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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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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
Nov 26, 2014	2014_217137_0029	L-001315-14	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF MIDDLESEX
c/o Strathmere Lodge, 599 Albert Street, P.O. Box 5000, STRATHROY, ON, N7G-3J3

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

STRATHMERE LODGE
599 Albert Street, Box 5000, STRATHROY, ON, N7G-3J3

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

MARIAN MACDONALD (137), BONNIE MACDONALD (135), DONNA TIERNEY (569)

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): November 12-14, 18-21 and 24, 2014

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Resident Care, two (2) Food Services Managers, Activation Manager, Environmental Services Manager, Medical Director, RAI-MDS Coordinator, Nursing Coordinator, Staff Educator, Registered Dietitian, Clinical Resource Nurse, Office Supervisor, Accounts Clerk, Ward Clerk, Receptionist, Physiotherapist, Physiotherapist Assistant, three (3) Recreation Adjuvants, two (2) Maintenance Assistants, four (4) Housekeepers, Cook, five (5) Dietary Aides, six (6) Registered Nurses, eight (8) Registered Practical Nurses, twenty (20) Personal Support Workers/Health Care Aides, Residents' and Family Council Representatives, three (3) Family Members and forty + (40+) Residents.

During the course of the inspection, the inspector(s) toured all resident home areas, common areas, medication storage area, observed dining service, care provision, recreation programs, medication administration, resident/staff interactions, reviewed residents' clinical records, relevant policies and procedures, staff education records and various meeting minutes.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
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
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home is a safe and secure environment for its residents as evidenced by:

Observations, throughout the RQI, revealed:

(a) There is a sitting area, at the end of the two hallways, on each of the five (5) Resident Home Areas, for a total of ten (10) sitting areas.
Residents were observed sitting in these areas and activities take place in these

sitting areas.
There is no resident-staff communication and response system available in these areas, accessible by residents, posing a possible risk to residents who may require assistance.

The Director of Care confirmed there is no resident-staff communication and response system available in these sitting areas and the expectation is all residents have available access to a resident-staff communication and response system.

(b) All hazardous substances are not kept inaccessible to residents at all times as evidenced by:

Hickory Woods - On November 20, 2014 at 1PM, an unlocked cupboard, above the nurses' desk counter, revealed a bottle of liquid Virox disinfectant, a container of Insect Repellant, one (1) container of nail polish remover and one jar of Vitarub.

Arbour Glen – On November 20, 2014 at 1:10 pm, an unlocked cupboard, above the nurses' desk counter, revealed a bottle of African Violet liquid plant food, clearly marked poisonous.

Sydenham Meadows – On November 20, 2014 at 1:15 pm – an unlocked cupboard, above the nurses' desk counter, revealed one (1) container of Insect Repellant, one (1) bottle of nail polish remover and one (1) jar of Vitarub.

Three (3) Personal Support Workers and two (2) Registered Staff Members confirmed the presence of the identified items, in the unlocked cabinets, were accessible to residents posing a potential risk, as well as the expectation is these items should be stored in a locked area and not accessible to residents.

(c) Five of the servery areas are equipped with gates but only one is secured with a bolt lock to prevent resident access. Residents have access to toasters, kettles, coffee makers and steam tables, posing a safety risk to residents, especially those with Dementia and/or have wandering tendencies.

On November 21, 2014 at 10:10 am, the steam table, on Sydenham Meadows, was observed still to be hot.

The Environmental Services Manager shared the home areas were designed to allow

residents to access these areas independently.
The Environmental Services Manager confirmed the unlocked servery gates pose a potential risk to residents and the expectation is the home be a safe and secure environment for all residents. [s. 5.]

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 the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #2: 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 the care set out in the plan of care provided to the resident as specified in the plan as evidenced by:

Resident #03, assessed at high nutritional risk, has a care plan that states resident is to receive a specific supplement at supper.

Observations, during the supper meal, revealed Resident #03 was not provided the specific supplement.

During an interview, with Dietary and Nursing staff, they were unaware of any residents on the identified home area that receive the specific supplement with the supper meal.

Further record review revealed, that on the Dietary Report, there was no documented evidence that the resident had been provided the specific supplement, except on 2 occasions or 11.1% of the time, from November 1- 18, 2014.

