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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 27, 2014	2014_293554_0031	O-000695-14	Resident Quality Inspection

Licensee/Titulaire de permis

COMMUNITY LIFECARE INC
1955 Valley Farm Road, 3rd Floor, PICKERING, ON, L1V-1X6

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

COMMUNITY NURSING HOME (WARKWORTH)
97 Mill Street, P.O. Box 68, Warkworth, ON, K0K-3K0

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

KELLY BURNS (554), GWEN COLES (555), MARIA FRANCIS-ALLEN (552)

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): August 11-15, and August 18-20, 2014

During the Resident Quality Inspection, concurrent inspections were completed for Log(s) #O-000674-14, O-000665-14, O-000402-14, O-000093-14 and a follow up inspection Log #O-001114-13 (pertaining to inspection #2013_049143_0055)

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care(DOC), Food Service/Environmental Services Manager (FSS/ESM), Registered Nurse(s), Registered Practical Nurse(RPN), Personal Support Worker(s), Activity Manager, Activation Staff, Dietary Staff, Maintenance Worker(s), Physiotherapist(PT), Physiotherapist Aide, MDS-RAI Coordinator, Infection Control Lead, Registered Dietitian, Family and Residents

During the course of the inspection, the inspector(s) conducted a tour of the home, observed meal service, reviewed resident clinical health records (including, but not limited to progress notes, assessments, care plans, medication records, physician orders and hospital records); reviewed meeting minutes for Resident and Family Council Meeting; reviewed audits specific to, infection control/infection rates, staff and resident immunization, maintenance and housekeeping; reviewed the home's policies relating to: Infection Prevention and Control, Medication Administration, Medication Incidents or Adverse Effects, Falls Prevention Program, Restraints and PASDs, Continence and Bowel Care Management, Nutritional Services; and reviewed staffing schedules and education (as applicable)

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing

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. 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 failed to comply with O. Reg. 79/10, s. 15 (2)(a), by ensuring that the

home, furnishings and equipment are kept clean and sanitary.

The following observations were made on specific dates during this inspection:

- Toilets – the sealant surrounding the base of toilet stool and the flooring was observed to have brownish –yellow discolouration or staining visible in the following room(s) # MS, 1, 3, 5, 13, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 31 and east tub room

- Sink – caulking was not visible around outside rim of the sink, where the sink connects to the counter top; visible debris and or dirt build up was observed between rim of sink and counter top in the following room(s) # MS, 13, 2, 28, 29 and 31

- Flooring - visible black marks (query scuffing) were observed in several areas on the flooring, in the following room(s) # 18, 23, 28; the inspector was able to remove some of the black marks by rubbing the sole of a shoe across areas

- Flooring – the following room(s)# MS, 14, 22, 24, 26, 29, 31, and east tub room were observed to be visibly soiled or to have debris, dust and or wax build up along the baseboard; soiling was easily removed when the inspector scratched at the surface

- Wall Baseboard and Flooring – the baseboard/guard was observed separating from the wall in the following room(s)# 20, 22, 24, 26, 28; visible debris and dust was observed on the exposed sub-flooring surface

- Vents – the vent in room #25 was observed to have greyish-black substance along the ventilation covering and surrounding wall

The Environmental Services Manager(ESM) indicated the resident washrooms were a priority area and were to be cleaned on a daily basis; ESM indicated cleanliness of resident rooms and washrooms is an expectation.

The Environmental Services Manager indicated awareness of the flooring (black marks, soiled areas) issues and indicated a meeting with Housekeeping and Maintenance Staff had taken place on a specific date to discuss deficiencies and to review cleaning schedules. [s. 15. (2) (a)]

2. The licensee failed to comply with O. Reg. 79/10, s. 15 (2)(c), by ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good

state of repair.

The following observations were made during specific dates during this inspection:

Furnishings:
Home owned resident room furnishings (e.g. dresser, bedside, wardrobe) were observed to be chipped, or to have laminate trim missing or loose:
- Bedside Table(s) in room(s) # MS, 1, 2, 4, 6, 7, 8, 10, 11, 12, 17, 18, 19, 22, 28, 29, and 30

- Dresser(s) in room(s) # MS, 4, 3, 8, 9, 12, 17, and 30

- Wardrobe in room #2

Bathroom Counter Top(s):
- The bathroom vanity or counter top laminate was chipped or missing in room(s) # 8, 10, and 26

Note: The above furnishings are made of porous material, exposed surfaces pose a potential infection control risk as such would be difficult to clean.

Ceilings:
- Ceiling in the following resident rooms #7, 10, 20, 22, 24, 25, 28, and 30 were observed to be extensively cracked across the ceiling surface.

Flooring:
- Flooring tiles were observed cracked or chipped in the following resident rooms, washrooms or common areas, room(s) # 19, 18, 22, 28, in the hallway outside of room (s) # 29, 31 and in entry hallway outside of the activity room

-The floor in the Benfield Lounge/Dining Area was observed to be 'bubbling' and cracked in several areas

Note: Uneven or cracked/chipped flooring pose a potential tripping/fall hazard for residents.

