Ontario

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

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 apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 27, 2016	2016_275536_0013	019862-16	Resident Quality Inspection

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF HALTON
1151 BRONTE ROAD OAKVILLE ON L6M 3L1

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

CREEK WAY VILLAGE
5200 Corporate Drive BURLINGTON ON L7L 7G7

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

CATHIE ROBITAILLE (536), LESLEY EDWARDS (506), LISA VINK (168)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): July 6, 7, 8, 11, 12, 13, 14 and 15, 2016.

The following inspections were completed concurrently with the RQI:

Complaints
005178-16 related to: continence care, hospitalization, responsive behaviours, nutrition and hydration and reporting and complaints

Critical Incident Reports
001973-16 related to: responsive behaviours
017894-16-related to: fall prevention

Follow ups:
034676-15 related to: medication administration
034667-15 related to: policies and procedures
0014840-16 related to: prevention of abuse
0014839-16 related to: restraints

During the course of the inspection, the inspector(s) spoke with the residents, family, personal support workers (PSW's), registered staff, Minimum Data Set Resident Assessment Instrument (MDS RAI) Co-Ordinator, Manager of Resident Care (MORC), Senior Nursing Manager (SNM) and the Administrator.

During the course of the inspection, the inspector(s) toured the home, observed meal and snack services, observed the provision of care and services provided on all home areas, interviewed staff, residents and families, and reviewed relevant documents including, health care records, investigation reports, training records, meeting minutes, menus, health care records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Critical Incident Response
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Snack Observation

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

- **4 WN(s)**
- **4 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (1)	CO #001	2015_205129_0017	168
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2015_342611_0015	506
LTCHA, 2007 S.O. 2007, c.8 s. 30. (1)	CO #002	2015_342611_0015	506
O.Reg 79/10 s. 8. (1)	CO #002	2015_205129_0017	168

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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the written plan of care for each resident set out the planned care for the resident.

Resident #035 had a history of responsive behaviours towards staff and residents. The plan of care in place at the time of the inspection was reviewed and did not include all of the planned care for the resident's behaviours. Staff interviewed were aware of the need for frequent monitoring and the potential for the escalation of behaviours by the resident. However, the plan of care did not address these issues until identified by the inspector on July 12, 2016, which was confirmed by registered staff #100. [s. 6. (2)]

2. The licensee has failed to ensure that the resident's substitute decision-maker was given an opportunity to participate fully in the development and implementation of resident #040's plan of care.

A review of resident #040's progress notes for an identified date in 2015 at the family's request, indicated that the physician wrote an order for an identified laboratory test. On an identified date in 2015, the family called the home for an update on the resident's status and was advised by the nurse on duty that the resident had started on a new medication the previous day. The family voiced concern that they had not been notified. The electronic medication administration record (EMAR) showed that the new medication had been started the previous day. A review of the physician's order as well as the progress notes, did not identify that the substitute decision-maker had been contacted for approval. This was confirmed by staff #106. [s. 6. (5)]

3. The licensee has failed to ensure care set out in the plan was provided to resident #030 as specified in their plan.

Resident #030 was left unattended and sustained a fall on an identified date in 2016. The resident's plan of care directed staff that the resident was not to be left unattended. Interview conducted with staff #106 confirmed the resident was left unattended and sustained a fall without injury and confirmed that the staff were not following the resident's plan of care. [s. 6. (7)]

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 the written plan of care sets out the planned care for the resident; that the resident or their substitute decision maker have the opportunity to participate in the development and implementation of the plan of care and that care is provided as specified, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
18. Special treatments and interventions. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care for resident #040 was based on, at a minimum, interdisciplinary assessment for special treatments and interventions.

A review of resident #040's clinical record identified that they had a history and a recurring condition. The plan of care in place at the time of the inspection was reviewed and did not include any special treatments or interventions that the home had in place as preventative measures for resident #040's condition. This was confirmed by staff #100. [s. 26. (3) 18.]

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 the plan of care is based on an interdisciplinary assessment of special treatments and interventions, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence where the condition or circumstances of the resident required it.

Interview with staff #111 confirmed that the expectation of the home is that an assessment be completed when a resident had a change in continence, in addition to the Minimum Data Set (MDS) assessment. Discussion with the Minimum Data Set Resident Assessment Instrument (MDS RAI) Co-ordinator confirmed an assessment was to be conducted when a resident had a change in continence. Resident #008 was identified during the MDS assessment on an identified date in 2015, to be continent. During the next assessment in 2016, the resident was noted to be frequently incontinent. Staff #111 confirmed that resident #008 did not have an assessment conducted, using a clinically appropriate assessment instrument that was designed for the assessment of incontinence. [s. 51. (2) (a)]

2. The licensee has failed to ensure that each resident who was incontinent had an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan was implemented.

The Minimum Data Set (MDS) Assessment on an identified date for resident #005 indicated the resident was incontinent of bowel. A review of the resident's plan of care, Resident Assessment Protocol (RAP) and written care plan, did not include measures to promote and manage incontinence. Interview with staff #106 confirmed resident #005 did not have an individualized plan, as part of their plan of care, to promote and manage incontinence. [s. 51. (2) (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 and ensuring the residents receive a clinically appropriate assessment when continence needs change and that residents have an individualized plan implemented, to be implemented voluntarily.

WN #4: 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 has failed to ensure that residents who are demonstrating responsive behaviours that the behavioural triggers are identified and strategies are developed and implemented to respond to these behaviours.

A) Resident #035 had several incidents of documented responsive behaviours. These behaviours were documented on the Resident Assessment Instrument Minimum Data Set (RAI-MDS) assessment and Resident Assessment Protocol (RAP) dated on an identified date in 2016. These responsive behaviours were not included in the document that the home refers to as the care plan, nor were any triggers identified or any goals or interventions developed to respond to these responsive behaviours. Staff #100 confirmed that these responsive behaviours were not included in the resident's plan of care to respond to the resident's responsive behaviours. (506)

B) Resident #040 had several incidents of documented responsive behaviours and a referral had been put in for Behavioural Support Ontario (BSO). On an identified date in 2015, there had been a summary of recommendations by the BSO. The plan of care in place at the time of the inspection was reviewed and did not include these responsive behaviour strategies. This was confirmed by the Senior Nursing Manager (SNM). (536) [s. 53. (4) (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 and ensuring that for each resident demonstrating responsive behaviours that they have the behavioural triggers identified and strategies are developed and implemented, to be implemented voluntarily.

Issued on this 10th day of August, 2016

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

Original report signed by the inspector.