



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

**Rapport d'inspection
prévus le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office

Bureau régional de services de Hamilton

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

119 King Street West, 11th Floor
Hamilton ON L8P 4Y7
Telephone: 1-800-461-7137
Facsimile: 905-546-8255

119, rue King Ouest, 11^e étage
Hamilton ON L8P 4Y7
Téléphone: 1-800-461-7137
Télécopieur: 905-546-8255

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/GeNR/RCe d'inspection
March 26 to March 29 2012 (onsite)	2012_2948_198_00005	Other-Data Quality Inspection (Restorative Care and Therapies)

Licensee/Titulaire
Blackadar Continuing Care Centre Inc.
101 Creighton Rd.
Dundas, Ontario, L9H 3B7
905 627 5465

Long-Term Care Home/Foyer de soins de longue durée
Blackadar Continuing Care Centre
101 Creighton Rd.
Dundas, Ontario, L9H 3B7
905 627 5466

Name of Inspector(s)/Nom de l'inspecteur(s)
Patricia Ordowich (198) (Lead)
Sandy Schmidt (200)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Data Quality inspection related to restorative care and therapies.

During the course of the inspection, the inspectors spoke with: Administrator, Director of Nursing and Personal Care (DONPC), Assistant Director of Resident Care (ADOC), RAI Co-ordinator (RAI-C), Registered Practical Nurse (RPN), and Physiotherapist (PT), Personal Support Worker (PSW).

During the course of the inspection, the inspectors reviewed: resident health records for 10 residents in the home for the quarters from July 1, 2010 to March 31, 2011 and the most recent completed RAI-MDS 2.0 (October 1, 2011 to December 31, 2011) for those residents who still lived in the home as well as the home policies and procedures for restorative care including therapies.

The following Inspection Protocol was used in part or in whole during this inspection: Restorative Care and Therapy.

Findings of Non-Compliance were found during this inspection.

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

AROM = active range of motion
CIHI = Canadian Institute for Health Information
CO = Compliance Order/Ordres de conformité
DR = Director Referral/Régisseur envoyé
HSP = Health Service Provider
LHSIA = *Local Health Systems Integration Act*
L-SAA = LHIN-Service Accountability Agreement
LTCHA = *Long-Term Care Homes Act, 2007*
NR/RC = Nursing Rehabilitation/Restorative Care
PROM = passive range of motion
PT = Physiotherapy
RAI-MDS 2.0 = Resident Assessment Instrument-Minimum Data Set 2.0
RAOFS = Resident Assessment Observation Flow Sheet
RAPs = Resident Assessment Protocol
VPC = Voluntary Plan of Correction/Plan de redressement volontaire
WAO = Work and Activity Order/Ordres: travaux et activités
WN = Written Notifications/Avis écrit

Q2 = July 1 to September 30, 2010
Q3 = October 1 to December 31, 2010
Q4 = January 1 to March 31, 2011
Most recent quarter inspected = October 1, 2011 to December 31, 2011

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with *Long Term Care Homes Act (LTCHA), 2007*, c. 8, s. 101.

- (1) A licence is subject to the conditions, if any, that are provided for in the regulations. 2007, c. 8, s. 101.
- (2) The Director may make a licence subject to conditions other than those provided for in the regulations,
 - (a) at the time a licence is issued, with or without the consent of the licensee; or
 - (b) at the time a licence is reissued under section 105, with or without the consent of the new licensee.
 2007, c. 8, s. 101 (2).
- (3) It is a condition of every licence that the licensee shall comply with this Act, the *Local Health System Integration Act, 2006*, the *Commitment to the Future of Medicare Act, 2004*, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).
- (4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101 (4);

Findings:

1. The Long-Term Care Homes Service Accountability Agreement (L-SAA) is an agreement entered into between the local health integration network and the Licensee, Blackadar Continuing Care Centre Inc., under the *Local Health System Integration Act, 2006*. Compliance with the L-SAA is, therefore, a condition of the license issued to Blackadar Continuing Care Centre Inc. for the Blackadar Continuing Care Centre long-term care home.
2. The Licensee has failed to comply with the following provisions of the L-SAA:

Article 3.1

- (a) The HSP will provide the Services in accordance with:
 - (i) this Agreement;
 - (ii) Applicable Law; and
 - (iii) Applicable Policy.

