

**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**Sudbury Service Area Office
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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
Aug 20, 2019	2019_740621_0023	009026-19, 009027- 19, 009029-19, 009032-19, 009033-19	Follow up

Licensee/Titulaire de permisSt. Joseph's Care Group
35 North Algoma Street THUNDER BAY ON P7B 5G7**Long-Term Care Home/Foyer de soins de longue durée**Bethammi Nursing Home
63 Carrie Street THUNDER BAY ON P7A 4J2**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JULIE KUORIKOSKI (621), DEBBIE WARPULA (577), MELISSA HAMILTON (693)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): August 12 - 15, 2019.

The following Compliance Order (CO), issued during inspection #2019_768693_0005 was inspected during this Follow up Inspection:

- One intake regarding CO #001, related to s.20(1) of the Ontario Long-Term Care Homes Act (LTCHA), 2007;
- One intake regarding CO #002, related to s.6(7) of the Ontario LTCHA, 2007;
- One intake regarding CO #003, related to r.129(1) of Ontario's Regulation (O.Reg) 79/10;
- One intake regarding CO #005, related to r.134 of O. Reg 79/10; and
- One intake regarding CO #006, related to r.59 of O. Reg 79/19

Additionally, Critical Incident System (CIS) Inspection #2019_740621_0024 was conducted concurrently with this Follow Up Inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Clinical Manager, the Staffing Coordinator, the Food Services Manager (FSM), a Food Services Supervisor (FSS), a Dietary Aide (DA), the Registered Dietitian (RD), a Registered Practical Nurse (RPN), and Personal Support Worker's (PSWs).

The Inspectors also conducted a daily tour of resident care areas, observed the provision of care and services to residents, reviewed the home's supporting documentation, including relevant health care records, applicable assessments and auditing documentation, and specific licensee policies, procedures and programs.

The following Inspection Protocols were used during this inspection:

Medication

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

Training and Orientation

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)

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:

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 129. (1)	CO #003	2019_768693_0005		577
O.Reg 79/10 s. 134.	CO #005	2019_768693_0005		577
LTCHA, 2007 S.O. 2007, c.8 s. 20. (1)	CO #001	2019_768693_0005		693
O.Reg 79/10 s. 59.	CO #006	2019_768693_0005		577
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #002	2019_768693_0005		693

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. 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 failed to ensure that the staff and others involved in the different aspects of care of the resident collaborated with each other.

Inspector #693 completed a follow up inspection of Compliance Order (CO) #002, issued during inspection #2019_768693_00005, related to s. 6 (7) of the Long-Term Care Homes Act (LTCHA), 2007, with a compliance due date of July 22, 2019.

During the inspection, Inspector #693 reviewed resident #003's care plan, last updated in July 2019. The care plan indicated that the resident had a particular medical condition, and required a modified fluid consistency.

Inspector #693 observed resident #003, who was assisted by PSW #102 during meal service, on a particular date and time in August 2019. On interview with PSW #102, they stated that the resident required a modified fluid consistency, which the Inspector noted was of a different fluid consistency than specified in the resident's care plan.

During interviews with PSWs #102, #103, #104, and #105, on the same date in August 2019, they stated that resident #003 received a modified fluid consistency with a specified consistency, as part of their prescribed diet. The PSWs stated that previously, it had been their practice to modify the consistency of fluids using a commercial thickening agent and following recipe directions. However, the PSWs reported that over the past certain number of weeks, they were directed by management to no longer prepare thickened fluids at point-of-service, and instead, utilize packaged pre-thickened fluids that were already made to the correct consistencies. The PSWs stated that the packaged pre-thickened fluids were available in a specified number of fluid consistencies, but that there were no packaged pre-thickened fluids available for the required fluid consistency

for this resident. They further stated that they had informed management they were unable to serve the specified fluid consistency, as they could not prepare them. PSW #103 stated they thought that resident #003 received the identified fluid consistency before the home had switched to the packaged pre-thickened fluids, a certain number of weeks ago.

During an interview with the Food Services Manager (FSM), they indicated that the home was able to provide the identified fluid consistency to residents as needed, and that dietary, PSW or nursing staff were to prepare the required consistency for those residents who required that consistency. The FSM stated that staff had not been told they could not prepare thickened fluids, only that they needed to use the packaged pre-prepared fluids for certain specified consistencies. The FSM stated that all dietary staff had been trained on the utilization of the commercial thickening agent to thicken fluids, but that there was no record that PSW or nursing staff had been trained. The FSM stated that they had not been informed by staff that they were not serving a specific thickened fluid consistency.

Inspector #693 reviewed the home's policy, titled, "Thickened Fluids", last updated on May 28, 2015. The policy indicated that all dietary and nursing staff would have an in-service on proper mixing of thickened fluids.

During an interview with RD #109, on a day in August 2019, they stated that resident #003 required a certain fluid consistency, and that they had not been made aware by PSW or nursing staff, that the resident had instead been given a different fluid consistency.

Inspector #693 reviewed the progress notes for resident #003, from the home's electronic health record, and identified a note composed by RD #109, on a specific date in August 2019. The note indicated that RD #109 had been informed by Inspector #693, that resident #003 was provided an incorrect fluid consistency. The RD indicated that the resident was to be provided a particular fluid consistency, as well that the RD spoke with several PSWs and nursing staff members, and that staff had stated that since the thickened fluids came pre-thickened, a certain number of weeks ago, it appeared that the resident had been provided the incorrect fluid consistency. The note indicated that staff had been advised to communicate with the RD if there were any concerns.

