



**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**

**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
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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
May 2, 2014	2014_275536_0009	H-000430- 14	Resident Quality Inspection

Licensee/Titulaire de permis

PARKVIEW MEADOWS CHRISTIAN RETIREMENT VILLAGE
72 Town Centre Drive, Townsend, ON, N0A-1S0

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

GARDENVIEW LONG TERM CARE HOME
72 Town Centre Drive, Townsend, ON, N0A-1S0

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

CATHIE ROBITAILLE (536), JESSICA PALADINO (586), LESLEY EDWARDS (506),
MARILYN TONE (167)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): April 23, 24, 25,28, 29 and 30, 2014

During the course of the inspection, the inspector(s) spoke with Chief Executive Officer/Director of Care (CEO/DOC), Receptionist, Assistant Director of Care (ADOC), Resident Assessment Instrument-Material Data Set Co-Ordinator (RAI-MDS Co-Ordinator), Dietary/Environmental Manager, Registered Dietician (RD) Program Services Manager, Maintenance person,registered staff, Personal Support Worker (PSW), dietary aides, residents and families in relation to log #H-000430-14

During the course of the inspection, the inspector(s) toured the home, observed the provision of care and services provided, observed dining services, reviewed the residents health records, relevant polices and procedures, minutes of meetings and the homes admission package

The following Inspection Protocols were used during this inspection:

**Admission and Discharge
Continance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
Reporting and Complaints
Residents' Council
Skin and Wound Care**

Findings of Non-Compliance were found during this inspection.



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. 11. Dietary services and hydration

Specifically failed to comply with the following:

s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).

Findings/Faits saillants :



1. Every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11 (2)

The licensee failed to ensure that residents were provided with safe fluids:

The care plan for resident #200 indicated that they were to receive honey-thick fluids at meals and snacks. On April 23, 2014 during lunch service, resident #200 was observed being fed thickened chocolate milk that had large dark clumps at the bottom of the cup and throughout the beverage. The current practice of the home was for dietary staff to prepare the thickened fluids approximately 15 minutes before meal service. Interview with the Registered Dietitian (RD) on April 23, 2014 confirmed that fluids were to sit for five minutes before they reach their appropriate consistency. Staff confirmed that thickened fluids often congeal and separate and the need to be re-stirred vigorously for approximately one minute prior to giving them to the resident to ensure proper consistency. Additional staff confirmed that when the fluids sit, they often separate causing the top of the fluid to thin out and the bottom to thicken. Staff assisting the residents with feeding in the dining room during lunch service on April 23, 2014 were observed to re-stir the residents' thickened fluids and feed these to them immediately afterward. These fluids were not given time to sit after being re-stirred before being fed to the resident. Personal Support Worker (PSW) confirmed this poses a danger to residents due to risk of choking. On April 25, 2014 the resident was again observed at lunch being served chocolate milk with large clumps at the bottom. This was not re-stirred prior to being given to the resident. The Dietary Inspector intervened and the PSW assisting the resident confirmed that it was not safe for the resident to be consuming. Interview with the Director of Dietary Services confirmed that the resident's chocolate milk was an inappropriate consistency and that the resident was provided with fluids that were unsafe. [s. 11. (2)]

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 residents are provided with safe fluids, to be implemented voluntarily.

WN #2: 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. (2) The licensee shall ensure, (e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 229 (2).

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

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The licensee did not ensure that there was a written record of the annual Infection Prevention and Control program evaluation.

During a review of the infection prevention and control program, the inspector could not find evidence that an evaluation of the infection prevention and control program had been conducted. The Chief Executive Officer/Director of Care(CEO/DOC) confirmed that this had not taken place. [s. 229. (2) (e)]

2. The licensee failed to ensure that all staff participate in the implementation of the infection prevention and control program.

A) During an observation of the noon medication pass on Birch Trail on April 23, 2014, the registered nursing staff did not complete hand hygiene between residents during the medication pass. The registered nursing staff was giving oral medications to residents without washing their hands or using point of care hand hygiene agents.

B) On April 23, 2014 during the observed lunch meal service, PSW was observed removing dirty dishes from the dining room table and continued feeding residents without washing their hands.

