Ontario

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*

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

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

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 21, 22 & 23, 2010	2010_128_1115_20Sep144423	Dietary Follow-up to 2010_128_1115_28Jul102228

Licensee/Titulaire
Copper Terrace Limited, 284 Central Avenue, London, ON N6B 2C8

Long-Term Care Home/Foyer de soins de longue durée
Copper Terrace, 91 Tecumseh Road, Chatham, ON N7M 1B3

Name of Inspector(s)/Nom de l'inspecteur(s)
Ruth Hildebrand (ID #128)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to follow-up on the 16 WN and 15 VPC and 2 CO's issued at the Dietary Follow-up conducted July 28 & 29, 2010. Additionally, the 1 WN and 1 VPC identified in the Other report was followed up from the same review.
During the course of the inspection, the inspector spoke with members of the management team, including the Administrator, Director of Care, Assistant Director of Resident Care and the Nutrition Manager; 3 residents who reside on 3 North (3N) and 2 North (2N); 6 staff on these areas, 6 dietary aides; and 5 Registered Nursing staff. Resident records were reviewed and an inspection of common areas of the home was completed. On September 21, 2010, lunch was observed in the 2N dining room; afternoon snack was observed on 3N and supper was observed on 3N. The Nursing Policy related to the Bowel Management Program, dated Sept. 8, 1993 was reviewed. The Dietary policy related to Puree Texture, dated, August 10, 2010 was reviewed.

The following Inspection Protocols were used in part or in whole during this inspection:

- Food Quality Inspection Protocol
- Safe and Secure Home
- Continence Care and Bowel Management

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

11 WN
4 VPC
7 CO: CO # 001,002,003,004,005,006, and 007

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

Revised for Publication.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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-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.)	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 LTCHA, 2007, S.O. 2007, c.8, 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.

Findings:

1. The pureed cherries, available to be served for dessert, at the lunch meal, September 21, 2010, in the 2 North dining room, were not a safe texture.
2. Registered Practical Nurse was starting to give medications at 11:42a.m., September 22, 2010 on 2 North, using yogourt that had chunks of peaches in it. She reported that this was used instead of applesauce. Identified safety risk related to residents on pureed texture diets/dysphagia and potential for choking.
3. Registered Practical Nurse was giving medications at 12:30p.m., September 22, 2010, on 3 North, using yogourt that had chunks of strawberries in it. Identified safety risk related to residents on pureed texture diets/dysphagia and potential for choking.

Additional Required Actions:
CO # - 001 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 5
Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

Findings:

1. The lights were off in the lounge, 2 North, at 10:57a.m., September 21, 2010. Reported safety risk to Assistant Director of Care.
2. The lights were off in the hallway on 2E at 11:02a.m., September 21, 2010. Reported safety risk to PSW.
3. The lights were off in lounge, 3 North, at 11:17a.m., September 21, 2010. Reported safety risk to RPN.

Additional Required Actions:
CO # - 002 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6(1)(c)
Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. Care plans for two (2) residents indicate that staff should "eliminate foods causing adverse effects of constipation". One Registered Practical Nurse and 2 PSW's were unsure what this terminology meant.

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN #4: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6(10)(c)
The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(c) care set out in the plan has not been effective

Findings:

A resident was reassessed August 24, 2010 with no nutrition interventions added to address constipation. Resident continues to have an ongoing problem related to constipation.

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 each resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when care set out in the plan has not been effective, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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
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.

Findings:

1. Staff have not collaborated with each other in regard to assessment of a resident related to weight management. Resident Assessment Protocol, dated August 24, 2010, indicates that weight loss is not desirable but dietary indicates a problem of weight gain related to excessive appetite.
2. Nursing assessment dated 8/12/2010, for a resident identifies constipation as problem but dietary assessment does not identify same.
3. Dietary assessment dated 8/20/2010, for a resident , does not identify constipation as a problem but nursing assessment does.
4. Staff have not collaborated with each other in the development of the care plan for a resident. Inconsistencies were noted within the care plan and plan of care related to excessive appetite but goal is to achieve/maintain weight. Care plan indicates that nutritional supplement is to have intake documented but dietary staff provide it and nursing staff do the documentation. The supplement is not being documented.
5. Plans of care for two (2) residents are not integrated and do not complement each other related to constipation. Nursing has identified constipation as a problem but dietary has not and no nutrition and hydration interventions are included.

Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN #6: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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.