Article 8.1

- (a) The LHIN's ability to enable its local health system to provide appropriate, co-ordinated, effective and efficient health services as contemplated by LHSIA, is heavily dependent on the timely collection and analysis of accurate information. The Health Service Provider (HSP) acknowledges that the timely provision of accurate information related to the HSP is under the HSP's control;

Article 8.1(b): The HSP [Health Service Provider]

- (iv) will ensure that all information is complete, accurate, provided in a timely manner and in a form satisfactory to the LHIN [Local Health Integration Network];

Article 8.1 (c): The HSP will:

- (i) conduct quarterly assessments of Residents, and all other assessments of Residents required under the Act, using a standardized Resident Assessment Instrument - Minimum Data Set (RAI-MDS 2.0) 2.0 tool in accordance with the RAI-MDS 2.0 Practice Requirements included in Schedule F and will submit RAI-MDS 2.0 assessment data to the Canadian Institute for Health Information (CIHI) in an electronic format at least quarterly in accordance with the submission guidelines set out by CIHI; and
 - (ii) have systems in place to regularly monitor and evaluate the RAI-MDS 2.0 data quality and accuracy;
3. The RAI-MDS 2.0 LTC Homes – Practice Requirements are included in Schedule F of the L-SAA and fall within the definition of "Applicable Policy" under the L-SAA.
 4. The RAI-MDS 2.0 Agreement between the Minister of Health and Long-Term Care and the Licensee, Blackadar Continuing Care Centre Inc., is an agreement under the *Long-Term Care Homes Act, 2007* for the provision of funding related to the implementation of RAI-MDS 2.0 assessment tool in long-term care homes. Compliance with the RAI-MDS 2.0 Agreement is, therefore, a condition of the license issued to Blackadar Continuing Care Centre Inc. for the Blackadar Continuing Care Centre long-term care home.
 5. The documents listed in Schedules A to E of the RAI-MDS 2.0 Agreement between the Licensee, Blackadar Continuing Care Centre Inc. and the Ministry of Health and Long-Term Care fall within the definition of "Applicable Policy" in the L-SAA. These documents include, but are not limited to, the Sustainability Project Description, the Implementation Information Package together with the Training Module Overview, and the RAI Coordinator Role Description.
 6. The level-of-care per diem funding in the Nursing and Personal Care (NPC) envelope paid by the local health integration network to the Licensee pursuant to the L-SAA is adjusted based on resident acuity. The higher the acuity, the greater the funding. The amount of funding in the NPC envelope is calculated using a formula set out in the LTCH Level-Of-Care Per Diem Funding Policy (a policy listed in Schedule F

of the L-SAA) and resident acuity is determined using the RAI-MDS 2.0 information submitted by the Licensee to CIHI.

7. The incompleteness and inaccuracy of the RAI-MDS 2.0 data is evidenced by the following:
- (a) The RAI-MDS 2.0 coding was not supported by the home's documentation, including the residents' plans of care and the RAPs documentation. There were multiple inconsistencies between what was coded on the RAI-MDS 2.0 and the progress notes found in the residents' plans of care.
8. The following are specific examples of incomplete and/or inaccurate RAI-MDS 2.0 coding and non-compliance with the L-SAA and/or the RAI-MDS 2.0 LTC Homes – Practice Requirements and/or the Implementation Information Package and/or the RAI Coordinator Role Description and/or the RAI-MDS 2.0 Agreement. The RAI-MDS 2.0 Practice Requirements mandates the use of the RAI-MDS 2.0 Manual, which states that a rehabilitation or restorative practice must meet specific criteria including that measureable objectives and interventions must be documented in the care plan and in the clinical record.
- a. For resident 001
- There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation as well as this did not meet the RAI-MDS 2.0 definition for a NR/RC eating/swallowing activity. The RAI-MDS 2.0 was coded that the resident was on a NR/RC eating/swallowing activity. However, the plan of care documentation indicated to provide constant encouragement with total feeding of meal. The nutritional RAP documented that the resident was to be totally fed. The NR/RC activity of eating or swallowing must improve or maintain the resident's self-performance in feeding one's self food and fluids.
- b. For resident 002:
- There was inconsistency between the coding of the RAI-MDS 2.0 for PT and the PT activity log. The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 45 minutes. However the PT activity log indicated that the resident received PT for 1 day for a total of 30 minutes.
- c. For resident 003:
- There was inconsistency between the coding of the RAI-MDS 2.0 for PT and the PT activity log. The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 45 minutes. However the PT activity log indicated that the resident received PT for 2 days for a total of 30 minutes.
- d. For resident 004:
- There was inconsistency between the coding of the RAI-MDS 2.0 for PT and the PT activity log. The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 45 minutes. However the PT activity log indicated that the resident received PT for 1 day for a total of 15 minutes.
- e. For resident 005:
- There was an inconsistency between the coding of the RAI-MDS 2.0 for PT and the PT activity log. The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 45 minutes. However the PT activity log indicated that the resident received PT for 1 day for a total of 15 minutes.
- f. For resident 006:
- There were inconsistencies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded for NR/RC walking activity, however the resident had been coded as being independent for walking in room and corridor. There was no documentation to indicate the reason for the walking program as the resident was already ambulatory. Therefore, this did not meet the RAI-MDS 2.0 definition for the walking NR/RC activity as it must improve or maintain the resident's self-performance in walking, with or without assistive devices and the resident was already independent for walking.
 - There were inconsistencies between the coding of the RAI-MDS 2.0 and the plan of care. The resident was coded as receiving AROM and PROM as a NR/RC activity. However the RAI-MDS 2.0 was coded that there were no limitations in functional range of motion in any of the limbs.

