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 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
May 14, 2019	2019_555506_0001	000528-19	Complaint

Licensee/Titulaire de permis

Bella Senior Care Residences Inc.
650 Sheppard Avenue East PH01 TORONTO ON M2K 3E4

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

Bella Senior Care Residences
8720 Willoughby Drive NIAGARA FALLS ON L2G 7X3

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

LESLEY EDWARDS (506)

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): May 7, 8 and 9, 2019.

Complaint Log - 000528-19- related to infection control practices and staffing.

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Public Health Liaison, Personal Support Workers, (PSWs), residents and families.

During the course of the inspection, the inspector: observed the provision of care, reviewed clinical records, staffing schedules, outbreak management program, relevant policies and procedures and conducted interviews with staff, residents and families.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Sufficient Staffing

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	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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). 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. 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. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

A complaint was received by the MOHLTC on an identified date in January 2019, regarding the home being short staffed and staff not being able to complete care to the residents. Observation of the specified unit on an identified date in May 2019, by the LTCH Inspector confirmed that the care was being provided to the residents on the unit. Interviews with PSW #100 and #101 on an identified date in May 2019, confirmed they were working short this shift and had completed the residents care, but voiced they were not always able to complete all the documentation on each resident. A review of three residents' point of care documentation (POC) on an identified date in May 2019, after the shift ended, confirmed that the documentation was not completed as required.
i. Resident #008's POC documentation was not completed, in an interview with resident #008 on an identified date in May 2019, they confirmed that they did receive the care that was not documented.
ii. Resident #009's POC documentation was not completed.
iii. Resident #010's POC documentation was not completed, in an interview with resident #010 on an identified date in May 2019, they confirmed that they did receive the care that was not documented.
In an interview with RPN #102 on an identified date in May 2019, they confirmed that the care was completed for all residents on the unit; however, this was not documented. Interview with PSW #100 on an identified date in May 2019, confirmed that they were unable to complete all the required documentation for these residents because they were short staffed. [s. 30. (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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).
(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the staffing plan included a back-up plan for nursing and personal care staffing that addressed situations when staff, including the staff who provided the nursing coverage required under subsection 8 (3) of the Act, could not come to work.

A complaint was received by the MOHLTC in January 2019, regarding the home being short staffed and staff not being able to complete care to the residents. During the course of the inspection from identified dates in May 2019, interviews were conducted with five direct care staff, residents and a family member on a specified unit, which identified that the care was being provided when the staff were working short. Interviews conducted with PSWs #100, #101 and #108 on an identified date in May 2019, confirmed they were not aware of a back-up plan for nursing and personal care staffing that addressed when staff could not come to work. In an interview with RPN #102 and RN #106 on an identified date in May 2019, they stated that they were aware when to offer over time and they would redirect staff to other floors as they had a form to direct this; however, were not aware of any formalized routines that would address staff shortages and work assignments. On an identified date in May 2019, an interview with the DOC confirmed that the home did not presently have a back- up plan to address staff assignments and duties when staff could not come to work. [s. 31. (3) (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 the staffing plan included a back-up plan for nursing and personal care staffing that addressed situations when staff, including the staff who provided the nursing coverage required under subsection 8 (3) of the Act, could not come to work, 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. (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 failed to ensure that all staff participated in the implementation of the infection prevention and control program, specifically related to documentation and reporting.

The licensee's "Infection Surveillance" protocol (IC-03-01-01) dated October 2018, included the requirement for care staff to record on the "Daily 24-hour Symptom Surveillance " form any symptoms that may determine the possible presence of a communicable disease. The form was identified to be mandatory for tracking symptoms on a daily basis to ensure regular follow-up and to help identify a potential outbreak. The DOC or designate was to analyze this form each day, including weekends and holidays to determine if signs of an outbreak were beginning. The symptoms were to be assessed to determine if they met provincial case definitions (for number and type of symptoms) and the public health unit was to be notified to determine if an official outbreak was to be declared.

Interview with the DOC on an identified date in May 2019, stated that the home's Nursing Consultant had asked the home to complete the "IPAC - Symptom Surveillance Assessment" form instead of the mandatory "Daily 24-hour Symptom Surveillance" tracking form as a trial in the home.

It was identified that there was a confirmed outbreak in January 2019, with an unknown aetiologic agent and the outbreak was declared on an identified date in January 2019, by public health, with seven affected residents on the same unit. A review of the home's line list and clinical records confirmed that resident #001 presented with symptoms on an identified date in January 2019, resident #002 presented with like symptoms two days later and the next day resident #003, and #005 were also displaying the same symptoms and resident #004, #006 and #007 the following day.
According to provincial case definitions for reporting a suspect outbreak any two residents who present with the same two symptoms within a 48 hour period in the same geographical area, are considered part of a suspect outbreak and should have been reported to public health.
It was identified that no daily 24-hour symptom surveillance forms were completed by the home, and the “IPAC - Symptom Surveillance Assessment" forms which were to be trialled, were not completed until a day after the outbreak was declared by public health.
The DOC confirmed that the licensee failed to ensure that all staff participated in the implementation of the infection prevention and control program, specifically related to documentation and reporting. [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 all staff participated in the implementation of the infection prevention and control program, related to documentation and reporting, to be implemented voluntarily.

Issued on this 14th day of May, 2019

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

Original report signed by the inspector.