



**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 # / Registre no	Type of Inspection / Genre d'inspection
Jun 23, 2017	2017_605213_0010	005415-16, 008737-16, 032937-16, 033104-16, 033286-16, 003208-17, 004078-17, 005672-17	Complaint

Licensee/Titulaire de permis

THE CORPORATION OF THE MUNICIPALITY OF CHATHAM-KENT
519 King Street West CHATHAM ON N7M 1G8

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

RIVERVIEW GARDENS
519 KING STREET WEST CHATHAM ON N7M 1G8

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

RHONDA KUKOLY (213), CAROLEE MILLINER (144), DEBRA CHURCHER (670)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): June 12, 13, 14, 15, 16, 19, 2017

This critical incident inspection was completed concurrently while in the home completing several complaint inspections found in inspection #2017_605213_0010.

The following complaints were inspected within this complaint inspection:

**Log #008737-16, IL-34313-LO related to alleged staff to resident abuse.
Log #004078-17, IL-49462-LO related to short staffing.
Log #004329-17, IL-49540-LO related to medications and care concerns.
Log #003048-17, IL-49238-LO related to care concerns.
Log #003208-17, IL-49276-LO related to care concerns.
Log #005672-17, IL-49834-LO related to care concerns.
Log #033104-16, IL-48106-LO related to medications and care concerns.
Log #032937-16, IL-48951-LO related to missing hearing aids.
Log #033286-16, IL-48152-LO related to transfers using a mechanical lift.
Log #005415-16, IL-43170-LO & IL-43245-LO related to a rejection for admission letter.**

During the course of the inspection, the inspector(s) spoke with The Administrator, the Director of Care, Nurse Managers, a Social Worker, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Medical Secretaries, Administrative Assistants, Housekeeping Aides, Community Care Access Centre, residents and family members.

The Inspectors also made observations and reviewed health records, policies and procedures, education records and other relevant documentation.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Admission and Discharge
Continence Care and Bowel Management
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Skin and Wound Care
Sufficient Staffing**

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

**4 WN(s)
0 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written plan of care for each resident that set out clear directions to staff and others who provided direct care to the resident.

A complaint was received by the Ministry of Health and Long-Term Care related to transfers using transfer equipment regarding an identified resident.

A review of the clinical record for the resident was completed, and the plan of care did not contain any information or instruction to staff related to a specific intervention during transfers.

In an interview with the resident, the resident stated that they were currently utilizing a specific intervention during transfers.

In an interview with a Personal Support Worker (PSW), the PSW stated that the resident utilized a specific intervention during transfers.

In an interview with a Registered Practical Nurse (RPN), the RPN stated the resident utilized the specific intervention during transfers. The plan of care for the resident was reviewed by the RPN with the Inspector and the RPN acknowledged that there was no mention of utilized a specific intervention during transfers in the plan of care.

In an interview with the Director of Care (DOC), they said that it would be the expectation of the home that the specific intervention during transfers should be included in the plan of care.

The licensee failed to ensure that the written plan of care set out clear directions to staff and others who provided direct care to resident when it did not include direction related to the use of a specific intervention during transfers.

The severity of this non-compliance is minimum risk and the scope is isolated. The home does have a history of non-compliance in this subsection of the legislation, it was issued as a Written Notification in September 2014. [s. 6. (1) (c)]



WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that where the Act or the Regulation required the licensee of a long term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the plan, policy, protocol, procedure, strategy or system was in compliance with and was implemented in accordance with all applicable requirements under the Act.

O. Reg 79/10 s. 89 (1)(a)(iv) states, “every licensee of a long-term care home shall ensure that procedures are developed and implemented to ensure that there is a process to report and locate residents’ lost clothing and personal items”.

A complaint was received by the Ministry of Health and Long Term Care from a family member of a resident regarding missing personal items.

In interviews with four Personal Support Workers on one unit, they said that there was no process or policy to report and locate missing personal items. In interviews with four other Personal Support Workers on a different unit, on another day, they said that there was no process or policy to report and locate missing personal items.

In an interview with the Administrator, they said that the home did not have and was working on a policy related to missing personal items. In an interview with the Administrator and the Director of Care, they said that they used the home’s complaints policy to address complaints related to missing personal items, but that there was not a process related to reporting and locating residents’ lost personal items.

The licensee failed to ensure that there was a process related to reporting and locating residents’ lost personal items.

