



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

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Direction de l'amélioration de la performance et de la conformité

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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
Mar 19, 2014	2014_303563_0004	L-000164-14	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

McGARRELL PLACE
355 McGarrell Drive, LONDON, ON, N6G-0B1

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

MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): March 6, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, two Residents, one family member, one Personal Support Worker, and a Registered Practical Nurse.

During the course of the inspection, the inspector(s) made observations, reviewed health records, policies and other relevant documentation.

The following Inspection Protocols were used during this inspection:



**Contenance Care and Bowel Management
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours**

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. 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).**
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Findings/Faits saillants :

1. The licensee failed to ensure the plan of care set out clear directions to staff and others who provide direct care to the resident with responsive behaviours as evidenced by:
 - a) Staff interview with a Personal Support Worker (PSW) and the Registered Practical Nurse (RPN) revealed resident #001 exhibits responsive behaviours. The PSW and the RPN confirmed there are no behaviour interventions in the PSW kardex or in the nursing care plan to address resident #001 responsive behaviours.
 - b) The PSW and RPN confirmed they would expect to see interventions in the Point of Care (POC) kardex regarding interventions to deal with resident #001 responsive behaviours and that new PSW staff would need clear direction outlined in the kardex to provide care to those resident exhibiting responsive behaviours. Specific interventions were absent in the PSW kardex.
 - c) Record review of the "CCRS MDS Kardex Report" in the PSW kardex binders identify the behaviours triggered in the Minimum Data Set (MDS) Assessment, but resident specific interventions were absent.
 - d) Staff interview with RPN confirmed the expectation for care planning for responsive behaviours includes identifying behaviours at the time the behaviours occur through documentation in POC by PSWs. The behaviour documentation is then coded in the MDS assessment, the appropriate Resident Assessment Protocols (RAPs) are assessed and care plan interventions for all behaviours are documented in the care plan by the registered nursing staff. No behaviours were identified in the care plan as documented in the MDS assessment for resident #001.
 - e) Management confirmed it is the expectation of the home that registered nursing staff complete responsive behaviour care planning in Point Click Care (PCC) where



resident specific interventions are documented for all staff. [s. 6. (1) (c)]

2. The Licensee failed to ensure the plan of care set out clear directions to staff and others who provide direct care to the resident with responsive behaviours as evidenced by:

a) Staff interview with a PSW and RPN revealed resident #002 exhibits responsive behaviours. The PSW and the RPN confirmed there are no responsive behaviour interventions in the PSW kardex or nursing care plan to address resident #002 responsive behaviours.

b) Record review of the MDS identifies resident #002 as exhibiting three types of responsive behaviours. Only one responsive behaviour is identified in the resident's care plan; the other behaviours are absent. Clear directions to staff and others who provide direct care to resident #002 are absent for all three identified behaviours triggered in the MDS.

c) Record review of the Behaviour RAP for resident #002 indicates the care planning goal related to "behaviours will be addressed in the care plan and will be re-evaluated in the next quarter." The responsive behaviours care plan did not address resident #002 responsive behaviours. [s. 6. (1) (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 the plan of care sets out clear directions to staff and others who provide direct care to the resident with responsive behaviours, to be implemented voluntarily.



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Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

Issued on this 19th day of March, 2014

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

Melanie Northey