Ontario

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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**

Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/GeNR/RCe d'inspection**
May 7 to May 10, 2012 (onsite)	2012_2948_198_00005	Other-Data Quality Inspection (Restorative Care and Therapies)

Licensee/Titulaire
955464 Ontario Limited
3700 Billings Court
Burlington, Ontario
L7N 3N6
905-333-6335

Long-Term Care Home/Foyer de soins de longue durée
Millennium Trail Manor
6861 Oakwood Drive
Niagara Falls, Ontario
L2E 6S5
905-356-5005

Name of Inspector(s)/Nom de l'inspecteur(s)
Patricia Ordowich (198) (Lead)
Nancy Rawlings (199)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Data Quality inspection related to restorative care and therapies.

During the course of the inspection, the inspectors spoke with: Administrator, Directors of Nursing and Personal Care (2) (DONPC), RAI Co-ordinator (RAI-C who is also the Restorative Care Coordinator), Physiotherapist (PT), and Physiotherapy Assistant (PTA).

During the course of the inspection, the inspectors reviewed: resident health records for 10 residents in the home for the quarters from July 1, 2010 to March 31, 2011 and the most recent completed RAI-MDS 2.0 (January 1, 2012 to March 31, 2012) that was submitted to the Canadian Institute for Health Information (CIHI) for those residents who still lived in the home as well as the home policies and procedures for restorative care including therapies.

The following Inspection Protocol was used in part or in whole during this inspection: Restorative Care and Therapy.

☒ Findings of Non-Compliance were found during this inspection.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions that may have been used in this report.

VPC – Voluntary Plan of Correction/Plan de redressement volontaire
WN – Written Notifications/Avis écrit

ARD = assessment reference date
AROM = active range of motion
CIHI = Canadian Institute for Health Information
RAI-MDS 2.0 = Resident Assessment Instrument Minimum Data Set Version 2.0
NR/RC = Nursing Rehabilitation/Restorative Care
PROM = passive range of motion
PT = Physiotherapy
QHS = Every evening at bedtime
RAI-C = RAI Co-ordinator
RAPs = Resident Assessment Protocol

Q2 = July 1 to September 30, 2010
Q3 = October 1 to December 31, 2010
Q4 = January 1 to March 31, 2011
Most recent quarter inspected = January 1, 2012 to March 31, 2012

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with *Long Term Care Homes Act (LTCHA), 2007*, c. 8, s. 101.

(1) A licence is subject to the conditions, if any, that are provided for in the regulations. 2007, c. 8, s. 101.

(2) The Director may make a licence subject to conditions other than those provided for in the regulations,

(a) at the time a licence is issued, with or without the consent of the licensee; or

(b) at the time a licence is reissued under section 105, with or without the consent of the new licensee. 2007, c. 8, s. 101 (2).

(3) It is a condition of every licence that the licensee shall comply with this Act, the *Local Health System Integration Act, 2006*, the *Commitment to the Future of Medicare Act, 2004*, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).

(4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101 (4);

Findings:

1. The Long-Term Care Homes Service Accountability Agreement (L-SAA) is an agreement entered into between the local health integration network and the Licensee, 955464 Ontario Limited, under the *Local Health System Integration Act, 2006*. Compliance with the L-SAA is, therefore, a condition of the license issued to 955464 Ontario Limited for the Millennium Trail Manor long-term care home.
2. The Licensee has failed to comply with the following provisions of the L-SAA:

Article 3.1

(a) The HSP will provide the Services in accordance with:
  (i) this Agreement;
  (ii) Applicable Law; and

(iii) Applicable Policy.

Article 8.1

(a) The LHIN's ability to enable its local health system to provide appropriate, co-ordinated, effective and efficient health services as contemplated by LHSIA, is heavily dependent on the timely collection and analysis of accurate information. The Health Service Provider (HSP) acknowledges that the timely provision of accurate information related to the HSP is under the HSP's control;

Article 8.1(b): The HSP [Health Service Provider]

(iv) will ensure that all information is complete, accurate, provided in a timely manner and in a form satisfactory to the LHIN [Local Health Integration Network];

Article 8.1 (c): The HSP will:

(i) conduct quarterly assessments of Residents, and all other assessments of Residents required under the Act, using a standardized Resident Assessment Instrument - Minimum Data Set (RAI-MDS 2.0) 2.0 tool in accordance with the RAI-MDS 2.0 Practice Requirements included in Schedule F and will submit RAI-MDS 2.0 assessment data to the Canadian Institute for Health Information (CIHI) in an electronic format at least quarterly in accordance with the submission guidelines set out by CIHI; and

(ii) have systems in place to regularly monitor and evaluate the RAI-MDS 2.0 data quality and accuracy;