There was no documentation in the plan of care that these activities were to be provided.

- There was no documentation in the plan of care for the PT activity of 3 days for a total of 45 minutes as coded on the RAI-MDS 2.0.
- g. For resident 007:
- The RAI-MDS 2.0 was coded that the resident was receiving both AROM and PROM activities for NR/RC, however the RAI-MDS 2.0 was also coded that there were no limitations in functional range of motion in any of the limbs. The plan of care indicated that the resident was to receive NR/RC AROM exercises of upper and lower extremities for 10 minutes and gait and balance training for 5 minutes but did not indicate how often these were to be provided. There was no documentation to indicate why the resident was to receive gait and balance training as a NR/RC activity as the RAI-MDS 2.0 was also coded that resident walked independently in room and corridor and had no difficulty with gait or balance.
 - There was an inconsistency between the coding of the RAI-MDS 2.0 for PT and the PT activity log. The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 45 minutes. However the PT activity log indicated that the resident received PT for 2 days for a total of 30 minutes.
- h. For resident 008:
- There were inconsistencies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded that the resident received AROM and PROM as NR/RC activities, however the RAI-MDS 2.0 was coded that there were no limitations in functional range of motion in any of the limbs. There was no documentation to indicate the reasons for these activities. The mobility assessment indicated that AROM was provided by PT and not NR/RC as coded on the RAI-MDS 2.0 which does not meet the definition of a NR/RC activity as the procedures or techniques are to be carried out by or under the direction of nursing.
- i) For resident 009:
- There was an inconsistency between the coding of the RAI-MDS 2.0 for PT and the PT activity log. The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 45 minutes. However the PT activity log indicated that the resident received PT for 2 days for a total of 30 minutes.
- j) For resident 010:
- There were inconsistencies between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded that the resident received 7 days of AROM and PROM as NR/RC activities, however the activity log indicated that the resident received 2 days of these activities during the observation period.
 - There were inconsistencies between the coding of the RAI-MDS 2.0 for PT and the PT activity log. The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 45 minutes. However the PT activity log indicated that the resident received PT for 2 days for a total of 30 minutes.
- k) For residents 003, 004, 005:
- The residents were coded on the RAI-MDS 2.0 of being totally incontinent as bowel and bladder, however the residents were also coded that a toileting plan was used for totally incontinent residents. If the resident is routinely taken to the toilet at scheduled times, but the resident does not eliminate in the toilet and the resident is still incontinent, this is not a toileting plan.

Inspector ID #:	198, 200
------------------------	----------

Additional Required Actions:

Voluntary Plan of Correction (VPC) - Pursuant to the Long Term Care Homes Act (LTCHA), 2007, c.8, s.101, the licensee is hereby requested to prepare a written plan of corrective action to ensure compliance with the RAI-MDS 2.0 Long Term Care Homes Practice Requirements, 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 prévue
le *Loi de 2007 les
foyers de soins de
longue durée*

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</p> <p><i>Pat Dredowick</i></p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection).</p> <p><i>August 9, 2012</i></p>