Findings:

1. Call bell was not within reach for a resident, at 10:41a.m., September 21, 2010, who called out to MOHLTC inspector for help as she wanted to ring bell for assistance.
2. Call bell was not within reach for a resident, at 3:07p.m., September 21, 2010. Call bell was underneath afghan on bed.
3. Resident's care plan identifies that call bell is to be within easy reach.

Additional Required Actions:
CO # - 005 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN #7: The Licensee has failed to comply with LTCHA, 2007, S.O 2007, c.8, s. 6(8)
The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

Findings:
Care plans are not available to guide staff on 2 East. The care plans are on Point Click Care, in the computer, and Personal Support Workers do not have access to the computer. Two PSW's did not know if there were any interventions in place related to constipation for resident [redacted].

Additional Required Actions:
CO # - 006 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN #8: The Licensee has failed to comply with O. Reg. 79/10, s. 17(1)(a)
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.

Findings:

1. Call bell was not within reach for a resident, at 10:41a.m., September 21, 2010, who called out to MOHLTC inspector for help as she wanted to ring bell for assistance.
2. Call bell was not within reach for a resident, at 3:07p.m., September 21, 2010. Call bell was underneath afghan on bed.

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 is equipped with a resident-staff communication and response system that, can be easily seen, accessed and used by residents, staff and visitors at all times, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O. Reg. 79/10, s. 221(1) 3
For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
2. Continence care and bowel management.

Findings:

1. All staff are not aware of the home's policies surrounding bowel management.
2. One PSW stated that she has not received any training surrounding bowel management.
3. A RPN stated that some staff have had training and others haven't.

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 training shall be provided to all staff who provide direct care to residents related to continence care and bowel management, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O. Reg. 79/10, s 68(2)(a)
Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration.

Findings:
All of the home's dietary policies and procedures related to nutrition care and dietary services and hydration have not been developed and implemented in consultation with a registered dietitian. This was confirmed by the Nutrition Manager and the Administrator.

Additional Required Actions:
CO # - 007 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN #11: The Licensee has failed to comply with O. Reg. 79/10, s 68(2)(c)
Every licensee of a long-term care home shall ensure that the programs include,
(c) the implementation of interventions to mitigate and manage those risks.

Findings:
Two (2) residents are not receiving nutrition related protocols as per the home's dietary and/or nursing policies. Both residents continue to have documented problems related to constipation

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 the implementation of interventions to mitigate and manage risks, to be implemented voluntarily.

CORRECTED NON-COMPLIANCE
Non-respects à Corrigé

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, 2007, S.O 2007, c.8, s. 3 (1)1	WN, VPC		2010_128_1115_28Jul102228	128
LTCHA, 2007, S.O 2007, c. 8, s.15 (2)(c)	WN, VPC		2010_128_1115_28Jul102228	128
LTCHA, 2007, S.O 2007, c. 8, s.86 (2)(b)	WN, VPC		2010_128_1115_28Jul102228	128
LTCHA, 2007, S.O 2007, c. 8, s6(11)(b)	WN, VPC		2010_128_1115_28Jul102228	128
O. Reg. 79/10, s26(3)14	WN, VPC		2010_128_1115_28Jul102228	128
O. Reg. 79/10, s30(2)	WN, VPC		2010_128_1115_28Jul102228	128
O. Reg. 79/10, s51(1)2	WN, VPC		2010_128_1115_28Jul102228	128
O. Reg. 79/10, s73(1)11	WN, VPC		2010_128_1115_28Jul102228	128
O. Reg. 79/10, s91	WN, VPC		2010_128_1115_28Jul102228	128
P1.22, LTC Homes Program Manual, now found in O. Reg. 79/10, s. 73(1) 5.	Unmet Criterion		Dietary Follow-up May 25, 2010	128

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	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. October 4, 2010 Ruth Hildebrand
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection).

Ontario

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

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

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Name of Inspector:	Ruth Hildebrand	**Inspector ID #**	128
Log #:			
Inspection Report #:	2010_128_1115_20Sep144423		
Type of Inspection:	Dietary Follow-up to 2010_128_1115_28Jul102228		
Date of Inspection:	September 21, 22 & 23, 2010		
Licensee:	Copper Terrace Limited, 284 Central Avenue, London, ON N6B 2C8		
LTC Home:	Copper Terrace, 91 Tecumseh Road, Chatham, ON N7M 1B3		
Name of Administrator:	Tami Gillier		

To Copper Terrace Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order #:	001	**Order Type:**	Compliance Order, Section 153 (1)(b)

Pursuant to: LTCHA, 2007, S.O. 2007, c.8, 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.

Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s. 11(2). Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:

1. The pureed cherries, available to be served for dessert, at the lunch meal, September 21, 2010, in the 2 North dining room, were not a safe texture.
2. Registered Practical Nurse was starting to give medications at 11:42a.m., September 22, 2010 on 2 North, using yogourt that had chunks of peaches in it. She reported that this was used instead of applesauce. Identified safety risk related to residents on pureed texture diets/dysphagia and potential for choking.
3. Registered Practical Nurse was giving medications at 12:30p.m., September 22, 2010, on 3 North, using yogourt that had chunks of strawberries in it. Identified safety risk related to residents on pureed texture diets/dysphagia and potential for choking.

This order must be complied with by:	October 20, 2010

Order #:	002	**Order Type:**	Compliance Order, Section 153 (1)(b)

Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s. 5 Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s. 5. Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:

1. The lights were off in the lounge, 2 North, at 10:57a.m., September 21, 2010. Reported safety risk to Assistant Director of Care.
2. The lights were off in the hallway on 2E at 11:02a.m., September 21, 2010. Reported safety risk to PSW.
3. The lights were off in the lounge, 3 North, at 11:17a.m., September 21, 2010. Reported safety risk to RPN.

This order must be complied with by:	October 20, 2010

Order #:	003	**Order Type:**	Compliance Order, Section 153 (1)(b)

Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s. 6(1)(c) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident.

Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s. 6(1)(c). Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:

1. Care plans for two (2) residents indicate that staff should "eliminate foods causing adverse effects of constipation". One Registered Practical Nurse and 2 PSW's were unsure what this terminology meant.

This order must be complied with by:	October 20, 2010

Order #:	004	**Order Type:**	Compliance Order, Section 153 (1)(b)

Pursuant to: LTCHA, 2007, S.O. 2007, c.8, 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
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.

Order:
The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s. 6(4). Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:

1. Staff have not collaborated with each other in regard to assessment of a resident related to weight management. Resident Assessment Protocol, dated August 24, 2010, indicates that weight loss is not desirable but dietary indicates a problem of weight gain related to excessive appetite.
2. Nursing assessment dated 8/12/2010, for a resident, identifies constipation as problem but dietary assessment does not identify same.
3. Dietary assessment dated 8/20/2010, for a resident, does not identify constipation as a problem but nursing assessment does.
4. Staff have not collaborated with each other in the development of the care plan for a resident. Inconsistencies were noted within the care plan and plan of care related to excessive appetite but goal is to achieve/maintain weight. Care plan indicates that nutritional supplement is to have intake documented but dietary staff provide it and nursing staff do the documentation. The supplement is not being documented.
5. Plans of care for two(2) residents are not integrated and do not complement each other related to constipation. Nursing has identified constipation as a problem but dietary has not and no nutrition and hydration interventions are included.

This order must be complied with by:	October 20, 2010

Order #:	005	**Order Type:**	Compliance Order, Section 153 (1)(b)

Pursuant to LTCHA, 2007, S.O. 2007, c.8, 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.

Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s. 6(7). Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:

1. Call bell was not within reach for a resident, at 10:41a.m., September 21, 2010, who called out to MOHLTC inspector for help as she wanted to ring bell for assistance.
2. Call bell was not within reach for a resident, at 3:07p.m., September 21, 2010. Call bell was underneath afghan on bed.
3. Resident's care plan identifies that call bell is to be within easy reach.

This order must be complied with by:	October 20, 2010

Order #:	006	**Order Type:**	Compliance Order, Section 153 (1)(b)

Pursuant to LTCHA, 2007, S.O. 2007, c.8, s. 6(8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s. 6(8). Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:
Care plans are not available to guide staff on 2 East. The care plans are on Point Click Care, in the computer, and Personal Support Workers do not have access to the computer. Two PSW's did not know if there were any interventions in place related to constipation for a resident.

This order must be complied with by:	October 20, 2010

Order #:	007	**Order Type:**	Compliance Order, Section 153 (1)(b)

Pursuant to: O. Reg. 79/10, s 68(2)(a) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration.

Order: The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s 68(2)(a). Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:
All of the home's dietary policies and procedures related to nutrition care and dietary services and hydration have not been developed and implemented in consultation with a registered dietitian. This was confirmed by the Nutrition Manager and the Administrator.

This order must be complied with by:	October 20, 2010

Ontario

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

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

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007.*

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:.

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007.* The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

and the

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 4th day of October, 2010.	
Signature of Inspector:	Ruth Hildebrand
Name of Inspector:	Ruth Hildebrand
Service Area Office:	London