

Inspection Report under
the Long-Term Care
Homes Act, 2007

Rapport d'inspection prévue
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 # / No de registre	Type of Inspection / Genre d'inspection
Oct 29, 2019	2019_790730_0029	018651-19	Complaint

Licensee/Titulaire de permis

Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

Hillside Manor
Highway 8, 5066 Perth East Line 34, R.R. #5 STRATFORD ON N5A 6S6

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

CHRISTINA LEGOUFFE (730), MEAGAN MCGREGOR (721)

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): October 22, 23, and 24, 2019.

Complaint IL-70593-LO/Log #018651-19 was inspected during the course of this inspection related to concerns of staffing levels in the home, housekeeping, and maintenance services.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care (DOC), the Environmental Services Manager (ESM), a Housekeeper, a Registered Practical Nurse (RPN), Personal Support Workers (PSWs) and residents.

The inspectors also observed the cleanliness and maintenance of the home, residents and the care provided to them, reviewed clinical records and plans of care for the identified residents and reviewed the homes relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Sufficient Staffing**

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

2 WN(s)

1 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>Légende</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 O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that as part of the organized program of maintenance services under clause 15 (1) (c) of the Act, there were schedules and procedures in place for remedial maintenance.

On a specified date, the Ministry of Long-Term Care (MOLTC) Action Line received a complaint, in which the complainant reported a concern about broken shower tiles in the home's tub rooms.

On a specified date, Inspector #721 observed the shower in the tub room, on the second floor of the home, to have areas where tiles were cracked and covered with a clear resin. Inspector #721 also observed areas where there were tiles missing and the space was filled with a clear resin that was cracked and protruding from the floor. A build-up of brown and black residue was observed underneath the clear resin and in the area surrounding the cracked and missing tiles.

During an interview, when asked how they ensured that the home was maintained in a safe condition and in a good state of repair, Environmental Services Manager (ESM) #106 said they completed daily, weekly, and monthly maintenance checks to identify if any repairs were required. ESM# 106 told Inspector #721 that if staff noticed an area of the home needed to be repaired they would submit a maintenance request through the homes online system called "Maintenance Care" and subsequently a task for remedial maintenance would be scheduled. Inspector #721 and ESM #106 reviewed the homes "Maintenance Care" system together. When asked if there had been any maintenance requests submitted by staff related to the shower tiles in the tub room on the second floor, ESM #106 stated no. When asked if they were aware of any maintenance concerns related to the shower tiles in the tub room on the second floor, ESM #106 stated they became aware that the tiles needed replaced approximately two weeks prior. When asked how they became aware that the tiles needed to be replaced, ESM #106 stated they noticed this during one of their routine maintenance checks. When asked if there was any remedial maintenance scheduled to repair the shower tiles in the tub room on the second floor, ESM #106 said that they had ordered new tiles and that it would be done as soon as they completed other maintenance tasks. ESM #106 stated that when they noticed something needed to be fixed as part of their routine maintenance checks, the remedial maintenance task did not always get scheduled in "Maintenance Care".

During an interview, when asked if the home had scheduled procedures in place for remedial maintenance, Executive Director (ED) #102 stated that if an item required maintenance it would be entered into the home's "Maintenance Care" system. When

asked if they would expect any remedial maintenance to be scheduled, ED #102 said they expected any remedial maintenance would be scheduled and documented in "Maintenance Care". When asked if they were aware of any maintenance concerns related to the shower tiles in the tub room on the second floor, ED #102 said that ESM #106 made them aware of the concerns and their action plan the day prior. When asked if there was any documented record of remedial maintenance scheduled to address the repairs required for shower tiles in the tub room on the second floor, ED #102 stated they were not sure. Inspector #721 requested that ED #102 confirm if the home had any documented record of remedial maintenance scheduled to address the repairs required for shower tiles in the tub room on the second floor.

Inspector #721 and ED #102 observed the shower in the tub room on the second floor of the home together. At this time the shower tiles were observed to be in the same state of disrepair as observed two days prior. When asked if they felt that this shower was a safety risk to residents in the current state of repair, ED #102 said yes because a resident could stub their toe.

On a specified date, ESM #106 brought Inspector #721 the documented records of remedial maintenance scheduled from "Maintenance Care," which had been requested from ED #102. The documented records did not include any remedial maintenance scheduled to address the repairs required for shower tiles in the tub room on the second floor.

