



**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**

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 15, 2015	2015_334565_0001	T-082-14	Resident Quality Inspection

Licensee/Titulaire de permis

THE MENNONITE HOME ASSOCIATION OF YORK COUNTY
123 Weldon Road Stouffville ON L4A 0G8

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

PARKVIEW HOME LONG-TERM CARE
123 Weldon Road Stouffville ON L4A 0G8

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

MATTHEW CHIU (565), JULIENNE NGONLOGA (502), SUSAN SQUIRES (109)

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): January 6, 7, 8, 9, 12, 13, 2015.

During the course of the inspection, the inspector(s) spoke with the executive director (ED), director of care (DOC), assistant director of care (ADOC), director of nutritional services (DNS), director of property and environmental services (DPES), Resident Assessment Instrument-Minimum Data Set (RAI-MDS) coordinator, resource nurse, registered staff, personal support workers (PSWs), registered dietitian (RD), dietary aide, cook, housekeeping staff, residents, family members of residents.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**

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

**10 WN(s)
3 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).

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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, (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).



Findings/Faits saillants :

1. The licensee has failed to ensure that the resident who is incontinent has an individualized plan of care to promote and manage bowel and bladder continence based on the assessment, and that the plan is implemented.

Record review indicated that an identified resident is frequently incontinent of bladder and the resident requires two staff for total assistance for toileting.

Interview with the resident revealed that the resident voids frequently and he/she is toileted after lunch and not again until 9:00 p.m. during the evening routine. The resident stated that by 6:00 p.m. every day, his/her brief is soaked with urine and smells, and he/she feels uncomfortable.

Interview with an identified PSW confirmed that the resident has a brief change during evening routine at around 9:00 p.m. At that time, the resident's brief is usually wet and is occasionally soiled with feces. The identified PSW confirmed that the resident does not have any toileting routine during evening shift.

A review of the resident's plan of care confirmed that the resident does not have an individualized plan of care to promote and manage bladder continence. [s. 51. (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 the resident who is incontinent have an individualized plan of care to promote and manage bowel and bladder continence based on the assessment, and that the plan is implemented, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning



Specifically failed to comply with the following:

s. 71. (3) The licensee shall ensure that each resident is offered a minimum of, (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and O. Reg. 79/10, s. 71 (3).

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents are offered a minimum of a between-meal beverage in the morning.

Observations made on two identified dates revealed that six identified residents were in their bedrooms and they were not offered a between-meal beverage in the morning when the beverage was delivered by staff.

Interview with three identified PSWs confirmed that any resident who is in the bedroom is not offered a between-meal beverage because of a risk of choking. Interview with an identified registered staff confirmed that any resident in the bedroom should be offered a beverage. [s. 71. (3) (b)]

2. The licensee has failed to ensure that planned menu items are offered and available at each meal.

Observation made on an identified date during the lunch service revealed that all residents on any diet with regular minced, regular pureed and thickened fluid consistency were served with a honey-thickened pureed soup.

Record review indicated that the therapeutic menu for the identified date directs staff to produce regular pureed soup for regular minced and pureed diets, modified diabetic maintenance minced and pureed diets. It also directs staff to produce honey-thickened pureed soup for thickened fluid diet.

The production sheet directs staff to produce 12 portions of regular pureed soup. Staff interview confirmed that the regular pureed soup was not produced. [s. 71. (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 residents are offered a minimum of a between-meal beverage in the morning, and that the planned menu items are offered and available at each meal, to be implemented voluntarily.

WN #3: 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. (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,

(a) infectious diseases; O. Reg. 79/10, s. 229 (3).

(b) cleaning and disinfection; O. Reg. 79/10, s. 229 (3).

(c) data collection and trend analysis; O. Reg. 79/10, s. 229 (3).

(d) reporting protocols; and O. Reg. 79/10, s. 229 (3).

(e) outbreak management. O. Reg. 79/10, s. 229 (3).

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 the designated staff member to co-ordinate the infection prevention and control program has education in infection prevention and control practices, including:

- (a) infectious disease
- (b) cleaning and disinfection
- (c) data collection and trend analysis
- (d) reporting protocols and
- (e) outbreak management

Record review revealed and staff interview confirmed that the ADOC is the home's designated lead for the infection prevention and control program.