C) On April 23, 2014, the spa room on Birch Trail had four used hairbrushes and three combs that were unlabelled and noted to have hair in them. The Assistant Director of Care(ADOC) confirmed that the brushes and combs should not have been left in the



spa room.

D) On April 23, 2014 the inspector observed unlabelled and used toothbrushes in shared bathrooms in rooms 116 and 123. The ADOC confirmed that all toothbrushes should be labelled.

E) On April 23, 2014 the inspector observed a resident with an isolation cart in their room and no noted signage on the door to indicate precautions were in place. The inspector asked the nursing staff if the resident was on isolation precautions. The PSW confirmed that the resident was in isolation, for contact precautions. The nursing staff confirmed that residents who have isolation precautions in place, should have a posted sign outside their door. [s. 229. (4)]

3. The licensee did not ensure that residents were offered immunization against tetanus and diphtheria in accordance with publicly funded immunization schedules.

A) It was noted during a review of the immunization documentation for three identified residents at the home that these residents were not offered immunization against tetanus and diphtheria.

B) The home's policy Vaccination of Resident Infection Prevention indicated that vaccination for all new residents must be reviewed and offered to provide protection against tetanus and diphtheria.

C) During an interview with the registered staff, they confirmed that residents were not currently being offered immunization against tetanus and diphtheria upon admission. [s. 229. (10) 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 and ensuring staff participate in the infection control program, residents are offered immunization and the program is being evaluated, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care



Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (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; O. Reg. 79/10, s. 50 (2).**
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Findings/Faits saillants :



1. The licensee did not ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

In April 2014, resident #006 had an identified pressure area to the heel, staff identified a skin tear to the lower leg, and staff identified an open area to the coccyx. Staff interviewed and documentation confirmed the resident's skin was not assessed on these dates, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

2. The licensee did not ensure that, the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was assessed by a registered dietitian who was a member of the staff of the home.

Resident #006 had two pressure ulcers identified, one pressure ulcer on their heel, which was identified in April 2014 and one pressure ulcer on their coccyx which was identified in April 2014. As of April 30, 2014, there was no assessment of the resident related to the areas of altered skin integrity completed by the RD in the clinical record. Interview with the Resident Assessment Instrument-Material Data Set (RAI-MDS) co-ordinator confirmed that a RD assessment had not been completed nor was a dietary referral for the areas of altered skin integrity been initiated. [s. 50. (2) (b) (iii)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following:

- s. 78. (2) The package of information shall include, at a minimum,**
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 78 (2)**
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 78 (2)**
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 78 (2)**
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 78 (2)**
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 78 (2)**



- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 78 (2)**
 - (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained; 2007, c. 8, s. 78 (2)**
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 78 (2)**
 - (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)**
 - (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)**
 - (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges; 2007, c. 8, s. 78 (2)**
 - (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge; 2007, c. 8, s. 78 (2)**
 - (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs; 2007, c. 8, s. 78 (2)**
 - (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents; 2007, c. 8, s. 78 (2)**
 - (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package; 2007, c. 8, s. 78 (2)**
 - (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations; 2007, c. 8, s. 78 (2)**
 - (q) an explanation of the protections afforded by section 26; 2007, c. 8, s. 78 (2)**
 - (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)**
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Findings/Faits saillants :

1. The licensee did not ensure that the admission package included the home's policy to promote zero tolerance of abuse and neglect of residents:



Review of Admission package provided by the ADOC did not include the home's policy to promote zero tolerance of abuse and neglect of residents. On April 30, 2014 the CEO/DOC confirmed that this policy was not included in the admission package. [s. 78. (2) (c)]

2. The home did not ensure that the admission package included an explanation of the duty to make mandatory reports related to incidents resulting in harm or risk of harm to a resident:

Review of the Admission package provided by the ADOC did not include an explanation of the duty to make mandatory reports related to incidents resulting in harm or risk of harm to a resident. On April 30, 2014 the CEO/DOC confirmed that this information was not included in the admission package. [s. 78. (2) (d)]

3. The licensee failed to ensure that the admission package included the home's policy on minimizing the restraining of residents and how to obtain a copy of the policy:

