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**

**Division de la responsabilisation et de la performance du système de santé**
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## Public Copy/Copie du public

| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Oct 28, 2015 | 2015_216144_0054 | 025137-15 | Resident Quality Inspection |

### Licensee/Titulaire de permis

THE WOMEN'S CHRISTIAN ASSOCIATION OF LONDON
2022 Kains Road LONDON ON N6A 0A8

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

McCORMICK HOME
2022 Kains Road LONDON ON N6K 0A8

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

CAROLEE MILLINER (144), SANDRA FYSH (190), TERRI DALY (115)

### 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): September 21, 22, 23, 24, 25, 28, 29, 2015.**

**During the course of the inspection, the inspector(s) spoke with 40+ residents, three family members, the Administrator, Director of Resident Care (DRC) , Assistant Director of Care (ADRC), the Dietitian, Food Service Supervisor (FSS), Manager of Life Enrichment, Director of Finance and Information Systems, the Staffing Clerk, RAI-MDS Coordinator, Physiotherapist, Environmental Services Manager (ESM), two Registered Nurses (RN), eight Registered Practical Nurses (RPN), twelve Personal Support Workers (PSW), three Housekeeping Aides and two Dietary Aides.**

**During the course of the inspection, the Inspectors toured all Resident Home Areas (RHA), medication rooms, observed medication administration, provision of care, recreational activities, resident/staff interactions, infection prevention and control practices, reviewed residents clinical records, posting of required information, meeting minutes related to the inspection and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**
**Accommodation Services - Housekeeping**
**Continence Care and Bowel Management**
**Dining Observation**
**Falls Prevention**
**Family Council**
**Hospitalization and Change in Condition**
**Infection Prevention and Control**
**Medication**
**Minimizing of Restraining**
**Personal Support Services**
**Residents' Council**
**Responsive Behaviours**
**Skin and Wound Care**
**Sufficient Staffing**

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

**2 WN(s)**
**2 VPC(s)**
**0 CO(s)**
**0 DR(s)**
**0 WAO(s)**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Legendé<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>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.<br><br>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. 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).**

**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 sets out clear directions to staff and others who provide direct care to the resident.

A) During stage one of the Resident Quality Inspection (RQI), one resident was observed using a Personal Assistive Safety Device (PASD).
B) The resident was unable to remove the device by themselves when asked.
C) A review of the clinical record revealed a PASD/restraint assessment had been completed.
D) The assessment identified the reason/rationale for the restraint/PASD with restrictive properties.
E) A physician's order had been obtained for the PASD to be used for safety and positioning.
F) The Power of Attorney (POA) had provided a signature for consent to use the PASD.
G) The completed Resident Assessment Protocol (RAP) identified the resident's history and family request for use of the PASD
H) A review of the care plan and Point of Care (POC) records revealed that neither record set out clear direction related to the device used by this resident

I) Two Personal Support Workers (PSW's) and the RPN confirmed that the resident used the PASD when up in their chair however, these staff could not locate the interventions or directions on the care plan or in POC for the use of this device.
J) An RN and the ADOC both confirmed the expectation that this device should be identified in the care plan and in POC and provide clear direction to staff and others providing care to this resident. [s. 6. (1) (c)]

2. The licensee has failed to 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 the resident's care needs change or care set out in the plan is no longer necessary.

A) The plan of care for one resident did not include directions for staff regarding the use of sitting and repositioning devices.
B) Three PSW's stated that the resident used the two devices daily when up in their chair. They also stated that the resident did not return to bed, but remained up in a chair all day. The PSW's confirmed that the resident used one function of the chair independently.
C) The plan of care stated that the resident was dependent upon staff for all care needs, could not position themselves and required staff to assist them for comfort and safety. An entry on the plan of care provided directions for repositioning.
D) The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

3. The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident.

A) The current MDS quarterly review for one resident identified they had communication concerns.
B) The current RAP identified that communication goals and interventions for this resident were included in the plan of care.
C) The written plan of care did not include communication concerns and goals and interventions to ensure the resident could communicate with others.
D) One registered staff confirmed the plan of care did not include communication concerns and did not provide clear direction to staff who provide direct care to the resident. [s. 6. (1) (c)]

4. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident.

A) One resident experienced a fall on readmission from hospital.
B) The direction received from the hospital did not include that the resident's mobility and transfer status has changed.
C) This information regarding the change in mobility and transferring status was not reflected in the most recent plan of care, or on the POC information used by the PSW's.

The resident care card posted in their room also did not include the change their mobility or transfer status.
D) The registered staff on the unit and the RAI Coordinator confirmed that the plan of care had not been updated to reflect the changes in the resident's mobility and transfer 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 that the plan of care sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping**

**Specifically failed to comply with the following:**

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**
**(a) cleaning of the home, including,**
**(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**
**(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).**

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**
**(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that procedures were developed and implemented for cleaning of the home including furnishings in the dining area.

A) During dining observation in stage one of the RQI, dining room tables, chairs, and staff feeding stools were found to have food splatter and debris on the legs, under the edge and lip of the tables/stools and on the arms of the chairs.
B) An interview with one housekeeping aide and one dietary aide revealed that neither employee was aware that the task of cleaning dining room chairs, tables and the feeding stools was a responsibility of either department.
C) An interview with the FSS and the ESM revealed that neither department had a procedure or schedule for cleaning the dining room tables/chairs or feeding stools.
D) Both confirmed the expectation of the home was that the dining room tables, chairs and feeding stools were kept clean and sanitary. [s. 87. (2) (a) (i)]

2. The licensee has failed to ensure that procedures were developed and implemented for addressing incidents of lingering offensive odours.

A) During the RQI, a stong offensive odour was detected in the corridor outside and inside of one resident's room at three different intervals on one identified day.
B) Interview with five nursing personnel confirmed the odour in the resident's room has been ongoing since their admission to the home.
C) Interview with two housekeeping staff confirmed the resident's washroom floor was washed twice daily and that an odour eliminator spray had been used when necessary and at the discretion of housekeeping personnel.
D) Interview with the Administrator and EMS confirmed that to date, the resident's room has received the same weekly cleaning as other resident rooms and that a procedure had not been developed and implemented to address incidents of lingering odours.
E) Review of the home's daily and weekly resident room cleaning procedures and, weekly cleaning check sheet further confirmed resident washroom floors were mopped daily and cleaned weekly. The procedure does not include additional cleaning to address ongoing, strong and offensive odours. [s. 87. (2) (d)]

***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 procedures furnishings are kept clean and sanitary, to be implemented voluntarily.***

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**Issued on this 29th day of October, 2015**

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

**Original report signed by the inspector.**