



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 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
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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
Oct 26, 29, 30, 31, Nov 1, 2, 5, 6, 8, 9, 16, 2012	2012_170203_0013	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF LONDON
c/o Dearness Home for Senior Citizens, 710 Southdale Road East, LONDON, ON, N6E-1R8

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

DEARNESS HOME FOR SENIOR CITIZENS
710 SOUTHDALE ROAD EAST, LONDON, ON, N6E-1R8

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

CARMEN PRIESTER (203), ELISA WILSON (171), JOAN WOODLEY (172), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Acting Administrator, the Acting Director of Care, the Assistant Directors of Care, the Registered Dietitian, the Pharmacist, the Physiotherapist, the Food Service Manager, the Environmental Services Manager, the Administrative Assistant, the Business Manager, the Hairdresser, the Admissions Clerk, 3 Registered Nurses, 12 Registered Practical Nurses, 15 Personal Support Workers, 4 dietary aides and 2 laundry aides, 1 housekeeping aide, 32 Residents, 7 families, the President of Resident Council and the President of Family Council.

During the course of the inspection, the inspector(s) reviewed clinical records, interviewed residents, staff and families, observed dining room service, observed medication administration, toured resident care areas, observed resident care, and reviewed policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Contenance Care and Bowel Management

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Quality Improvement

Resident Charges

Residents' Council

Responsive Behaviours

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 129. Safe storage of drugs

Specifically failed to comply with the following subsections:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
 - (i) that is used exclusively for drugs and drug-related supplies,
 - (ii) that is secure and locked,
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).
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Findings/Faits saillants :

1. The licensee did not ensure that drugs are stored in an area or medication cart that complies with manufacturer's instructions for the storage of drugs.
Observations made in a medication room, revealed that a bottle of medication had expired August 2012. The expired drug was confirmed by an RPN and removed from the cupboard for destruction. [O.Reg 79/10,s.129(1)(a) (iv)]
2. The licensee did not ensure controlled substances are stored in a separate, double-locked, stationary cupboard in the locked area or stored in a separate locked area within the medication cart.
An interview with the Pharmacist confirmed that the home does not double lock benzodiazepines if they are routinely given. They would be found in the 7 day cellophane strips in the medication carts.
3. A record review for a specified resident indicated an order for regularly scheduled benzodiazepine. This medication is considered a controlled substance and was located in the strip package in the medication cart and not in a separate locked area.
4. RPN's interviewed in three home areas confirmed the routine benzodiazepines are found in 7 day cellophane strips in the medication cart and not stored in a separate locked area within the medication cart. (172, 115, 203) [O.Reg 79/10,s.129(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 drugs are stored in a manner that complies with manufacturer's instructions for the storage of drugs, and that controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan

Specifically failed to comply with the following subsections:

- s. 24. (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:
1. Any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks.
 2. Any risks the resident may pose to others, including any potential behavioural triggers, and safety measures to mitigate those risks.
 3. The type and level of assistance required relating to activities of daily living.
 4. Customary routines and comfort requirements.
 5. Drugs and treatments required.
 6. Known health conditions, including allergies and other conditions of which the licensee should be aware upon admission, including interventions.
 7. Skin condition, including interventions.
 8. Diet orders, including food texture, fluid consistencies and food restrictions. O. Reg. 79/10, s. 24 (2).

Findings/Faits saillants :

1. The licensee had not ensured the 24 hour care plan included all aspects of the diet order, fluid consistency and food restrictions.

An identified resident was admitted with transfer information that included a dietary restriction. This restriction was noted as a requirement for the resident in the progress notes on the day of admission by the Dietary Manager, however it was not included on the 24-hour care plan. Documentation records indicate that the dietary restriction was not followed for the first three days following admission.

Registered staff and the Registered Dietitian confirmed the expectation that the dietary restriction should have been part of the 24-hour care plan. [O.Reg79/10,s.24(2)8]

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 24 hour care plan identifies the diet orders, including food texture, fluid consistencies and food restrictions, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information
Specifically failed to comply with the following subsections:

s. 79. (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. 2007, c. 8, s. 79. (1).

Findings/Faits saillants :

1. It was observed that the binder containing required information to be posted, was located behind the receptionist desk at the front entrance to the building and not easily accessible to the public.
This was confirmed by the Acting Administrator.[LTCHA,2007,S.O.2007,c.8,s.79(1)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 224. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:

1. The resident's ability under subsection 82 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82 (1).
 2. The resident's obligation to pay the basic accommodation charge as described in subsection 91 (3) of the Act.
 3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 258 of this Regulation.
 4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including the resident's Notice of Assessment issued under the Income Tax Act (Canada) for the resident's most recent taxation year.
 5. A list of the charges that a licensee is prohibited from charging a resident under subsection 91 (1) of the Act.
 6. The list of goods and services permitted under paragraph 3 of subsection 91 (1) of the Act that a resident may purchase from the licensee and the charges for those goods and services.
 7. The resident's ability to have money deposited in a trust account under section 241 of this Regulation.
 8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 224 (1).
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Findings/Faits saillants :

1. A review of the home's admission package revealed that the information does not provide the phone number or the hours of service for the Ministry of Health and Long Term Care complaint line. This was confirmed by the Acting Administrator.[O.Reg79/10,s.224 (1)8]

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,

- (a) the Residents' Bill of Rights;
- (b) the long-term care home's mission statement;
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 24 to make mandatory reports;
- (e) the long-term care home's procedure for initiating complaints to the licensee;
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
- (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
- (h) the name and telephone number of the licensee;
- (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91
- (1) for each type of accommodation offered in the long-term care home;
- (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
- (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
- (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
- (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
- (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
- (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
- (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
- (q) an explanation of the protections afforded by section 26; and
- (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :

1. Observation of the Resident's Handbook did not reveal any reference to the maximum amount a resident can be charged for each type of accommodation offered in the home.