Review of the Admission package provided by the ADOC did not include the home's policy on minimizing the restraining of residents. On April 30, 2014 the CEO/DOC confirmed that the home's policy on minimizing the restraining of residents was not included in the admission package. [s. 78. (2) (g)]

4. The licensee did not ensure that the admission package included information about the Family Council:

Review of the Admission package provided by the ADOC did not include the required legislative requirement in regards to Family Council. Currently the home does not have an established Family Council. On April 30, 2014, the CEO/DOC confirmed that this information was not included in the admission package [s. 78. (2) (p)]

5. The licensee did not ensure that the admission package include an explanation of whistle-blowing protections related to retaliation:

Review of the Admission package provided by the ADOC included an explanation of whistle-blowing protections related to retaliation. On April 30, 2014 the CEO/DOC confirmed that this information was not included in the admission package. [s. 78. (2)]



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(q)]

**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s.
79. Posting of information**



Specifically failed to comply with the following:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,

(a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)

(b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)

(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)

(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)

(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)

(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)

(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)

(h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)

(i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)

(j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)

(k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)

(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)

(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)

(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)

(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)

(p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)

(q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :



1. The licensee did not ensure that the policy to promote zero tolerance of abuse and neglect of residents was posted:

During a tour of the home on April 25, 2014 posting of the policy to promote zero tolerance of abuse and neglect to residents was not visible in a conspicuous and easily accessible location. On April 30, 2014 the CEO/DOC confirmed that this information was not posted anywhere in the home. [s. 79. (3) (c)]

2. The licensee did not ensure that the policy to minimize the restraining of residents was posted and communicated, as well as information about how a copy of the policy can be obtained:

During a tour of the home on April 25, 2014 posting of the policy to minimize the restraining of residents was not visible in a conspicuous and easily accessible location. On April 30, 2014 the CEO/DOC confirmed that this information was not posted anywhere in the home. [s. 79. (3) (g)]

3. The licensee did not ensure that an explanation of the measures to be taken in case of a fire was posted:

During a tour of the home on April 25, 2014 posting of the explanation of the measure to be taken in case of a fire was not visible in a conspicuous and easily accessible location. On April 30, 2014 the CEO/DOC confirmed that this information was not posted anywhere in the home. [s. 79. (3) (i)]

4. The licensee did not ensure that an explanation of evacuation procedures was posted:

During a tour of the home on April 25, 2014 posting of an explanation of evacuation procedures was not visible in a conspicuous and easily accessible location. On April 30, 2014 the CEO/DOC confirmed that this information was not posted anywhere in the home. [s. 79. (3) (j)]

5. The licensee did not ensure that an explanation of whistle-blowing protections related to retaliation was posted:

During a tour of the home on April 25, 2014 posting of an explanation of whistle-blowing protections related to retaliation was not visible in a conspicuous and easily



accessible location. On April 30, 2014 the CEO/DOC confirmed that this information was not posted anywhere in the home. [s. 79. (3) (p)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information

Specifically failed to comply with the following:

s. 225. (1) For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following:

- 1. The fundamental principle set out in section 1 of the Act. O. Reg. 79/10, s. 225 (1).**
- 2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 101 (3) of the Act. O. Reg. 79/10, s. 225 (1).**
- 3. The most recent audited report provided for in clause 243 (1) (a). O. Reg. 79/10, s. 225 (1).**
- 4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 225 (1).**
- 5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act. O. Reg. 79/10, s. 225 (1).**

Findings/Faits saillants :



1. The licensee did not ensure that the Fundamental Principle (Section 1 of the LTCHA) was posted and communicated:

During a tour of the home on April 25, 2014 posting of the Fundamental Principles was not posted in a conspicuous and easily accessible location. On April 30, 2014 the CEO/DOC confirmed that this information was not posted anywhere in the home. [s. 225. (1) 1.]

2. The licensee did not ensure that an explanation of the duty to make mandatory reports related to incidents resulting in harm or risk of harm to a resident was posted:

During a tour of the home on April 25, 2014 posting of an explanation of the duty to make mandatory reports related to incidents resulting in harm or risk of harm to a resident was not posted in a conspicuous and easily accessible location. On April 30, 2014 the CEO/DOC confirmed that this information was not posted anywhere in the home. [s. 225. (1) 5.]

Issued on this 2nd day of May, 2014

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