3. The RAI-MDS 2.0 LTC Homes – Practice Requirements are included in Schedule F of the L-SAA and fall within the definition of "Applicable Policy" under the L-SAA.
4. The RAI-MDS 2.0 Agreement between the Minister of Health and Long-Term Care and the Licensee, 955464 Ontario Limited, is an agreement under the *Long-Term Care Homes Act, 2007* for the provision of funding related to the implementation of RAI-MDS 2.0 assessment tool in long-term care homes. Compliance with the RAI-MDS 2.0 Agreement is, therefore, a condition of the license issued to 955464 Ontario Limited for the Millennium Trail Manor long-term care home.
5. The documents listed in Schedules A to E of the RAI-MDS 2.0 Agreement between the Licensee, 955464 Ontario Limited and the Ministry of Health and Long-Term Care fall within the definition of "Applicable Policy" in the L-SAA. These documents include, but are not limited to, the Sustainability Project Description, the Implementation Information Package together with the Training Module Overview, and the RAI Coordinator Role Description.
6. The level-of-care per diem funding in the Nursing and Personal Care (NPC) envelope paid by the local health integration network to the Licensee pursuant to the L-SAA is adjusted based on resident acuity. The higher the acuity, the greater the funding. The amount of funding in the NPC envelope is calculated using a formula set out in the LTCH Level-Of-Care Per Diem Funding Policy (a policy listed in Schedule F of the L-SAA) and resident acuity is determined using the RAI-MDS 2.0 information submitted by the Licensee to CIHI.
7. The incompleteness and inaccuracy of the RAI-MDS 2.0 data is evidenced by the following:
   (a) The RAI-MDS 2.0 coding was not supported by the home's documentation, including the residents' plans of care and the RAPs documentation. There were multiple inconsistencies between what was coded on the RAI-MDS 2.0 and the progress notes found in the residents' plans of care.
8. The following are specific examples of incomplete and/or inaccurate RAI-MDS 2.0 coding and non-compliance with the L-SAA and/or the RAI-MDS 2.0 LTC Homes – Practice Requirements and/or the Implementation Information Package and/or the RAI Coordinator Role Description and/or the RAI-MDS 2.0 Agreement. The RAI-MDS 2.0 Practice Requirements mandates the use of the RAI-MDS 2.0 Manual, which states that a rehabilitation or restorative practice must meet specific criteria including that measureable objectives and interventions must be documented in the care plan and in the clinical record.
   a. For resident 001

- There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation as well as this did not meet the RAI-MDS 2.0 definition for a NR/RC eating/swallowing activity. The RAI-MDS 2.0 was coded that the resident was on a NR/RC eating/swallowing activity. However, the progress notes documented that resident ate well if fed by staff. If a resident is totally dependent on staff for eating or swallowing despite all attempts to have the resident achieve or maintain self-performance in those activities, this is not an NR/RC eating or swallowing activity.
- There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident was on a NR/RC bed mobility activity. However, the plan of care for bed mobility documented that the resident was totally dependent on 2 staff.

b. For resident 002:
- There was inconsistency between the coding of the RAI-MDS 2.0 and the nursing flow sheets. The RAI-MDS 2.0 was coded that a resident participated in a NR/RC bed mobility activity for 7 days during the observation period, however the nursing flow sheets indicated that the resident participated for 6 days.

c. For resident 003:
- There was inconsistency between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded for NR/RC walking activity however the RAPs documented that the resident walked independently and needed to be reminded to use safety devices of cane/walker. The RAI-MDS 2.0 defines a NR/RC walking activity as activities used to improve or maintain the resident's self-performance in walking with or without assistive devices. This NR/RC activity did not meet the RAI-MDS 2.0 definition of a walking activity as the resident was already independent in walking.
- There was inconsistency between the coding of the RAI-MDS 2.0 for PT and the PT activity log. The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 45 minutes. However the PT activity log indicated that the resident received PT for 2 days for a total of 45 minutes during the 7-day observation period.

d. For resident 004:
- There was inconsistency between the coding of the RAI-MDS 2.0 for PT and the documentation. The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 45 minutes during the 7-day observation period. However the PT documentation said that resident was non-compliant with the PT group and demonstrated responsive behaviours towards other residents. It also said that the resident was no longer working 1:1 with the physiotherapy assistant (PTA). The plan of care documented that the resident was more compliant with the strengthening class and was to be seen by the PTA at least 2 times weekly. It was unclear by the documentation which PT activities the resident participated in during the 7-day observation period.

