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 sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 27, 2015	2015_276537_0015	L-002131-15	Resident Quality Inspection

Licensee/Titulaire de permis

1230839 ONTARIO LIMITED
708 WELLINGTON STREET WALLACEBURG ON N8A 2Y6

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

BROUILLETTE MANOR
11900 BROUILLETTE COURT TECUMSEH ON N8N 4X8

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

NANCY SINCLAIR (537), PATRICIA VENTURA (517), ROCHELLE SPICER (516)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): April 7, 8, 9, 10, 13, 14, 15, 16, and 17, 2015.

The following Critical Incident inspection was conducted concurrently during this inspection:
Log # 001613-15/CI 2301-000003-15.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Food Service Nutrition Manager, Activity Director, Resident Care Plan Co-ordinator, Registered Dietitian, 3 Registered Nurses (RN), 5 Registered Practical Nurses (RPN), 11 Personal Support Workers (PSW), 1 Dietary Aide, 1 Cook, 2 Recreation Care Aides, 1 Physiotherapy Aide, 1 Maintenance Worker, Resident Council Representative, Residents and Families.

The inspector(s) also conducted a tour of all resident areas and common areas, observed residents and care provided, meal service, medication passes, medication storage areas, reviewed health care records and plans of care for identified residents, policies and procedures of the home, minutes from meetings and observed the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing

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

- **6 WN(s)**
- **5 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	Legendé 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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is (b)complied with.

During the initial tour, an infection control bag containing Personal Protective Equipment was observed attached to the wall outside of an identified room and there was no signage posted on the room door or on the walls around the room door to indicate the required precautions.

The home' Infection Control Policy indicated the requirements for signage posted outside a resident's room. This included the personal protective equipment required by staff and a note to alert visitors to see nursing staff before visiting.

An interview with a Registered Practical Nurse revealed a sign should have been posted outside the room door to indicate isolation precautions were needed and to alert visitors to see nursing staff prior to entering the room.

Interview with the Director of Care, the lead of the infection prevention and control team, confirmed the expectation that staff complied with the home's infection control policy. [S. 8. (1)]

2. The licensee has failed to ensure any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

The home's policy 4.9 “Self-Medicating Residents” indicates an assessment of a resident’s cognitive, physical and visual ability to administer their own medication is required. The form used to assess the resident’s ability to self-administer medications is titled “The Medication Self-Administration Form”.

It was noted the home was not following their policy regarding use of this form.

The Director of Care confirmed the expectation that staff complied with the “Medication Self-Administration ” policy. [S. 8. (1) (b)]

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 plan, policy, procedure, strategy or system instituted or otherwise put in place, is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

A tour was conducted with the Director of Care due to areas of disrepair identified during stage one of the Resident Quality Inspection.

The Director of Care confirmed the following areas within the home were not in a good state of repair including the following:

-walls throughout the home with the drywall in various stages of disrepair, such as peeling, holes, cracks and chips
-electrical outlets noted to be dirty, loose and missing covers
-baseboards missing in many areas of the home
-paint in various states of disrepair such as chipping, patched drywall that had not been touched up, scraped and peeling
-wooden room doors with pieces of wood chipped off, leaving rough surfaces
-taps in bathroom sinks with rust and calcium and lime build up
-black substance along the tiles in the shower room

The Director of Care confirmed the areas identified were not in a good state of repair and that the expectation is that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. [S. 15. (2) (c)]

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 home, furnishings and equipment are kept clean and sanitary, and are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident-staff communication and response system is on at all times.

The call bell at the bedsides of three identified residents were not functioning when the call bell button was pressed. This was confirmed by two Personal Support Workers, the Activation Manager, Administrator and maintenance staff that the resident-staff communication and response system should on at all times. [S. 17. (1) (b)]

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 resident-staff communication and response system is on at all times, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents who require assistance with eating and drinking are only served a meal when someone is available to provide assistance.

Observation of a lunch meal service revealed an identified resident waited over an hour to be served their lunch meal.

Interview with the Administrator and the Director of Care revealed the home did not have enough staff to assist all the residents that required assistance with their meals at the same time during meal service. For this reason, some residents had to wait over an hour for their meals. There was no option provided to the residents who had to wait to come to the dining room closer to the time their meal would be ready. The managers verified that some residents did sit at a table in the dining room for over one hour waiting to be served a meal while other residents were eating. [s. 73. (2) (b)]

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 who require assistance with eating and drinking are only served a meal when someone is available to provide assistance, to be implemented voluntarily.

WN #5: 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 has failed to ensure that the staff participate in the implementation of the infection prevention and control program.

Observation of a washroom shared by residents revealed two commodes stored in the washroom, not obstructing the way to the toilet. One of the commodes had the commode pot on top of the commode with feces along the sides and dried urine inside.

The home's infection control policy titled: "Cleaning and Care of Resident Equipment" last reviewed in 2013 stated: "Commodes should be cleaned between personal use using Virox Wipes". "Clean all equipment as described, once a week and after each use by the resident".

Interview with a Personal Support Worker confirmed all commode pots were to be cleaned and disinfected with Virox wipes after each resident use and this was not done. The Personal Support Worker also reported there were soiled commode chairs and commode pots in the washrooms regularly.

The Administrator and Director of Care confirmed commode chairs and commode pots should be cleaned and disinfected with Virox wipes after each use as per the home's infection control policy. [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 the staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that all residents were treated with courtesy and respect in a way that fully recognized their individuality and respected their dignity.

Observation of lunch service revealed an identified resident waited over an hour to be served their lunch meal.

Interview with the resident revealed the resident was not offered the choice to go to the dining room closer to the time when their meal would be ready and was expected to wait for over one hour several times per week. The resident stated a preference to go to the dining room closer to the time when a meal would be served but that option was never offered.

Interview with the Administrator and the Director of Care revealed the home did not have enough staff to assist all the residents that required assistance with their meals at the same time during meal service. For this reason, some residents had to wait over an hour for the meals. The managers verified that sitting at a table in the dining room for over one hour waiting to be served a meal and while watching everyone else eat may be interpreted by the resident as not respectful of their dignity and confirmed that all residents of the home should be treated with respect and dignity. [s. 3. (1) 1.]

2. The licensee has failed to ensure that every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

An inspector entered the locked shower room and found an identified resident alone in the shower room. The resident was unable to respond verbally and the call bell in the shower room was not within reach of the resident.

An interview with a Personal Support Worker revealed the resident was brought to the shower room to receive care and the Personal Support Worker had left the shower room to get another Personal Support Worker to assist. The Personal Support Worker confirmed that the resident was unable to request staff assistance verbally and was unable to use a call bell. The resident was left alone in the room for more than 5 minutes. Staff confirmed this was not consistent with her needs.

Interview with the Administrator confirmed that every resident should be cared for in a manner consistent with his or her needs. [s. 3. (1) 4.]

Issued on this 5th day of May, 2015

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

Original report signed by the inspector.