During an interview with the Food Service Manager, it was confirmed the expectation is that the care set out in the plan of care be provided to the resident as specified in the plan, related to the provision of supplements. [s. 6. (7)]

2. The licensee has failed to ensure that the resident is reassessed and the plan of care is revised when the resident's care needs change as evidenced by:

Resident # 012 experienced a significant change in health status.
There is no documented evidence that the identified resident was reassessed and the plan of care revised.

During an interview with Registered Staff Members, it was revealed that the identified assessments were not completed, the expectation is these assessments be completed and the plan of care was not revised, with the significant change in the identified resident's health status. [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 the care set out in the plan of care provided to the resident as specified in the plan and to ensure that the resident's plan of care is revised when the resident's care needs change, to be implemented voluntarily.

WN #3: 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 failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with as evidenced by:

A review of the Shift Change Narcotic Count Policy, Medical Pharmacies # 6-7, indicates:

2. Two registered staff (outgoing and oncoming), together:
a) count the actual quantity of medications remaining
b) confirm actual quantity is the same as the amount recorded on the individual Narcotic Medication Record
c) record the date, time, quantity of medication and sign in the appropriate spaces on the "Shift Narcotic Count" form.
3. Report any discrepancies to the Director of Care (designate) immediately.

During interviews with three registered staff members, on three different resident home areas, it was revealed that narcotic counts are conducted independently, at the end of each shift, and will be reviewed by the oncoming registered staff member. If a discrepancy is detected, another registered staff member will be contacted to review.

The Nursing Coordinator and Clinical Resource Nurse confirmed the shift change narcotic count is to be completed by two registered staff members together (outgoing and oncoming) and the home's policy was not complied with. [s. 8. (1) (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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the home's furnishings and equipment were kept clean and sanitary as evidenced by:

During lunch service observation on November 12, 2014, in Bear Creek Dining room, 4/6 (66.6 %) of the plastic lipped plates and 7/12 (58.3%) of the dessert bowls had food stains, as the finish was worn off and the items could no longer be sanitized properly.

During an interview, the Food Services Manager confirmed the expectation is that residents' lipped plates and dessert bowls, used for eating, are to be kept clean and sanitary. [s. 15. (2) (a)]

2. The licensee failed to ensure that the home, furnishings and equipment are were kept clean and sanitary as evidenced by:

During a walking tour of the home on November 19, 2014, with the Environmental Services Manager the following were observed:

a) Light fixtures in dining rooms, tub rooms and front foyer had dead insects in the light globes.
b) Dining room table bases and feeding stools in dining rooms were splattered with food-like stains.
c) Baseboards, in Arbour Glen and Sydenham Meadows dining rooms, had dark food like stains along the surface of the baseboards.

During an interview, the Environmental Services Manager confirmed the expectation is that the home's, furnishings and equipment are kept clean and sanitary. [s. 15. (2) (a)]

3. The licensee failed to ensure that the home's furnishings and equipment were maintained in a safe condition and in a good state of repair as evidenced by:

During a walking tour of the home on November 19, 2014, with the Environmental Services Manager the following were observed:

a) 29/40 (72.5%) of resident rooms in Wings, 100, 200, 300, 400, 500 and 600 had wall damage (Paint damage) in bedrooms, wash rooms, as well as damaged doors and door frames.
b) Peeling wall paint was in Spa Rooms on all resident home areas.
c) Paint scrapes on walls in Hickory Woods, Sydenham Meadows, Parkview Place Dining Rooms and in an identified resident room on Bear Creek.
d) Laminate on base of bench seating was damaged in all 10 sitting areas, at the end of each hallway.
e) Bench seating material, in Bear Creek lounge, was torn.
f) A number of hand rails, in corridors on Bear Creek and Arbour Glen Spa rooms, were damaged and had sharps edges.
g) A number of ceiling tiles were stained, in corridors and common areas, such as dining rooms, serveries and unit lounge areas.
h) Large cracks in one piece flooring in Parkview Place and Arbour Glen Spa rooms.
i) All dining rooms had deep black scrapes into floor surface and surface finish was worn.
j) Ceiling vents were rusted in Shower Rooms on Bear Creek, Parkview Place, Sydenham Meadows and Hickory Woods.

During an interview, the Environmental Services Manager confirmed the expectation is that the home’s furnishings and equipment are maintained in a safe condition and in a good state of repair. [s. 15. (2) (c)]

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 the home's furnishings and equipment were kept clean and sanitary and to ensure that the home's furnishings and equipment were maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented as evidenced by:

Record review revealed the following residents, that receive the intervention of ordered supplements with meals, did not have the supplement intake documented from November 1-13, 2014:

Resident # 015 did not have the ordered supplement intake documented 61.5% of the time at breakfast, 53.8% of the time at lunch and 76.9% of the time at dinner.