This was confirmed by the Acting Administrator.[LTCHA,2007,S.O.2007,c.8,s.78(2)(i)]

WN #6: 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 subsections:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
 2. Residents must be offered immunization against influenza at the appropriate time each year.
 3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
 4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
 5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).
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Findings/Faits saillants :

1. The licensee had not ensured all staff participated in the infection control program as evidenced by:

a) Three tub rooms were observed to contain unlabeled nail clippers, unlabeled hair brushes and combs.

Personal Support Workers and the Acting Director of Care confirmed the expectation that all nail clippers should be kept in the labeled boxes and there should not be unlabeled combs left in the tub room. (171,115)

b) A pillow in an identified resident's room was found to be worn, cracked and stained. Communication with the Environmental Services Manager in regard to this resulted in a resident pillow audit being conducted and an order for over 100 residents pillows to be replaced. (115)

c) A PSW was observed to drag a linen bag containing used clothing protectors across the floor to the service area. Interview with the Acting Director of Care revealed the home's expectation is that the laundry bag would be taken to the service area in the cart and removed there, not dragged across the floor from the dining room to the service area. (172)

d) In a resident's bathroom a toilet plunger was observed sitting on the bare floor. A toilet brush for cleaning was sitting behind the toilet. Staff interview with the Acting Director of Care revealed the home's expectation is that neither a toilet plunger nor a toilet bowl brush and caddy would be left in a resident's bathroom on the floor. (172)

e) A public washroom did not have a working soap dispenser on two consecutive days. During this time staff were monitoring residents in the home for respiratory symptoms. It was also noted in the Family Council minutes on September 8, 2012 that the soap dispenser in this specific washroom was not working.[O.Reg79/10,s.229(4)]

2. The licensee had not ensured each resident admitted to the home had been screened for tuberculosis within 14 days of admission.

During the review of clinical records, it was noted that documentation regarding tuberculosis screening was missing for three residents admitted in the last three months.

The Acting Director of Care confirmed the current policy includes screening within 14 days of admission and that documentation of the test days and results should be found in the medical record. [O.Reg79/10,s.229(10)1]

3. The licensee had not ensured that all residents were offered immunizations against pneumococcus, tetanus and diphtheria.

Immunization records were reviewed for five identified residents. Five out of five residents had no record of immunization for diphtheria prior to or after admission. One of these five residents had no record of pneumococcus vaccination prior to or after admission.

The Acting Director of Care confirmed documentation of immunization should be found on the immunization record in the resident's medical record. The Acting Director of Care also confirmed offering diphtheria immunizations had not been part of the formal home policy regarding immunizations.[O.Reg79/10,s.229(10)3]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. An identified resident is continent of bladder and bowel function. The plan of care and the MDS assessment are incorrect and indicate that the resident is totally incontinent of both bladder and bowel function.

Staff confirm that the MDS assessment is incorrect and that the resident is continent of bladder and bowel function. [O.Reg79/10,s.26(3)8]

2. An identified resident has a plan of care that does not identify a recent diagnosis, or the interventions relevant to the care issues associated with the diagnosis. [O.Reg79/10,s.26(3)9]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee had not ensured that any actions taken with respect to a resident under the falls program, including assessments, reassessments, interventions and responses to interventions were documented. According to the clinical record an identified resident had an episode which required the resident to use ambulatory aids for mobility. The plan of care did not include goals and interventions related to the use of these aids. Staff confirmed that the resident required these aids to assist mobility. Registered staff and Assistant Director of Care confirmed the need for ambulatory aids should have been documented in the mobility section of the care plan for this resident.[O.Reg79/10,s.30(2)]
2. There are no formal annual evaluations of programs required under section 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of the Regulations. This was confirmed by the Policy and Legislative Manager.[O.Reg79/10,s.30(1)3]

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 any actions taken with respect to a resident under the falls program, including assessments, reassessments, interventions and responses to interventions are documented, to be implemented voluntarily.

WN #9: 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 licensee had not ensured that care set out in the plan of care was provided to the resident. An identified resident's plan of care included specific diet restrictions and guidelines. The snack list provided on the snack cart indicated these restrictions but the staff did not refer to the list provided. Thirteen out of eighteen days the resident did not receive the specified diet.

Registered staff confirmed that the expectation is that the PSW refer to the snack list on the cart during each snack delivery to ensure resident specific needs are met. [LTCHA, 2007, S.O. 2007, c. 8, s. 6(7)]

Issued on this 16th day of November, 2012

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

