Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Dec 2, 6, 8, 14, 15, 21, 23, 2011	2011_029134_0020	Critical Incident

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

CARLINGVIEW MANOR
2330 CARLING AVENUE, OTTAWA, ON, K2B-7H1

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

COLETTE ASSELIN (134)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care (DOC), one Registered Nurse (RN), one staff Educator, three Registered Practical Nurses (RPN), seven Personal Support Workers (PSW), one dietary aid, one identified resident, and the SDM.

During the course of this inspection the inspector conducted one critical incident inspection log #O-002649-11.

During the course of the inspection, the inspector(s) reviewed the identified resident's plan of care and health records, the licensee's policy on Non-Abuse # LP-B-20 and policy # LP-B-10 on Management of Concerns/Complaints, the Licensee's Code of Conduct, the identified staff's personal file and the staff's care assignment for the month of November 2011.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

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.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
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.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
i. the Residents' Council,
ii. the Family Council,
iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
iv. staff members,
v. government officials,
vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The following instances show the licensee failed to comply with section 3 (1) 4 of the LTCHA 2007, in that the identified resident was not properly clothed and cared for in a manner consistent with care needs.

Three PSWs reported to the inspector that once the identified resident is returned to bed for a nap in the afternoon, the resident's trousers are pulled down to prevent them from getting soiled in case of incontinence. The staff members indicated that this practice is used with residents who have large voids and have the potential to soil their clothing. It was also mentioned that it makes it easier for the evening staff to check to see if the resident is incontinent.

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 residents are clothed in a manner consistent with their needs and that the residents' trousers are removed or pulled up for comfort and dignity while in bed for a nap, to be implemented voluntarily.

WN #2: 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 subsections:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The following two instances show the licensee failed to comply with section 6 (7) of the LTCHA, 2007, to ensure care is provided to the resident as set out in the plan of care.

The identified resident's plan of care was reviewed and there is an entry specifying the resident is to be toileted before meals, after meals and at bedtime. There is an entry under method of transfer indicating, "two person physical assist with use of mechanical lift is required to maintain function to maximum self sufficiency for transferring".

An identified PSW reported to the inspector that on two occasions in late November 2011, the identified resident was transferred by one person using the mechanical Sarah lift and that no one was called to assist with the transfer.

This PSW, reported to the inspector that on two occasions in late November, the identified resident was not transferred to the toilet after lunch as per the direction in the plan of care and consequently resulted in the resident being incontinent of stools.

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 care is provided to the resident as set out in the plan of care as it relates to toileting and transferring of residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee failed to comply with section 20 (1) of the LTCHA 2007, in that the Licensee's Non-Abuse policy # LP-B-20, was not complied with.

The Licensee has a "Non-Abuse" Policy # LP-B-20, which was revised April 2011. As part of the policy there is a clause that stipulates the following: "Any employee or person who becomes aware of an alleged, suspected or witnessed resident incident of abuse or neglect, will report it immediately to the Executive Director or if unavailable to the most senior Supervisor on shift at that time. The person reporting the suspected abuse will follow the home's reporting requirements to ensure the information is provided to the Executive Director immediately."

In late November 2011 one identified PSW, suspected an incident of staff to resident abuse and did not report it to the most senior Supervisor in the home at that time or to the Director under the Act.

The next day the same identified employee suspected a second incident of alleged abuse and did not report it to the most senior Supervisor in the home at that time or to the Director under the Act.

The identified witness reported the alleged incident of abuse to a peer while they were outside the home. Several days later, this peer reported the alleged incident of abuse to the DOC, who immediately reported the allegation of "staff to resident abuse" to the Director under the Act.

The nursing staff failed to follow the home's policy related to the requirement to report the suspicion of abuse immediately to the Senior Manager on duty and did not report the suspicion of abuse to the Director under the Act.

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 all staff members are aware of the Licensee's Non Abuse policy and that it contains an explanation of the duty under section 24 to make mandatory reports, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. The licensee failed to comply with section 36 of the O Reg. 79/10, in that staff did not ensure safe transferring technique when assisting the identified resident.

One identified PSW, was interviewed. It was reported to the inspector that in late November 2011, the transfer of one resident from wheelchair to bed after lunch was done using the mechanical Sarah lift by one person.

The plan of care and the home's requirement on the use of mechanical lift, specifies that two people are required to transfer when using the Sarah Lift.

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 all staff use safe transferring techniques as per plan of care when assisting residents, to be implemented voluntarily.

Issued on this 18th day of January, 2012

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