



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119 rue King Ouest 11ième étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 9, 2017	2016_542511_0019	033171-16	Complaint

Licensee/Titulaire de permis

BELLA SENIOR CARE RESIDENCES INC.
1000 FINCH AVENUE WEST SUITE 901 TORONTO ON M3J 2V5

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

BELLA SENIOR CARE RESIDENCES INC.
8720 Willoughby Drive NIAGARA FALLS ON L2G 7X3

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

ROBIN MACKIE (511)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): November 30, December 1, 2, 6, 13, 14, 2016

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Associate Director of Care (ADOC), identified Residents, Nursing Department Assistant Manager, Resident Assessment Instrument (RAI) Coordinator, Nurse Consultant (NC) for Assured Care Consulting, Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Personal Support Workers (PSWs).

During the course of this inspection the Inspector observed the provision of resident care, reviewed applicable policies, practices, procedures, investigation notes and medical records for the identified residents.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Pain
Personal Support Services
Responsive Behaviours**

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

3 WN(s)

3 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>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. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff and others involved in the different aspects of care of the resident collaborated with each other, (a) in the assessment of the resident so that their assessments were integrated and were consistent with and complement each other and (b) in the development and implementation of the plan of care so that the different aspects of care were integrated and were consistent with and complemented each other.

On interview, resident #001 stated they complained of daily pain and received numerous medications for pain control but that their pain sometimes was not managed. A review of the clinical record indicated the home had completed multiple pain assessments that were inconsistent with and were not complementary with the resident's plan of care or other interdisciplinary assessments.

The home's pain assessment, completed in September 2016, indicated the resident had severe pain. A review of the September 2016 electronic medication administration record (eMar) showed the resident received greater than 20 doses of an analgesic for pain. A review of the medication documentation indicated the resident's routine pain medication had been decreased throughout September 2016. The physician note, documented on an identified day in September 2016, indicated the resident's pain control had improved.

A quarterly pain assessment, completed in October 2016, indicated the resident had mild pain; however, the documentation indicated the resident received an increase in the number of doses of analgesic for pain, compared to the documentation in September 2016. The pain assessments, that had been completed in the electronic medication administration record (eMar) in October 2016, indicated the resident had severe pain throughout October 2016. A review of the quarterly MDS assessment, for the same period, indicated the resident experienced moderate pain on a daily basis. The corresponding Resident Assessment Protocol (RAP) stated the resident continued to have daily pain and that the physician had made changes to the pain medications. The resident was documented in the RAP as having to continue to require additional medication for pain control.

The annual care conference report, dated in October 2016, indicated there had been no nursing concerns and the pain and medication sections were void of comments or concerns.

Interview with the ADOC confirmed the multiple pain assessments and documentation, provided in the clinical record, were not integrated and consistent with nor complemented each other with regard to the resident's ongoing pain. [s. 6. (4) (a)]



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 that staff and others involved in the different aspects of care of the resident collaborate with each other, (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other and (b) in the development and implementation of the plan of care so that the different aspects of care were integrated and were consistent with and complemented each other, to be implemented voluntarily.

WN #2: 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, (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

s. 51. (2) Every licensee of a long-term care home shall ensure that, (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident required, an assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for

assessment of incontinence.

A review of the clinical record for resident #001 indicated in the April 2016, Minimum Data Set-Resident Assessment Instrument (MDS-RAI) that they were continent. In the July 2016, MDS-RAI the resident was determined to be totally incontinent. A review of the Resident Assessment Protocol (RAP), for July 2016, indicated the RAP had been modified as the resident's incontinence pattern changed from continent to totally incontinent. The process of elimination was to be managed with brief changes. Interview with RPN #109 and RN #108 confirmed a TENA assessment was also to be completed in order to determine the appropriate size and number of briefs required by the resident based on the assessment of incontinence. Both RPN #109 and RN #108 confirmed the resident's care needs changed from continent to incontinent and the resident had not received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions using a clinically appropriate assessment instrument. [s. 51. (2) (a)]

2. The licensee has failed to ensure that (f) there were a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes.

Interview with resident #001 indicated that were restricted in their activities of daily living for multiple days in 2016, for greater than 48 hours, when there were no continence products available for their needs. A review of the most recent plan of care indicated the resident was incontinent and required the assistance of two staff for their personal care needs. The resident was identified to have their incontinence managed with brief changes. They required an identified sized brief and requested an additional brief for their incontinence needs.

The resident stated that on a six identified days in 2016, the PSW staff had stated to the resident that they did not have any of the identified sized briefs for them to wear. The resident stated they were upset and embarrassed by their incontinence and were restricted in their activities of daily living until the briefs were made available. Interview with PSW #104 confirmed, on a number of identified dates, they did not have available the required briefs to manage resident #001's incontinence.

Interview with RN #108 and RPN #107 confirmed they were aware that resident #001's continence care products were not available to the PSW staff during this time as required for changes. [s. 51. (2) (f)]



**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**

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 (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber.

A review of the clinical record for resident #001 indicated the physician had prescribed an identified drug to be administered twice a day. The resident had stated to the Inspector that their medication had run out on an identified day in November 2016. Resident #001 stated they had not received two doses of their medication, the following day, as prescribed. Resident #001 stated they received the medication around midnight and were upset that they had not received their medication during the day, as prescribed. The resident stated they had experienced health concerns when their medication was not provided to them as prescribed. Interview with RPN #110 stated the medication had been reordered; however, the delivery of the medication had not arrived until late in the evening, one day after the medication had run. The reordering and the delivery dates of the medication were verified in the home's National Pharmacy delivery and reorder documentation.

Interview with RPN #110 confirmed the pharmacy provider would not deliver medications, nor would they order from the 'Satellite' pharmacy on identified days unless the medication was deemed as an 'emergency' drug. Interview with a Pharmacy Technician, from the home's Pharmacy provider, confirmed the medication was delivered on the evening of an identified day in 2016 and had not received a request to have the medication delivered as an 'emergency' drug.

Interview with the DOC confirmed the Licensee had not ensured the identified drug, was administered to resident #001, twice daily in accordance with the directions for use specified by the prescriber. [s. 131. (2)]

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 drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.



**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**

Issued on this 17th day of January, 2017

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

Original report signed by the inspector.