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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 22, 2018	2018_680687_0002	005869-17	Resident Quality Inspection

Licensee/Titulaire de permis

ESPANOLA GENERAL HOSPITAL
825 MCKINNON DRIVE ESPANOLA ON P5E 1R4

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

ESPANOLA GENERAL HOSPITAL (2932)
825 MCKINNON DRIVE ESPANOLA ON P5E 1R4

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

LOVIRIZA CALUZA (687), SYLVIE BYRNES (627)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 8-12, 2018.

An additional log was inspected during this RQI.

One Follow-Up log (#022263-17) in relation to compliance order #001, issued during Follow-up Inspection #2017_616541_0011, regarding s. 30 (1), organized programs.

During the course of the inspection, the inspector(s) spoke with the Administrator, Chief Nursing Officer, Assistant Director of Care (ADOC), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeepers, residents and family members.

The Inspector(s) also conducted a daily walk through of resident care areas, observed the provision of care towards residents, observed staff to resident interactions, reviewed residents' health records, staffing schedules, internal investigations, policies, procedures, programs, and program evaluation records.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Continence Care and Bowel Management
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Residents' Council

During the course of this inspection, Non-Compliances were issued.
- **5 WN(s)**
- **3 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 30. (1)	CO #901	2017_616542_0011	627

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. 33. PASDs that limit or inhibit movement

Specifically failed to comply with the following:

s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:
1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).
2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).
3. The use of the PASD has been approved by,
i. a physician,
ii. a registered nurse,
iii. a registered practical nurse,
iv. a member of the College of Occupational Therapists of Ontario,
v. a member of the College of Physiotherapists of Ontario, or
vi. any other person provided for in the regulations. 2007, c. 8, s. 33 (4).
4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 33 (4).
5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the use of the PASD was reasonable, in light of the resident's physical and mental condition and personal history, and was the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living.

Resident #002 was identified as having a potential restraint through a resident observation.

On two particular days, Inspector #687 observed resident #002 in bed, with two identified pieces of equipment to assist with activities of daily living (ADLs).

A review of resident #002's plan of care on specified date, indicated that the resident had two identified pieces of equipment to assist with ADLs.

A review of resident #002's admission notes indicated that the resident had both pieces of equipment identified to assist with ADLs.

A review of the home’s policy titled "Restraints, Alternatives to – Minimizing Restraint Use" last reviewed September 2016, indicated, under the heading, "Bedside Rails", that each situation and resident were to be assessed individually, side rails themselves did not prevent falls or injuries hence, they were not considered a physical restraint.

During an interview with PSW #104, they verified with Inspector #687 that resident #002 had two identified pieces of equipment to assist with ADLs. PSW #104 further verified that resident #002 required assistance with a specific ADLs.

During an interview with RPN #103, they verified with Inspector #687 that resident #002 had two identified pieces of equipment to assist with ADLs. RPN #103 further verified that when the two identified pieces of equipment were utilized, the resident's ADLs were restricted.

During an interview with the ADOC, they verified with Inspector #687 that resident #002 had a specific type of equipment. The ADOC further verified that there was no prior interventions trialed for resident #002 upon admission. The ADOC stated that they were unaware resident #002 had this type of equipment applied. The ADOC further stated that resident #002 did not require this type of equipment to assist them with their ADLs, as other types of equipment were available. [s. 33. (4) 2.]

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 use of PASD was reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident required, an assessment was conducted using a

clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

Resident #003 was identified as being incontinent from the most recent Minimum Data Set (MDS) assessment.

A review of resident #003's admission Continence Care assessment on specified date, indicated that resident #003 did not use any continence care product. The Continence Care assessment indicated that the staff were to provide specific interventions to resident #003 for continence care.

A review of the home's policy titled "Continence Care of the Bladder – LTC" last reviewed September 2016 indicated that, "Each resident's bowel and bladder functioning as well as individual routines will be assessed within seven days of admission. This will be assessed quarterly and when there is any change in the resident's health status that affects continence".

A review of resident #003's plan of care indicated that the resident required specific interventions and that staff were to provide those interventions to resident #003's continence care needs.

In a review of resident #003's progress notes on a particular date, Inspector #687 identified that resident #003 had a change of continence and a specific continence care product was initiated as a result.

On a particular date, resident #003's Continence Care assessment indicated that the resident used a specific continence care product.

During an interview with PSW #106, they verified with Inspector #687 that when resident #003 was admitted, resident #003 had a change in their level of continence and required a specific continence care intervention.

In an interview with the ADOC who was also the Continence Care Lead, they stated to Inspector #687 that their process for Continence Care assessment was to ensure that the resident's continence care needs would be met upon admission and when there was a change of the resident's condition. The ADOC further stated that when resident #003 had a change of their level of continence, the Continence Care assessment on a particular date was not completed when the change was identified. [s. 51. (2) (a)]

2. The licensee has failed to ensure that residents were provided with a range of continence care products that promoted resident comfort, ease of use, dignity and good skin integrity.

Resident #003 was identified as being incontinent from the most recent Minimum Data Set (MDS) assessment.

A review of resident #003's plan of care indicated that the resident requires specific continence care interventions and that staff were to provide those interventions for the resident's continence care needs.

A further review of resident #003’s Continence Care Assessment on a particular date, indicated that resident #003 used a specific continence care intervention.

