



**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 # / No de registre	Type of Inspection / Genre d'inspection
Nov 6, 2017	2017_560632_0018	007352-17	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

YULIYA FEDOTOVA (632), AILEEN GRABA (682), GILLIAN TRACEY (130)

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 10, 11, 12, 13, 2017

The following inspections were completed concurrently with the Resident Quality Inspection:

**Critical Incident System Report:
Log #006709-17 related to: Falls Prevention**

**Inquiry:
Log # 008691-17 related to: Safe and Secure Home**

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Assistant of the Director of Care (ADOC), Personal Support Workers (PSWs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), the Director of Dietary and Environmental Services (DDES), Registered Dietitian (RD), Program Service Manager (PSM), Dietary Aide (DA), with residents and their families.

During the course of the inspection, the inspector(s) conducted a tour of the home, including residents' rooms and common areas, reviewed infection prevention and control and other relevant policies and clinical records, procedures, and practices within the home, reviewed meeting minutes, investigation notes, staff files, observed the provision of care, and medication administration.

**The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Residents' Council**



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

4 WN(s)
2 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. 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 resident, who was incontinent received an assessment using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence, where the condition or circumstances of the resident were required.

1. A review of the resident's quarterly Minimum Data Set (MDS) coding dated February, 2017, indicated that resident #003 had an alteration in their bladder and bowel functions. In May, 2017, the resident's health status changed. A review of the resident's clinical record indicated that, when the resident's health status changed in May, 2017, an assessment had not been conducted at the time. It was acknowledged during an interview with the ADOC on an identified date in October, 2017, that the coding was accurate and when the resident's health status changed an assessment had not been conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of alteration in bladder function.

2. A review of the resident's quarterly MDS coding dated February, 2017, indicated that resident #005 did not have alteration in their bladder function and then their health status changed in May, 2017. A review of the resident's clinical record indicated that an assessment had not been conducted, when the resident's health status changed. It was acknowledged during an interview with the ADOC on October, 13, 2017, that the coding was accurate and when the resident's continence status changed, an assessment had not been conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of alterations in bladder function.

The licensee failed to ensure that residents' #003 and #005 received an assessment using a clinically appropriate assessment instrument that was specifically designed for assessment of alterations in bladder functions, where the condition of the resident was required. [s. 51. (2) (a)]



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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 each resident who is incontinent receives an assessment using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

- 1. A change of 5 per cent of body weight, or more, over one month.**
- 2. A change of 7.5 per cent of body weight, or more, over three months.**
- 3. A change of 10 per cent of body weight, or more, over 6 months.**
- 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**

Findings/Faits saillants :

1. The licensee failed to ensure that residents with the following weight changes were assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight changes that compromised the resident's health status.

1. Resident #001 was at moderate nutrition risk. According to the resident's weight history review, they lost more than five percent (%) over one month in May, 2017. On an identified date in October, 2017, review of resident #001's plan of care contained no nutrition assessment for May 2017, related to significant weight loss over one month. On an identified date in October, 2017, staff #200 indicated that registered staff completed a referral to the RD for nutrition assessment for residents with significant weight changes as it was indicated in "Weight and height monitoring" policy (revised date January 2014). On an identified date in October, 2017, interview with the ADOC indicated that no nutrition assessment was recorded in the resident's plan care as a result of no submitted referral to the RD from the registered staff, when the resident had significant weight changes in May, 2017. Resident #001, who sustained significant weight changes, was not assessed using an interdisciplinary approach, actions were not taken and outcomes were not evaluated. [s. 69. 1.,s. 69. 2.,s. 69. 3.,s. 69. 4.]

2. Resident #006 was at moderate nutrition risk. According to the resident's weight history review, they lost more than seven and a half percent (%) over three months in September, 2017. On an identified date in October, 2017, review of resident #006's plan of care contained no nutrition assessment for September 2017, related to significant weight loss over three months. On an identified date in October, 2017, staff #200 indicated that registered staff were to complete a referral to the RD for nutrition assessment of residents with significant weight changes as it was indicated in "Weight and height monitoring" policy (revised date January 2014). On an identified date in October, 2017, interview with the ADOC indicated that no referral was submitted to the RD by the registered staff and no nutrition assessment was recorded in the resident's plan of care, when the resident had significant weight changes in September, 2017. Resident #006 who sustained significant weight changes was not assessed using an interdisciplinary approach, actions were not taken and outcomes were not evaluated. [s. 69. 1.,s. 69. 2.,s. 69. 3.,s. 69. 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 and ensuring that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

- 1. A change of 5 per cent of body weight, or more, over one month.***
- 2. A change of 7.5 per cent of body weight, or more, over three months.***
- 3. A change of 10 per cent of body weight, or more, over 6 months.***
- 4. Any other weight changes that compromise the resident's health status, to be implemented voluntarily.***

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee failed to ensure that if Residents' Council had advised the licensee of concerns or recommendations under either paragraph 6 or 8 of section (1), the licensee should, within 10 days of receiving the advice, respond to the Residents' Council in writing.

Review of Residents' Council minutes records for May and September, 2017, related to nursing issues, and for February, 2017, identified concerns related to nursing and maintenance issues. The minutes did not indicate that the licensee responded to the Residents' Council in writing within ten days of receiving their concerns. On October 13, 2017, interview with the PSM and DDES indicated that responses were not provided in writing within ten days of receiving Residents' Council concerns, which was acknowledged by ADOC. [s. 57. (2)]

WN #4: 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. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,**
- (a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed; O. Reg. 79/10, s. 135 (2).**
 - (b) corrective action is taken as necessary; and O. Reg. 79/10, s. 135 (2).**
 - (c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).**

Findings/Faits saillants :



1. The licensee failed to ensure that a written record was kept of everything required under clauses (a) and (b). O. Reg. 79/10, 135(2):
- (a) all medication incidents and adverse drug reactions were documented, reviewed and analyzed;
 - (b) corrective action was taken as necessary.

The home's Professional Advisory Council meeting minutes were reviewed for a meeting held on an identified date in July, 2017. A quarterly review of all medication incidents and drug reactions that occurred in the home since the time of the last review was to be included. The minutes included a medication incident that occurred on an identified date in May, 2017. The home's medication incident reports were reviewed for the same three months period and there was no corresponding medication incident report for May, 2017, found and therefore not available for review.

During an interview on an identified date in October, 2017, the ADOC acknowledged that the medication incident report from May, 2017 was not available.

The licensee failed to ensure that all medication incident reports and adverse drug reactions written records were kept of everything required under clauses (a) and (b) O. Reg. 79/10, 135(2). [s. 135. (2)]

Issued on this 8th day of November, 2017

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

Original report signed by the inspector.