The severity of this non-compliance is minimum risk and the scope is isolated. The home does not have a history of non-compliance in this subsection of the legislation. [s. 8. (1) (a)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care



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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:

8. Continence, including bladder and bowel elimination. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that the plan of care was based on, at a minimum, an interdisciplinary assessment with respect to the resident's continence, including bladder and bowel elimination.

A complaint was received by the Ministry of Health and Long-Term Care regarding care concerns related to a resident.

Review of the resident's clinical record with a Registered Practical Nurse (RPN) was completed. Progress notes stated that for a two month time period, the resident experienced an identified symptom on 37 days, or 60% of the time period. The Minimum Data Set (MDS) Assessment for the resident for a specified date identified the presence of the identified symptom. The resident's care plan during the identified time period did not include goals or interventions to address the identified symptom. Review of the medication and treatment records for the resident was completed for the period, and medication was not provided related to the identified symptom.

In an interview, a Registered Nurse (RN) acknowledged the presence of the identified symptom for the resident and that neither the resident's symptoms, nor interventions, were included in the resident's care plan at that time. The RN further said that prescribed medication was not administered during that time period.

In an interview, the Director of Nursing (DON) acknowledged that the resident's symptom and interventions should have been included in the resident's care plan and that registered personnel should have treated the resident's symptoms with the existing physician's orders or contacted the physician for further direction.

A Resident's plan of care was not based on an interdisciplinary assessment with respect to the resident's continence, including bowel elimination.

The severity of this non-compliance is minimum risk and the scope is isolated. The home does not have a history of non-compliance in this subsection of the legislation. [s. 26. (3) 8.]

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44.
Authorization for admission to a home**

Specifically failed to comply with the following:

- s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,**
- (a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).**
 - (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).**
 - (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**

Findings/Faits saillants :

1. The licensee has failed to ensure that after reviewing the assessments and information provided by the placement coordinator to be taken into account and approved the applicant's admission unless,
- a) the home lacked the physical facilities necessary to meet the applicant's care requirements;
 - b) the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements;
 - c) circumstances existed which were provided for in the regulations as being a ground for withholding approval.

A complaint was received by the Ministry of Health and Long-Term Care from a family member of a resident regarding the withholding of admission for respite care by the home.

A review of documentation related to the application and withholding of approval was completed.

The resident was admitted to the home for respite stay for an identified period of time. During this stay, an application for future respite stays was received by the Community Care Access Centre (CCAC) and the home.

A letter was sent from the home to the resident's family. The letter stated the application



for future respite stays was rejected. The licensee noted the following grounds for withholding approval documented in the letter including:

“RVG lacks the physical facilities necessary to meet the applicant’s care requirements, citing specific staffing needs, and “Circumstances also exist (which are provided for in the regulations) as being grounds for withholding approval”, citing specific staffing preferences.

The grounds noted in the letter do not meet the requirements allowed for in the Long Term Care Act in s. 44(7)(a)(b)(c); specifically, the “physical facilities”, which pertain to the physical structure of the building, not the staffing needs of the resident; “nursing expertise”, which pertains to registered nursing staff knowledge, not the resident’s preferences for care givers; and that there is no circumstance that is provided for in the regulations as being a ground for withholding approval.

Furthermore, the letter indicating the withholding of approval stated, “in addition to RVG not having a respite accommodation available for [the resident] during these dates; we will not be able to meet [the resident's] needs for any additional admissions to RVG”. Given that the licensee was required to review the assessments and information provided by the placement coordinator to be taken into account and approve the applicant’s admission unless the above noted criteria existed, (s. 44(7)(a)(b)(c)); the licensee having stated in the letter that the home will not be able to meet the resident’s needs for any additional admissions to RVG, the home has not complied with this section of the Long Term Care Act if the resident were to have a change in condition and a re-assessment completed.

The licensee failed to ensure that only after reviewing the assessments and information provided by the placement coordinator, the assessments were taken into account and approved the applicant’s admission unless; the home lacked the physical facilities necessary to meet the applicant’s care requirements, the staff of the home lacked the nursing expertise necessary to meet the applicant’s care requirements and/or circumstances existed which were provided for in the regulations as being a ground for withholding approval.

The severity of this non-compliance is minimum risk and the scope is isolated. The home does not have a history of non-compliance in this subsection of the legislation. [s. 44. (7)]



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Issued on this 23rd day of June, 2017

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

Original report signed by the inspector.