A review of the home’s policy titled "Continence Care of the Bladder – LTC" last reviewed September 2016 indicated that nursing personnel were to determine the appropriate incontinence product to be used for the resident, with consideration given to the resident’s comfort and dignity. Each resident who had been identified as incontinent were to use incontinence products as documented in their care plan.

On a particular date, Inspector #687 observed the home's clean utility rooms. The Inspector observed a continence care product supply room with a wide range of continence products. However, the Inspector did not observed a specific continence care product in the supply room.

During an interview with resident #003, the resident stated that they used a specific continence care product.

In an interview with PSW #106, they verified that resident #003 required a specific continence care intervention to assist with the resident's continence care needs.

During an interview with RPN #103, they stated that resident #003 required assistance with their continence care since admission and that this required a specific continence care intervention.

During an interview with the ADOC who was also the Continence Care Lead, the ADOC stated that resident #003 required assistance with their continence care upon admission.

The ADOC further stated that when the Continence Care Assessment was done on a particular date, the home should have provided the required continence care intervention for the resident's continence care needs. [s. 51. (2) (h) (iii)]

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, (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:
1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).
2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).
3. Behaviour management. 2007, c. 8, s. 76. (7).
4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).
5. Palliative care. 2007, c. 8, s. 76. (7).
6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).

Findings/Faits saillants :

1. The licensee has failed to ensure all staff who provided direct care to residents received, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or intervals provided for in the regulations:
6. Any other areas provided for in the regulations. 76 (7)(6).

According to O. Reg. 79/10., section 221 (1), for the purpose of paragraph six 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:
3. Continence care and bowel management.

According to O. Reg. 79/10., section 221 (2) (1), the licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:
1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act.

Resident #003 was identified as being incontinent from the most recent Minimum Data Set (MDS) assessment.

During separate interviews with PSW #108, #109 and RPN #110, they verified to Inspector #627 that they could not recall receiving any continence care education.

In an interview with the ADOC who was also the Continence Care Lead, they stated to Inspector #687 that the Administrator would provide the current list for Continence Care and Bowel Management staff training for 2017.

During an interview with the Administrator, they indicated to Inspector #687 that they did not have any current list of staff training for 2017 for Continence Care and Bowel Management and would start the process of educating their staff. [s. 76. (7) 6.]

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 licensee provided training related to continence care and bowel management to all staff who provide direct care to residents on either an annual basis, or based on the staff's assessed training needs, to be implemented voluntarily.

WN #4: 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).

s. 6. (10) 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,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written plan of care for each resident that set out clear directions to staff and others who provided direct care to the resident.

On two particular dates, Inspector #627 observed resident #001 sitting in a common area. The resident was observed sleeping from a specified duration.

A review of resident #001's plan of care indicated that for a specific focus, the resident was to be provided care at specific times. In a separate focus, the resident was identified to receive the care; however, different times were listed.

During an interview with PSW #104, they stated to Inspector #627 that resident #001 was to received assistance at specific time.

In an interview with RPN #103, they stated to Inspector #627 that resident #001 was to received assistance at intervals throughout the day. The RPN further stated that the written plan of care had conflicting times, and was not clear.

During an interview with the ADOC, they stated to Inspector #627 that the purpose of the written plan of care was to identify the resident's care needs and interventions throughout the day. The ADOC further stated that they were not happy with the way the care plan was set up as it was not clear. The ADOC acknowledged that the written plan of care did not have clear directions to staff on resident #001's care needs. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed.

On two particular days, Inspector #627 observed resident #001 having two specific pieces of equipment.

A review of resident #001's plan of care indicated that the the resident required specific pieces of equipment to assist with ADLs.

During an interview with PSW #104, they stated to Inspector #627 that resident #001 had specific pieces of equipment to assist with ADLs.

During an interview with RPN #103, they stated to Inspector #627 that resident #001 had specific pieces of equipment to assist with ADLs. The RPN further stated that resident #001 had a different equipment to assist with ADLs in the past, and that the written plan of care had not been updated.

In an interview with the the ADOC, they stated to Inspector #627 that the Restorative team suggest that resident #001 required a specific piece of equipment to assist with their ADLs. The ADOC further stated that they observed resident #001 and identified that

the resident may no longer required the specific pieces of equipment to assist with their ADLs. The ADOC acknowledged that the written plan of care had not been reviewed and revised to reflect the resident's current care needs. [s. 6. (10) (b)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident of the home had his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

On two particular dates, Inspector #627 observed resident #001 sitting in a common area. The resident was observed sleeping from a specified duration.

A review of resident #001's plan of care indicated that the resident required assistance for a specific intervention with their ADLs for a specific time.

During an interview with PSW #104, they verified with Inspector #627 that resident #001 required assistance with all of their ADLs.The PSW further verified that they had not provided the specific assistance to the resident, at the specific time, as indicated in the plan of care.

During an interview with RPN #103, they stated with Inspector #627 that resident #001 required assistance with all of their ADLs. The RPN further stated that the resident was to be provided a specific assistance, at a specified time, as indicated in the plan of care.

During an interview with the ADOC, they stated that the plan of care was to be complied with and that resident #001 required a specific intervention with their ADLs. The ADOC further stated that if resident #001 required a specific assistance with their ADLs, the staff were to provide that assistance to the resident. The ADOC acknowledged that the specified intervention to assist the resident with their ADLs had not been supported and the plan of care was not followed. [s. 41.]

Issued on this 22nd day of January, 2018

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

Original report signed by the inspector.