During an interview with the Administrator, they stated that the home's management had not communicated to staff that they were no longer allowed to prepared a certain

thickened fluid consistency, and that there seemed to be a communication problem between staff and management regarding the thickening of fluids. The Administrator confirmed that there was no record of training for PSW or nursing staff on the proper preparation of thickened fluids.

During an interview with the Director of Care (DOC), they stated that there was a lack of collaboration between the clinical staff and management regarding resident #003's diet requirements related to fluid consistency. The DOC identified that staff had not informed management, or the RD that the resident was receiving the wrong fluid consistency, and that management had not properly communicated the process for the preparation of the required fluid consistency to staff. [s. 6. (4) (a)] (693)

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 staff and others involved in the different aspects of care of the resident collaborate with each other, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration

Specifically failed to comply with the following:

s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).

Findings/Faits saillants :

1. The licensee failed to ensure that residents were provided with food and fluids that were safe, adequate in quantity, nutritious and varied.

Inspector #693 completed a follow up inspection of outstanding Compliance Order (CO) #002, issued during Inspection #2019_768693_00005, related to s. 6 (7) of the LTCHA, 2007, with a compliance due date of July 22, 2019.

As part of the follow up inspection for this order, Inspector #693 reviewed resident #003's current care plan, last updated on a day in July 2019. The care plan indicated that the resident had a medical condition, and required a modified fluid consistency.

Inspector #693 observed resident #003, who was assisted by PSW #102 during meal service, on a particular date and time in August 2019. On interview with PSW #102, they stated that the resident required a fluid consistency, which the Inspector noted was a different consistency than specified in the resident's care plan.

During interviews with PSWs #102, #103, #104, and #105, on the same date in August 2019, they stated that resident #003 received a modified fluid consistency as part of their prescribed diet. The PSWs stated that previously, it had been their practice to modify the consistency of fluids using a commercial thickening agent and following recipe directions. However, the PSWs reported that over the past number of weeks, they were directed by management to no longer prepare thickened fluids at point-of-service, and instead, utilize packaged pre-thickened fluids that were already made to the correct consistencies. The PSWs stated that the packaged pre-thickened fluids were available in a specified number of fluid consistencies, but that there were no packaged pre-thickened fluids available for the required fluid consistency for this resident. The PSWs stated that they accessed a computer program at meal times, which included key information about the resident's diet, and would indicate what food and fluid texture a resident required. PSW #105 and Inspector #693 reviewed the computer program, accessible on the PSW's tablet, and the PSW stated to the Inspector that resident #003 required a specific fluid consistency different than what was provided.

Additionally, PSW #103 and Inspector #693 reviewed the resident's most recent Kardex, on the home's electronic health record, and the PSW stated that the Kardex also identified that resident #003 required the same specific fluid consistency that was accessed from the computer program on the PSWs tablet.

Inspector #693 reviewed progress notes for resident #003 on the home's electronic health record, which identified that the resident had been assessed by a Speech and Language Pathologist (SLP) on November 16, 2017, and was determined to require the specified fluid consistency for a particular medical condition. It also identified that the specified fluid consistency was ordered for resident #003, on November 20, 2017. The Inspector further identified SLP assessments completed on December 11, 2017, January 4, 2018, and January 17, 2018, where resident #003 was again assessed as needing the

same specified fluid consistency. Additionally, progress notes indicated that during the resident's annual care conference in August 2019, RD #109 identified that resident #003 was to continue with their current diet order, which included the specified fluid consistency.

During an interview with the Food Services Manager (FSM), they indicated that the home was able to provide the specified fluid consistency to residents as needed, and that dietary, PSW or nursing staff were to prepare the required consistency by utilizing the commercial thickener, and following the recipe instructions for preparation. The FSM stated that resident #003's current diet order was for the specified fluid consistency, and when resident #003 received other varieties of modified fluid consistencies, it was not appropriate or safe.

Inspector #693 reviewed the home's policy, titled, "Thickened Fluids", last updated on May 28, 2015. The policy indicated that all fluids would be thickened as indicated on the resident's care plan.

During an interview with RD #109, on a day in August 2019, they stated that resident #003 was high risk for a certain medical outcome, but that they had not observed the resident, and SLP assessments for this resident were completed prior to the RD starting in the home. RD #109 stated that resident #003 required a specified fluid consistency, and that when they were given other varieties of fluid consistency, it was not appropriate.

Inspector #693 reviewed the progress notes on the home's electronic health record for resident #003, from a specific date in August 2019. A note composed by RD #109, titled, "Incorrect fluid consistency", indicated that RD #109 had been informed by Inspector #693 that resident #003 had been provided an incorrect fluid consistency. The RD identified that the resident was to be provided a specific fluid consistency as prescribed; that the RD spoke with several PSWs and nursing staff members; and that staff identified that since thickened fluids now came into the home pre-thickened, it appeared that the resident had been provided the incorrect fluid consistency. The RD identified that the PSWs reported the resident "coughs on everything" and that the RD would follow up and determine if further assessment was required.

During an interview with the Director of Care (DOC), they stated that resident #003 was to receive a specific type of fluid consistency, and that when they received other consistencies of fluids, it was not a safe for this resident. [s. 11. (2)] (693)

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 residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied, to be implemented voluntarily.

Issued on this 23rd day of August, 2019

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

Original report signed by the inspector.