

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
Jun 26, 2019	2019_704682_0014	018447-18, 031222-18, 031223-18, 031224-18, 000750-19, 006067-19	Complaint

Licensee/Titulaire de permis

Albright Gardens Homes, Incorporated
5050 Hillside Drive Beamsville ON L0R 1B2

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

Albright Gardens Homes, Incorporated
5050 Hillside Drive Beamsville ON L0R 1B2

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

AILEEN GRABA (682), LISA BOS (683), STACEY GUTHRIE (750)

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): June 6, 7, 10, 11, 12, 13, 14, 17, 18, 19, 20, 21, 2019.

The following Compliance Order follow ups were conducted at the time of the Complaint inspection,

031222-18 related to personal support services

031223-18 related to sufficient staffing

031224-18 related to nutrition and hydration.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer, Director of Nursing and Personal Care (DON), Associate Director of Nursing (ADON), Director of Dietary Services, Manager of Program and Support Services, Resident Assessment Instrument (RAI) Coordinator, nursing secretary/scheduler, nursing consultant, registered staff; personal support workers (PSW) and residents.

During the course of the inspection, the inspector(s) toured the home, reviewed resident health records, meeting minutes, staffing schedules and daily assignments, investigative notes, policies and procedures and observed residents and the provision of care.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Nutrition and Hydration

Personal Support Services

Sufficient Staffing

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

2 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
O.Reg 79/10 s. 33. (1)	CO #005	2018_720130_0010	683
O.Reg 79/10 s. 8. (1)	CO #001	2018_720130_0010	683
LTCHA, 2007 S.O. 2007, c.8 s. 8. (3)	CO #002	2018_720130_0010	682

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 LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that there was at least one Registered Nurse (RN) who was an employee of the licensee and was member of the regular nursing staff on duty and present at all times.

A complaint was submitted to the Director on an identified date, related to nursing care.

Ontario Regulation 79/10, section 45, allowed for exceptions for the requirement of one RN on duty and present at all times, under specific situations. Albright Gardens did not qualify for any exceptions as specified in the regulations. Albright Gardens is a long term care home with a licensed capacity of 231 beds.

At the time of the complaint, the planned staffing pattern for registered nursing staff in the home, for the direct care of residents, was five Registered Nurses (RN) per day and 19 Registered Practical Nurses (RPNs) per day, as identified on work schedules provided by the home and confirmed by staff #100. During an interview , staff #100 identified that the home did not have a sufficient number of Registered Nurses within the staffing plan to fill all the shifts related to staffing events. A review of the Daily Roster Report indicated that on identified dates, a third party RN was the only RN, on duty between identified hours. There was no RN in the building on identified dates. Staff #100 confirmed in an interview that the need to fill these RN shifts were not the result of emergency situations as outlined in O. Reg 79/10, s. 45(2). The home did not ensure that there was at least one registered nurse who was an employee of the licensee and was member of the regular nursing staff on duty and present at all times. [s. 8. (3)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 43. Every licensee of a long-term care home shall ensure that strategies are developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairment and of residents who cannot communicate in the language or languages used in the home. O. Reg. 79/10, s. 43.

Findings/Faits saillants :

1. The licensee failed to ensure that strategies were developed and implemented to meet the needs of resident #009, who had compromised communication and verbalization skills.

A review of a complaint, identified that resident #009 had difficulties with communication. At the time of the complaint, it was noted that resident #009 had impaired communication and had difficulties. In interviews with staff #107 and #110, they noted that there were no communication strategies in place for resident #009. A review of the written plan of care identified no strategies to meet the communication needs of resident #009. The clinical record, identified that resident #009 was difficult to understand. In an interview with Director of Nursing (DON) #113, they acknowledged that resident #009 has compromised communication. DON#113 reviewed resident #009's written plan of care and could not find any communication strategies. DON #113 verified that communication strategies were not identified. The home failed to ensure communication strategies were developed and implemented for resident #009. [s. 43.]

Issued on this 17th day of July, 2019

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

Original report signed by the inspector.