data Set (MDS) coding for section E.-Mood and Behaviour Patterns and dated January 4, 2016, indicated that the resident was coded as being resistive to care and that this behaviour occurred 4 to 6 days, but less than daily, during the 7-day observation period. A review of the corresponding narrative Resident Assessment Protocol (RAP) titled, "Behavioural Symptoms" and dated January 4, 2016, indicated that the assessment had not included any information regarding the resident demonstrating resistive care behaviours.

An interview with the Administrator and two ADOC's on March 23, 2016, confirmed that the resident did demonstrate responsive behaviours of being resistive to care; that the MDS RAI Behavioural Symptoms assessment had not included the resident's behaviour of resisting care and that the home's policy had not been complied with. [s. 8. (1) (b)]

2. A review of the home's policy titled, "Responsive Behaviours Management" (CN-B-04-1 and dated February 2016) indicated the following:

i) Under protocols for screening, assessment, reassessment and identification of



triggers, MDS RAI assessment as well as observation of the resident is used for any responsive behaviours.

B) A review of resident #202's most recent quarterly Minimum Data Set (MDS) coding for section E.-Mood and Behaviour Patterns and dated February 29, 2016, indicated that the resident was coded as being resistive to care and that this behaviour occurred daily during the 7-day observation period. A review of the corresponding narrative Resident Assessment Protocol (RAP) titled, "Behavioural Symptoms" and dated February 29, 2016, indicated that the assessment had not included any information regarding the resident demonstrating resistive care behaviours.

An interview with the Administrator and two ADOC's on March 23, 2016, confirmed that the resident did demonstrate responsive behaviours of being resistive to care; that the MDS RAI Behavioural Symptoms assessment had not included the resident's behaviour of resisting care and that the home's policy had not been complied with.

PLEASE NOTE: The above noted non-compliance was identified while conducting complaint inspection 030450-15. [s. 8. (1) (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 policies are complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

- s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,**
- (a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).**
 - (b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).**
 - (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).**

Findings/Faits saillants :

1. The licensee failed to ensure that for each resident demonstrating responsive behaviours, strategies were developed and implemented to respond to these behaviours, where possible.

A) A review of resident #200's most recent quarterly Minimum Data Set (MDS) coding for section E.-Mood and Behaviour Patterns and dated January 4, 2016, indicated that the resident was coded as being resistive to care and that this behaviour occurred 4 to 6 days, but less than daily, during the 7-day observation period. A review of the corresponding narrative Resident Assessment Protocol (RAP) titled, "Behavioural Symptoms" indicated that the assessment had not included any information regarding the resident demonstrating resistive care behaviours. A review of the resident's current written care plan indicated that the plan had not included any information regarding the resident demonstrating resistive care behaviours. A review of the PSW MDS Flow Sheet record from March 15 – 21, 2016, indicated that the resident demonstrated the behaviour of "resists care" on 11 occasions during this time period and that this behaviour was not easily altered. A review of the resident's progress notes conducted between December 2015 to March 2016, indicated that no documentation was included regarding the resident demonstrating resistive care behaviours. An interview conducted with front line nursing staff #002 on March 22, 2016, confirmed that the resident did demonstrate behaviours of resisting care, specifically with the changing of their incontinent product, personal care and bathing. The staff member indicated that the resident is resistive to this care frequently, but less than daily.

An interview with the Administrator and two ADOC's on March 23, 2016, confirmed that



the resident did demonstrate responsive behaviours of being resistive to care and that strategies had not been developed and implemented to respond to these behaviours. [s. 53. (4) (b)]

2. The licensee failed to ensure that for each resident demonstrating responsive behaviours, strategies were developed and implemented to respond to these behaviours, where possible.

A) A review of resident #202's most recent quarterly Minimum Data Set (MDS) coding for section E.-Mood and Behaviour Patterns and dated February 29, 2016, indicated that the resident was coded as being resistive to care and that this behaviour occurred daily during the 7-day observation period. A review of the corresponding narrative Resident Assessment Protocol (RAP) titled, "Behavioural Symptoms" indicated that the assessment had not included any information regarding the resident demonstrating resistive care behaviours. A review of the resident's current written care plan indicated that the plan had not included any information regarding the resident demonstrating resistive care behaviours. A review of the PSW MDS Flow Sheet record for March 2016, indicated that the resident demonstrated the behaviour of "resists care" on 13 occasions during this time period and that this behaviour was at times easily altered and other times not easily altered. A review of the resident's progress notes conducted between January to March 2016, indicated that no documentation was included regarding the resident demonstrating resistive care behaviours. An interview conducted with front line nursing staff #003 on March 23, 2016, confirmed that the resident did demonstrate behaviours of resisting care, specifically with oral care, turning and repositioning and bathing.

An interview with the Administrator and two ADOC's on March 23, 2016, confirmed that the resident did demonstrate responsive behaviours of being resistive to care and that strategies had not been developed and implemented to respond to these behaviours.