e. For resident 005:
- There were inconsistencies of the coding between the RAI-MDS 2.0 and the RAPs documentation. The RAI-MDS 2.0 was coded that the resident was on a NR/RC walking activity however the RAPs documented that staff remind resident to use walker. The RAI-MDS 2.0 defines a NR/RC walking activity as activities used to improve or maintain the resident's self-performance in walking with or without assistive devices. This NR/RC activity did not meet the RAI-MDS 2.0 definition of a walking activity as the resident was already independent in walking.
- There was an inconsistency between the coding of the RAI-MDS 2.0 for psychological therapy and the documentation. The RAI-MDS 2.0 was coded that the resident received 2 days of psychological therapy for a total of 40 minutes. However, there was no documentation to indicate that the resident had received psychological therapy during the 7-day observation period.

f. For resident 006:

- There were discrepancies within the coding of the RAI-MDS 2.0. The RAI-MDS 2.0 was coded that the resident was on a NR/RC activity of a scheduled toileting plan. The RAI-MDS 2.0 was also coded that the resident was totally incontinent of bowel and bladder. For the purposes of RAI- MDS coding, a toileting plan is used for continent residents. If the resident is routinely taken to the toilet at scheduled times (and not by request) but the resident does not eliminate in the toilet and the resident is still

incontinent, this is not a toileting plan.

- There was an inconsistency between the coding of the RAI-MDS 2.0 for PT and the PT activity log. The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 51 minutes. However the PT activity log indicated that the resident received PT for 1 day for a total of 15 minutes.

g. For resident 007:

- There were inconsistencies between the coding of the RAI-MDS 2.0 and the NR/RC flow sheet. The RAI-MDS 2.0 was coded that the resident participated in a NR/RC activity of walking for 7 days during the observation period. However, the nursing flow sheet indicated that the resident participated for 3 days during the observation period.

h. For resident 008:

- There were discrepancies within the coding of the RAI-MDS 2.0. The RAI-MDS 2.0 was coded that the resident was on a NR/RC activity of a scheduled toileting plan. The RAI-MDS 2.0 was also coded that the resident was totally incontinent of bowel and bladder. For the purposes of RAI- MDS coding, a toileting plan is used for continent residents. If the resident is routinely taken to the toilet at scheduled times (and not by request) but the resident does not eliminate in the toilet and the resident is still incontinent, this is not a toileting plan.

i) For resident 009:

- There were inconsistencies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident was on NR/RC transfer activity however the plan of care said to remind resident to call for assistance when waiting to transfer. This would not give clear direction to staff and others on the activities that are used to improve or maintain the resident's self-performance in moving between surfaces or planes either with or without assistive devices.
- There was an inconsistency between the coding of the RAI-MDS 2.0 for PT and the PT activity log. The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 58 minutes. However the PT activity log indicated that the resident received PT for 2 days for a total of 44 minutes.
- There were inconsistencies between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded that the resident received psychological therapy for 1 day for a total of 30 minutes during the observation period. However, there was no documentation indicating that the resident had received this during the observation period.

j) For resident 010:

- There were inconsistencies within the coding of the RAI-MDS 2.0 and the RAPs documentation. The RAI-MDS 2.0 was coded that the resident received 7 days eating or swallowing NR/RC activity. However the RAI-MDS 2.0 was also coded that the resident was totally dependent on staff for feeding and the Activities of Daily Living RAP documented that the resident was totally dependent on staff for all levels of care. The Nutritional Status RAP documented that the resident required extensive assistance for all meals. If a resident is totally dependent on staff for eating or swallowing despite all attempts to have the resident achieve or maintain self-performance in those activities, this is not an NR/RC eating or swallowing activity.
- There were discrepancies within the coding of the RAI-MDS 2.0. The RAI-MDS 2.0 was coded that the resident was on a NR/RC activity of a scheduled toileting plan. The RAI-MDS 2.0 was also coded that the resident was totally incontinent of bowel and bladder. For the purposes of RAI- MDS coding, a toileting plan is used for continent residents. If the resident is routinely taken to the toilet at scheduled times (and not by request) but the resident does not eliminate in the toilet and the resident is still incontinent, this is not a toileting plan.
- There were inconsistencies between the coding of the RAI-MDS 2.0 for PT and the PT activity log. The RAI-MDS 2.0 was coded that the resident received PT for 4 days for a total of 63 minutes. However the PT activity log indicated that the resident received PT for 3 days for a total of 45 minutes.

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Inspector ID #:	198, 200

Additional Required Actions:
Voluntary Plan of Correction (VPC) - Pursuant to the Long Term Care Homes Act (LTCHA), 2007, c.8, s.101, the licensee is hereby requested to prepare a written plan of corrective action for achieving compliance with the RAI-MDS 2.0 Long Term Care Homes Practice Requirements, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** Pat Chadwick
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). August 9, 2012