Walls:
- The walls in several resident rooms, washrooms, common areas and hallways were

observed to have minor damage, such as cracked areas, minor scuffing (black marks) or requiring repair (dented areas along wall), having unfinished repairs (dry wall putty exposed or not sanded areas), exposed screws or nails and or in need of painting (due to nail holes, scuffing, or miss-matched patch); the following room(s) were identified: # 1, 2, 4, 8, 7, 13, 18, 20, 22, 24, 26, 28, 27, 29, 30, Snoozelen room, east and south halls

Other:
- Wall baseboard guard and flooring were observed to be separating in areas throughout resident rooms, the areas identified were: room(s) # 20, 22, 24, 26, 28, 29, 30; visible debris and dirt was visible on the exposed sub flooring

Staff #106 indicated resident rooms were painted only when residents were discharged, but often then rooms are not painted due to new resident's moving in too quickly.

Environmental Services Manager indicated having had spoken to Maintenance Workers as to rooms being spot painted with mismatched paint; the response being they were trying to use up old paint. ESM indicated that the rooms need painting and are to be painted using one consistent paint colour.

The Administrator indicated awareness of some of the identified environmental deficiencies and did indicate plans were in the works to correct issues identified. The Administrator indicated an environmental company was recently in as a result of the pending acquisition of the home and had identified concerns with the ceiling; measuring tools have been randomly placed on the ceiling in some resident rooms to measure the degree of cracking or shifting of the ceiling.

The Environmental Services Manager did indicate awareness of some of the areas identified above but indicated short-term solutions were currently being used due to the recent sale of the home. ESM indicated the home was currently looking at priority issues due to time constraints and financial cost. [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 there is a process in place to identify deficiencies and monitor the cleaning practices, repair and overall safety of the home, its furnishings and equipment. If and when deficiencies are identified that there is a corrective action plan in place to address such, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg. 79/10, s.16, by ensuring that every window in the home can not be opened more than 15 centimetres.

The following observations were made:
- the window in room #23 was noted to open approximately 12 inches (30cm)
- the window in room #18, 26 and 29 was noted to open approximately 10-12 inches (25-30cm)

Note: Windows opening in excess of fifteen centimetres, pose a safety risk to resident's residing within the home.

An interview with a Personal Support Worker did indicate that there were currently residents residing within the home with known exit seeking as a responsive behaviour.

Both the Administrator and Maintenance Worker (#106) were notified by Inspector #554 of concerns with respect to the opening distance of the windows identified; all windows identified as opening in excess of 15cm were corrected.

During an interview with the Administrator indicated the home had recently conducted an audit of the windows and had not identified window openings as being a deficiency. [s. 16.]

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 there is a monitoring process in place to ensure that every window in the home can not be opened more than 15 centimetres, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
i. persons who may dispense, prescribe or administer drugs in the home, and
ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. Related to Resident #012 and #046:

The licensee has failed to comply with O. Reg. 79/10, s. 130 1., by ensuring that all areas where drugs are stored are kept locked at all times when not in use.

Resident #012 and #046 have physician orders to self-administer specific medications and are permitted to keep medicated ointments and eye drops in their rooms.

The following observations were made:
- Resident #012 had medicated eye drops on top of the bedside table; this is a shared resident room
- Resident #046 had medicated ointments in an unlocked bedside drawer; this is a shared resident room

The location of drugs or medicated ointments observed in the possession of Resident #012 and #046 can easily be accessed by residents who wander throughout the home.

The home's policy, Self-Administration of Medication (# RSL-MED-040) directs that residents self-administering medications are to be instructed to store medications in a safe place and never to share medications with others.

The Director of Care indicated that medications kept in resident rooms, for self-

administration, are not kept in a locked drawer or area. The DOC indicated the home feels that the bedside table is a secured location. [s. 130. 1.]

2. The following was observed:

- the treatment cart was observed in the east hallway, on a specific date, unlocked; the unlocked cart contained medicated creams and ointments

- the treatment cart was observed in the south hall, on specific dates, unlocked; the unlocked cart contained medicated creams and ointments

Unidentified residents were observed, by an inspector, in the hallways by the unlocked treatment cart during the identified observations.

The cart on the south wing was unattended for a period of approximately five minutes on a specific date.

Staff # 120 exited a resident room, approached the cart and locked it. Staff #120 indicated the treatment cart was to be locked when unattended.

The Director of Care during an interview indicated the cart is frequently found unlocked or the key left in the lock itself. The DOC indicated the expectation is that the treatment cart is to be at all times locked when not in use.

The home currently does have residents residing within the home with cognitive impairment, which poses a risk of ingestion of foreign substances, such as medicated creams and or ointments. [s. 130. 1.]

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 areas where drugs are stored are kept locked when not in use and that there is a monitoring process in place to identify and correct deficiencies relating to the same, to be implemented voluntarily.

