



**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 rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 23, 2017	2017_555506_0022	023401-17	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

LESLEY EDWARDS (506), CAROL POLCZ (156)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): October 11, 12, 13 and 17, 2017

During this inspection the following inspections were conducted concurrently:

Critical Incident Reports:

004957-17- related to abuse and neglect

009176-17- related to falls prevention

Inquiries:

022362-17- related to safe and secure home

004897-17- related to falls prevention

During the course of the inspection, the inspector(s) spoke with Administrator, Senior Nursing Manager, Manager of Resident Care (MORC's), Resident Assessment Instrument Co-ordinator (RAI), Life Enrichment Supervisor, registered nurses (RNs), registered practical nurses (RPNs), personal support workers (PSWs), family and residents.

During the course of the inspection, the inspector(s) toured the home, observed the provision of care, observed a medication pass, reviewed clinical records, policy and procedures, investigation notes and conducted interviews.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Dignity, Choice and Privacy

Falls Prevention

Infection Prevention and Control

Medication

Prevention of Abuse, Neglect and Retaliation

Residents' Council

Skin and Wound Care



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)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>



**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. (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).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :



1. The licensee failed to ensure that the care set out in the plan of care was provided to resident #006 as specified in the plan.

A Critical Incident Report was submitted to the Director regarding an incident related to resident #006 on an identified date in February 2017. A review of the Critical Incident Report and the home's investigative notes, identified that PSW #109 did not follow the resident's plan of care. Resident #006's plan of care indicated that the resident required assistance by one staff for their care. PSW #109 confirmed that they did not provide care to the resident as per the resident's plan of care on an identified date in February 2017. In October 2017, the Senior Nursing Manager confirmed that the care set out in the plan was not provided to the resident as specified in the resident's plan of care. [s. 6. (7)]

2. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs had changed or care set out in the plan was no longer necessary.

Resident #003 was noted to be incontinent of bowels as noted in their Minimum Data Set (MDS) assessments on identified dates in December 2016 and March 2017. The plan of care for the resident indicated they were continent of bowels. The plan of care was not changed when the resident had a change in condition as confirmed with the RAI Co-ordinator on an identified date in October 2017. [s. 6. (10) (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 care set out in the plan of care is provided to the resident and when there is a change in the residents care needs the plan of care is reviewed and revised, to be implemented voluntarily.

WN #2: 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).**

Findings/Faits saillants :

1. The licensee failed to ensure that the residents who were 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.

A) Resident #001 was coded as being continent of bladder on an identified date in September 2016, MDS assessment. The next MDS assessment completed on an identified date in December 2016, indicated that the resident had a change in their continence level. Interview with MORC#103 on an identified date in October 2017, confirmed that the resident did not receive an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions using a clinically appropriate assessment specifically designed for assessment of incontinence when the resident's continence level had changed with the MDS coding.

B) Resident #004 was coded as being continent of bowels on an identified date in October 2016, MDS assessment. The next MDS assessment completed on an identified date in January 2017, indicated that the resident had a change in their continence level. Interview with MORC#103 on an identified date in October 2017, confirmed that the resident did not receive an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions using a clinically appropriate assessment specifically designed for assessment of incontinence when the resident's continence level had changed with the MDS coding. [s. 51. (2) (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 that when there is a changed in the residents continence level a clinically appropriate assessment is completed, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident and every adverse drug reaction is, (a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and O. Reg. 79/10, s. 135 (1). (b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider. O. Reg. 79/10, s. 135 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that every medication incident involving a resident and every adverse drug reaction was reported to the resident, the resident's substitute decision-maker, if any, and the resident's physician/prescriber of the drug.

The MORC #103 confirmed that if the required notification of a medication incident involving a resident was not documented on the Medication Incident Risk Report (MIRR) or in the resident's clinical record then the notification had not occurred by the registered staff.

Resident #010 had a designated Substitute Decision Maker (SDM) for both personal care and finances. On an identified date in April 2017, staff documented on a MIRR that the resident had been given a medication daily and that the medication had been discontinued on an identified date in January 2017. The MIRR provided an opportunity for staff to document if they had notified the resident and/or the SDM. Documentation on the MIRR indicated that the above noted individual had not been notified of this medication incident. A review of the resident's clinical record confirmed that there was no documentation on the date of the medication incident or following the medication incident that the above noted individual had been notified of the medication incident. The licensee failed to notify resident #011's SDM that a medication incident had occurred. [s. 135. (1)]

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 every medication incident involving a resident and every adverse drug reaction is reported to the resident, the resident's SDM, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).



Findings/Faits saillants :

1. The licensee failed to ensure that all staff participated in the home's infection prevention and control program related to labelling of personal care items.

The following were observed:

i. On an identified date in October 2017, one used and unlabelled hair comb was found in the shower room on a designated home area.

ii. On an identified date in October 2017, one used and unlabelled hair comb, three used and unlabelled roll-on deodorants, a used unlabelled container of Petroleum jelly and a used container of Zinc was found mixed with a brown substance that was unlabelled were found in the spa and shower room on a designated home area.

iii. On an identified date in October 2017, three used and unlabelled hair combs, one brush and a roll-on deodorant were found in the spa and shower rooms on a designated home area.

iv. On an identified date in October 2017, a used and unlabelled hair brush was found in the spa room on a designated home area.

The MORC #102 confirmed that all personal items are to be labelled. [s. 229. (4)]

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 participate in the home's infection prevention and control program, to be implemented voluntarily.

Issued on this 26th day of October, 2017

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



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Original report signed by the inspector.