The licensee has failed to ensure that as part of the organized program of maintenance services under clause 15 (1) (c) of the Act, there was a schedule and procedure in place for remedial maintenance of the shower tiles in the tub room on the second floor of the home. [s. 90. (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 as part of the organized program of maintenance services, there are schedules and procedures in place for remedial maintenance, 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. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of the care set out in the plan of care was documented.

The Ministry of Long-Term Care (MOLTC) Action Line received a complaint on a specified date, which included concerns related to the staffing levels in the home. The complainant stated that staff often did not have time to document the care that they provided to residents. One of the care areas mentioned by the complainant was continence care.

A) During an interview between inspector #730 and resident #003, on a specified date, they said that sometimes they had to wait awhile to be toileted, but that the care was completed.

Observations of resident #003, on two specified dates, did not show any signs of incontinence or malodours.

A review of resident #003's plan of care in Point Click Care (PCC), showed focuses and interventions related to toileting and continence care.

Review of a report from PCC titled "Documentation Survey Report v2," for a specified date range, for resident #003, included Qshift documentation of "Continence-Bladder" and "Continence-Bowel". There was no documentation on a specified number of shifts for "Continence- Bladder" and "Continence- Bowel."

During an interview with Personal Support Worker (PSW) #108, they said that they documented continence care in Point of Care (POC). They said that they often missed documenting resident care as it was impossible to stay on top of. PSW #108 said that they were familiar with resident #003. They said that resident #003 required assistance with toileting. After reviewing the documentation for resident #003's continence care for the specified date range, the PSW said that it did not meet the home's expectation for documentation.

During an interview with Director of Care (DOC) #101, they said that the expectation in the home was that documentation of care provided was completed at the time of care. They said that personal care was documented by PSWs in Point of Care (POC). They said that their expectation was that 100 per cent of documentation was completed. After reviewing the "Documentation Survey Report v2" for resident #003's continence care during the specified date range, the DOC said that it did not meet the home's expectation for documentation.

B) During an interview with PSW #103, resident #008 was identified as a resident who required assistance with continence care.

Observations of resident #008 on a specified date did not show any signs of incontinence or malodours.

A review of resident #008's plan of care in Point Click Care (PCC), showed focuses and interventions related to toileting and continence care.

Review of a report from PCC titled "Documentation Survey Report v2," for a specified date range, for resident #008, included Qshift documentation of "Continence-Bladder" and "Continence-Bowel". There was no documentation on a specified number of shifts for "Continence- Bladder" and "Continence- Bowel."

During an interview with PSW #108, they said that resident #008 required specified interventions related to continence care. After reviewing the documentation for resident #008's continence care for a specified date range, the PSW said that it did not meet the

home's expectation for documentation.

C) During an interview with PSW #108, they identified resident #002 as a resident who required assistance with continence care.

During an interview with resident #002, on an identified date, they told inspector #730 that they did not have to wait a long time to receive assistance to use the washroom.

Observations of resident #002, on two specified dates, did not show any signs of incontinence or malodours.

A review of resident #002's plan of care in Point Click Care (PCC), showed focuses and interventions related to toileting and continence care.

Review of a report from PCC titled "Documentation Survey Report v2", for a specified date range, for resident #002, included Qshift documentation of "Continence-Bladder" and "Continence-Bowel". There was no documentation on a specified number of shifts for "Continence- Bladder" and "Continence- Bowel."

During an interview with PSW #109, they said that they documented continence care on POC through their tablet. They said that if the resident was on a toileting routine they would document as per toileting and if they were not on a toileting routine, the expectation was to document once per shift. They said that toileting was documented on POC by PSWs. They said that they felt that they were able to meet the needs of residents related to continence care, but that they often missed documenting care that was provided. They said that they prioritized providing care to residents before documentation. PSW #109 said that they were familiar with resident #002, and that they required assistance with toileting. After reviewing the documentation for resident #002's continence care for a specified date range, the PSW said that it did not meet the home's expectation for documentation.

The licensee has failed to ensure that provision of the care set out in the plan of care for residents #003, #008, and #002 was documented. [s. 6. (9) 1.]

Issued on this 29th day of October, 2019

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

Original report signed by the inspector.