Resident #016 did not have the ordered supplement intake documented 69.2% of the time at breakfast, 61.5% of the time at lunch and 69.2% of the time at dinner.

Resident # 017 did not have the ordered supplement intake documented 61.5% of the time at breakfast, 53.8% of the time at lunch and 61.5% of the time at dinner.

During an interview, the home's Registered Dietitian confirmed the expectation is that residents nutritional interventions be documented, to determine each resident's response to the ordered supplement. [s. 30. (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 to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the home's Nutrition Care and Hydration program include:

(e)(ii) a body mass index and height upon admission and annually thereafter as evidenced by the following:

A record review of Arbour Glen and Parkview Place home area residents, revealed, 13/13 (100%) of the residents reviewed did not have heights taken annually.

During an interview, the home's Registered Dietitian confirmed the expectation is that, as part of the Nutrition Care Program, residents' heights are to be taken annually. [s. 68. (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 to ensure that, as part of the Nutrition Care Program, residents' heights are to be taken annually., to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that all food is served using methods which preserve taste, nutritive value, appearance and food quality as evidenced by:

During lunch on November 12, 2014, in Bear Creek Dining Room, the consistency of the ground carrots was observed as being a very fine particle size, 1-2 mm and not the 6 mm (1/4 inch) particle size, as per the home's standardized recipe.

During lunch service on November 20, 2014, in Parkview Dining Room, the consistency of the ground ham was observed as being a very fine particle size, 1-2 mm and not the 6 mm (1/4 inch) particle size, as per the home's standardized recipe.

During an interview the Manager of Food Services, it was confirmed the expectation is that the appearance of the ground menu items be 6 mm (1/4 inch) in particle size, when served to residents requiring a ground diet. [s. 72. (3) (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 all food is served using methods which preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that residents who require assistance with eating or drinking are served a meal only when someone is available to provide the assistance as evidenced by:

Resident # 013's nutritional plan of care states the resident requires extensive assistance and partial feeding assistance with meals.

Observations during a lunch meal, revealed the identified resident was not provided assistance or encouragement at the time of meal service.

In an interview, the Registered staff member revealed that the resident should have been offered encouragement and assistance to eat the lunch meal, when the meal was served.

During an interview, the Director of Resident Care confirmed the expectation is that residents', who require assistance with eating or drinking, only be served a meal when someone is available to provide the assistance. [s. 73. (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 to ensure that residents who require assistance with eating or drinking are served a meal only when someone is available to provide the assistance, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that drugs are stored in an area or a medication cart that is secured and locked as evidenced by:

Inspector # 137 observed an unlocked and unattended medication cart, outside the dining room on Sydenham Meadows.
A registered staff member was administering medications in the small dining room. The medication cart was positioned behind the staff member and the cart was not within visual proximity of the registered staff member.

The registered staff member confirmed the cart was unlocked, unattended and not within visual proximity, as well as the expectation is the medication cart be locked at all times when unattended and not within visual proximity. [s. 129. (1) (a) (ii)]

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 drugs are stored in an area or a medication cart that is secured and locked, to be implemented voluntarily.

WN #10: 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 has failed to ensure that all staff participate in the implementation of the infection prevention and control program as evidenced by:

Observations, throughout the RQI, revealed:

(a) Unlabeled washbasins in seven (7) identified shared resident washrooms.
(b) Unlabeled urinals stored on the back of toilets/grab bars in three (3) identified shared resident washrooms and Bear Creek Spa Room.
(c) Unlabeled bedpan stored in the grab bar/on floor in one (1) identified shared resident washroom.
(d) Two (2) open and unlabeled sticks of deodorant, one (1) container of unlabeled body lotion, one (1) unlabeled comb and one (1) unlabeled, soiled electric razor on washroom counter in Hickory Woods Spa Room.
(e) One (1) unlabeled comb on counter and one (1) unlabeled hair brush on paper towel holder in Sydenham Spa Room.

Observations were confirmed by the Director of Care, as well as there is no policy related to the labeling of washbasins, urinals and bedpans. The Director of Care shared the expectation is all personal care items be labeled and stored properly, to ensure infection prevention and control measures are implemented by all staff. [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 implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 26th day of November, 2014

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