WN #4: 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:
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. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to comply with LTCA, 2007, s.3 (1) to ensure that the following rights of residents are fully respected and promoted:

iv. Every resident has the right to, 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.

During a medication administration observation, for three residents (#43,44 and 45), Staff #115 was observed placing the medication pouches in a black garbage bag, hanging on the side of the medication cart. The bag was then disposed of in the regular garbage.

The medication pouches, which were placed in the regular garbage disposal contained the resident's name, name of medication, date and time that the medication should be administered.

Staff #115 and #118 indicated that the medication pouches containing resident information are disposed of in the regular garbage, as such is the practice of the home.

The Director of Care confirmed that medication pouches are disposed of in the home's regular garbage. [s. 3. (1) 11. iv.]

WN #5: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. Relating to Resident #003:

The licensee failed to comply with LTCHA, 2007, s. 6 (1)(c), by ensuring that there is a written care plan for each resident that sets out clear direction to staff and others who provide direct care to the resident.

The written care plan (most current) for Resident #003 indicated:
- the resident being a falls risk due to 'balance'
- the care plan indicated that two partial bed rails are in place

The written care plan did not identify when the bed rails were to be used, the rationale for use nor monitoring procedures when rails were utilized.

A review of the current Physician's orders failed to identify if the bed rails were to be considered a restraint or a PASDs.

Resident #003 was observed with two bed rails in place when in bed on several occasions during this inspection.

An interview with Personal Support Workers indicated Resident #003 uses the side rails when in bed for turning and during personal care.

The Director of Care, during an interview, indicated that the written plan of care for Resident #003 should provide more specific information to ensure clear direction is provided to nursing staff, when using side rails. [s. 6. (1) (c)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids

Specifically failed to comply with the following:

s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,
(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).
(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg. 79/10, s. 37 (a), by ensuring that each resident of the home has his or her personal items, including personal aids labelled within 48 hours of admission and of acquiring, in the case of new items.

The following observations were made during specific dates during this inspection:
- Room #2, a brush containing hair was observed sitting on the bathroom vanity, unlabelled; this is a shared washroom
- Room #9, a green toothbrush was observed sitting on the bathroom vanity, unlabelled; this is a shared washroom
- Room #20, a bar of soap in a wire container, was observed sitting on the bathroom shelving unit; also observed was a pair of dentures in a fluid filled denture cup, all items identified were unlabelled; this is a shared washroom
- Room #31, three toothbrushes were observed sitting on the bathroom vanity or shelving unit, unlabelled; this is a shared washroom

Staff #118, who is the lead for Infection Control, indicated all personal care items are to be labelled for individual resident use.

Director of Care(DOC) indicated personal grooming supplies, including dentures are to be labelled upon admission and when any new supplies are placed into circulation; DOC further indicated the Personal Support Workers are to ensure personal grooming and care supplies are labelled on an as needed basis and re-labelled when monthly room carbolizations (full cleans) are conducted. [s. 37. (1) (a)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg. 79/10, s. 91, by ensuring that all hazardous substances are kept inaccessible to residents at all times.

A treatment cart on the South Wing was observed unlocked and not attended during specific dates and times, the cart contained the following hazardous substances:
- Vert-2-Go Bio Washroom Cleaner and Deodorizer (one bottle)

There were 3 unidentified residents in the hallway and one resident sitting across from the unlocked cart during these observations.

The MSDS indicated the following:
- Vert-2-Go Bio – moderately irritating to the eyes and skin; avoid breathing vapour or mist; avoid contact with eyes, skin and clothing.

PSW #120 indicated that the treatment cart is normally locked when not in use.

Director of Care indicated that the expectation is for the treatment cart to be locked at all times when not in use, but indicated that the cart has been found by herself unlocked on several occasions when completing walk abouts of the home.

The home currently does have residents residing within the home with cognitive impairments, which poses a risk of potential ingestion of harmful substances. [s. 91.]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. Related to Log #O-000093-14, for Resident #047:

The licensee failed to comply with O.Reg. 79/10, s.131 (2) by ensuring that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

A review of clinical health records for Resident #047, indicated the resident had a medical procedure completed. The physician had prescribed specific medications to be administered to the resident before and after the procedure.

A review of the electronic medication records and other related documents failed to demonstrate that physician's orders specific to the medication were followed by the registered nursing staff.

An interview conducted with the Director of Care, on a specific date, who reported that documentation indicates the Resident #047 was not administered the drugs in accordance with the directions for use specified by the prescriber. [s. 131. (2)]

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	**TYPE OF ACTION/ GENRE DE MESURE**	**INSPECTION # / NO DE L'INSPECTION**	**INSPECTOR ID #/ NO DE L'INSPECTEUR**
LTCHA, 2007 S.O. 2007, c.8 s. 8. (3)	CO #001	2013_049143_0055	554

Issued on this 27th day of August, 2014

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