PLEASE NOTE: The above noted non-compliance was identified while conducting complaint inspection 030450-15. [s. 53. (4) (b)]

3. The licensee has failed to ensure that for each resident demonstrating responsive behaviours, strategies were developed and implemented to respond to these behaviours, where possible.

A) A review of resident #101's admission progress note on an identified date in October 2015 identified

that the resident exhibits socially inappropriate behaviours. A review of the resident's admission plan of care for two identified dates in October 2015 did not identify that the resident demonstrated socially inappropriate behaviours. A review of the resident's Minimum Data Set (MDS) coding, dated October 26, 2015 under section E. Mood and Behaviour Patterns, indicated that the resident did not exhibit any socially inappropriate behaviour patterns. A review of the resident's plan of care dated January 25, 2016 indicated that the resident exhibited socially inappropriate behaviours. A review of the resident's MDS dated January 25, 2016, under Section E. Mood and Behaviour Patterns, indicated that the resident did not exhibit any socially inappropriate behaviour patterns. A review of the resident's progress notes from October 2015 to March 2016 indicated that on 11 different occasions, it was documented that the resident exhibited socially inappropriate behaviours.

An interview conducted with staff member #006 confirmed that staff continue to report that the resident continues to exhibit these behaviours. Staff member #006 also stated that although the behaviours by the resident continue, the incidents are not always reported.

An interview with the Administrator and ADOC's confirmed that the resident did continue to demonstrate the behaviours and that strategies had not been developed or implemented to respond to the resident's behaviours.

PLEASE NOTE: The above noted non-compliance was identified while conducting complaint inspection 001936-16. [s. 53. (4) (b)]

4. The licensee failed to ensure that for each resident demonstrating responsive behaviours, that actions were taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions were documented.

A) A review of resident #200's most recent quarterly Minimum Data Set (MDS) coding for section E.-Mood and Behaviour Patterns and dated January 4, 2016, indicated that the resident was coded as being resistive to care and that this behaviour occurred 4 to 6 days, but less than daily, during the 7-day observation period. A review of the PSW MDS Flow Sheet record for March 2016, indicated that the resident demonstrated the behaviour of "resists care" on 11 occasions during this time period and that this behaviour was not easily altered. A review of the resident's progress notes conducted from December 2015 to March 2016, indicated that no documentation was



included regarding the resident demonstrating resistive care behaviours; what care the resident was resistive to; what actions had been taken to respond to the needs of the resident or the resident's response to any interventions that were implemented, for the documented incidents identified on the PSW MDS Flow Sheets.

An interview with the Administrator and two ADOC's on March 23, 2016, confirmed that the resident did demonstrate responsive behaviours of being resistive to care and that actions taken to respond to the needs of the resident, including assessments, reassessments and interventions and the resident's responses to interventions had not been documented. [s. 53. (4) (c)]

5. The licensee failed to ensure that for each resident demonstrating responsive behaviours, that actions were taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions were documented.

B) A review of resident #202's most recent quarterly Minimum Data Set (MDS) coding for section E.-Mood and Behaviour Patterns and dated February 29, 2016, indicated that the resident was coded as being resistive to care and that this behaviour occurred daily during the 7-day observation period. A review of resident #202's most recent quarterly Minimum Data Set (MDS) coding for section E.-Mood and Behaviour Patterns and dated February 29, 2016, indicated that the resident was coded as being resistive to care and that this behaviour occurred daily during the 7-day observation period. A review of the resident's progress notes conducted from January to March 2016, indicated that no documentation was included regarding the resident demonstrating resistive care behaviours; what care the resident was resistive to; what actions had been taken to respond to the needs of the resident or the resident's response to any interventions that were implemented, for the documented incidents identified on the PSW MDS Flow Sheets.

An interview with the Administrator and two ADOC's on March 23, 2016, confirmed that the resident did demonstrate responsive behaviours of being resistive to care and that actions taken to respond to the needs of the resident, including assessments, reassessments and interventions and the resident's responses to interventions had not been documented.

PLEASE NOTE: The above noted non-compliance was identified while conducting complaint inspection 030450-15. [s. 53. (4) (c)]



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 for each resident demonstrating responsive behaviours, the behavioural triggers for the resident are identified, where possible, strategies are developed and implemented to respond to these behaviours, where possible and actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

- 1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).**
- 2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).**
- 3. Behaviour management. 2007, c. 8, s. 76. (7).**
- 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).**
- 5. Palliative care. 2007, c. 8, s. 76. (7).**
- 6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).**

Findings/Faits saillants :



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1. The licensee failed to ensure that all staff who provided direct care to residents received, as a condition of continuing to have contact with residents, annual training in accordance with O. Reg. 79/10, s. 219(1) in the area of behaviour management.

An interview with the ADOC confirmed that training in the area of behaviour management was provided to 138 out of 144 direct care staff in 2015. The ADOC confirmed that training records were unable to be located for all staff including training records for one staff who identified a need for further training assistance in the area of behaviour management in 2015. [s. 76. (7) 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 that all staff at the home have received training in behaviour management, to be implemented voluntarily.

Issued on this 19th day of April, 2016

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

Original report signed by the inspector.