Interview with the home's designated lead for the infection prevention and control program confirmed that the lead does not have education in infection prevention and control practices including the above mentioned areas. [s. 229. (3)]

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

On an identified date, the inspector observed that an identified PSW removed the personal protective equipment after providing care to an identified resident and left the resident's room without performing any hand hygiene. The resident was in isolation with droplet precaution. This was confirmed by the identified PSW. [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 the designated staff member to co-ordinate the infection prevention and control program has education in infection prevention and control practices, including:

- (a) infectious disease***
- (b) cleaning and disinfection***
- (c) data collection and trend analysis***
- (d) reporting protocols and***
- (e) outbreak management***

and that staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).



Findings/Faits saillants :

1. On an identified date, during the medication pass, an identified registered staff member was observed to place the empty medication pouches which had the personal health information identified, into the regular garbage. The inspector observed that the personal health information was exposed.

Interview with two identified registered staff members from different care units revealed that the home currently did not have a process in place to safely dispose of the opened medication pouches containing the residents' personal health information. [s. 3. (1) 11. iv.]

**WN #5: 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. (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 has failed to ensure that the plan of care is revised when the resident's care needs change or care set out in the plan is no longer necessary.

Record review revealed that the plan of care for an identified resident directs staff to toilet the resident using a bed pan when he/she requests for any bowel movements.

Observation made on an identified date and resident and staff interviews confirmed that the resident uses a commode for his/her bowel movements.

The plan of care for the resident has not been revised to reflect the use of a commode for the resident's bowel movement. [s. 6. (10) (b)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that clearly indicates when activated where the signal is coming from.

The inspector observed that the call bells in the bathrooms of two rooms were not working on two identified dates, respectively. Each of the call bells has a pull cord for activation. When pulling the cord to activate the call bell, the cord was pulled apart and it did not indicate any signal (visual or auditory). The inspector informed two identified PSWs and they indicated that they were not aware of this and they would inform the maintenance staff to fix the call bells. [s. 17. (1) (f)]

WN #7: 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).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin tears, received 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 assessments.

Record review and staff interview revealed that an identified resident sustained two skin tears since late 2014, and that they were still being treated during the time of the inspection. Interview with the registered nursing staff revealed that the home's assessment tools are not used for residents with skin tears and that the skin assessments were completed in the incidental notes. Review of the incidental notes revealed the nursing assessment did not consider the depth of the skin tear, whether or not there was drainage and the type of drainage, any odor, any pain and whether or not the skin tear was improving or deteriorating. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that the resident exhibiting altered skin integrity including skin tears, has been assessed by a registered dietitian who is a member of the staff of the home.

Record review and staff interview confirmed that the RD is not consulted when a resident sustains a skin tear, and therefore does not complete an assessment on residents who have skin tears.

This was confirmed by the RD. [s. 50. (2) (b) (iii)]

WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :



1. The licensee has failed to respond in writing within 10 days of receiving the Family Council advice related to concerns or recommendations.

Record review of the Family Council meeting minutes revealed that the council had raised concerns about the use of mesh bags and audio headsets in the home on an identified date.

Record review and interviews with the Family Council and the ED confirmed that the home did not respond to the Family Council in writing until 15 days after receiving the Family Council advice related to the concerns. [s. 60. (2)]

WN #9: 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. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the weekly menu is communicated to residents.

Observation made on an identified date revealed that the weekly menu posted was served during the week of the previous month.

Interview with the DNS confirmed that the weekly menu was not communicated to the residents for the week of the identified date. [s. 73. (1) 1.]

WN #10: 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)

Findings/Faits saillants :

1. The home has failed to ensure that the package of information that is given to every resident and to the substitute decision-maker of the resident, if any, at the time that the resident is admitted includes a 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.

Record review revealed and interview with the ED confirmed that the home's package of information does not include a 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. [s. 78. (2) (g)]

Issued on this 22nd day of January, 2015

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

Original report signed by the inspector.