Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 21, 2020	2019_643111_0025	016904-19, 021022-19	Complaint

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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

Extendicare Peterborough
860 Alexander Court PETERBOROUGH ON K9J 6B4

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

LYNDA BROWN (111)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): December 18, 19 and 20, 2019

There were two complaints inspected concurrently during this inspection :
1. Log #016904-19 related to nutrition and hydration, assessments and complaint management.
2. Log #021022-19 related to heating and continence care.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Environmental Services Manager (ESM), Registered Dietitian (RD) and residents.

During the course of the inspection,the inspector reviewed the health care records of residents, respiratory outbreak line listing forms, air temperature logs, reviewed complaints and the following policies: Food and Fluid Intake Monitoring, Infection Prevention and Control Management, Continence Management, Complaints and Customer Service.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Continence Care and Bowel Management
Falls Prevention
Infection Prevention and Control
Nutrition and Hydration
Reporting and Complaints
Safe and Secure Home

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

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	Légende 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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

The licensee has failed to ensure that any policy or procedure instituted or otherwise put in place, was complied with.

Under O.Reg. 79/10, s.68(2) 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;
(b) the identification of any risks related to nutrition care and dietary services and hydration;
(c) the implementation of interventions to mitigate and manage those risks.

Related to resident #003:

A complaint was received by the Director from the family of resident #003 for concerns related to nutrition and hydration.

Review of the home's policy Food and Fluid Intake Monitoring indicated under procedures, a referral to the Registered Dietitian (RD) is to be completed, if the resident consumed 50% or less from all meals for three or more days. If the resident consumes less than their individualized fluid target level for three consecutive days, the nurse was to complete a Nursing Hydration Assessment and if signs and symptoms of dehydration, immediately implement interventions to increase fluid intake.

Observation of the resident #003 by the Inspector, indicated the resident was well hydrated.

Review of the progress notes for resident #003 indicated on a specified date, the resident was placed on a specified isolation, for a specified period of time. During that period, the resident's condition had deteriorated, resulting in a reduced food and fluid intake. After a number of days, the resident was assessed by the Nurse Practitioner (NP) and determined the resident required additional interventions. The resident was transferred to the hospital the same day, admitted with specified diagnosis and returned to the home a number of days later. The resident continued to have poor food and fluid intake upon return from hospital and a referral to the RD was not submitted, until a number of days later.

Review of the food and fluid sheets for resident #003 during the specified period of isolation, indicated the resident's food intake decreased from 75-100 % to 0-25 % of meals, greater than a three day period. The residents fluid intake had also decreased during that period. The was no documentation to indicate whether the resident had received their supplement.

During an interview with RN #101, they indicated resident #002 was on a specified isolation, during a specified period and when a resident is on the specified isolation, the resident is to be monitored for specified symptoms, specified assessments completed and monitoring of the resident's food and fluid intake on each shift, until they are no longer on isolation. The RN indicated if the resident was not eating or drinking, they would complete a referral to the RD.

During an interview with the RD, they indicated they are in the home two to three days per week. The RD indicated they would usually receive a verbal referral from nursing staff for any dietary concerns with residents and was not aware of receiving any referrals for resident #003, until a number of days after the resident returned from the hospital.The RD confirmed the resident had lost weight and had poor intake, so they increased the residents dietary supplement. The RD indicated if the resident has been ill and had been eating or drinking poorly for at least three days, they should receive a referral.

The licensee has failed to ensure that the Food and Fluid Monitoring policy, was complied with for resident #002.

2. Under LTCHA, 2007, s.21 Every licensee of a long-term care home shall ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints.

Related to resident #003:

A complaint was received from the family of resident #003 related to care not provided to the resident.

Review of the home's Complaints and Customer Service policy indicated under procedures, that an investigation is to be completed for complaints, which includes interviewing all staff who may have information related to the complaint. The investigation is to be completed within 10 days and a record kept. A written response is to be provided to the complainant at the conclusion of the investigation which includes what the home has done to resolve the complaint or if the complaint is unfounded, the reasons why this conclusion was reached. A copy of the written complaint and the response was to be provided to the Ministry of Long Term Care. A record was to be kept of all complaints received and actions taken on the complaint log to identify any trends and the complaints were to be documented on a concerns/complaints form and forwarded to the Administrator.

Review of the written complaints received by the home indicated on a specified date, a written complaint was received by the DOC and Executive Director, from the family of resident #003. The complaint was alleging that proper care was not provided to the resident on a specified date, resulting in the resident being admitted to hospital. The complaint was responded to by the DOC three days later, indicating they had discussed the resident's care with the resident's SDM's and requested the complainant contact the SDM to set up a possible date to have a care conference to discuss all their concerns. The care conference did not occur until approximately a month later (greater than 10 days). The family member then sent a complaint to the Regional Director at Extendicare indicating that they had remained dissatisfied with the outcome of the care conference.

Review of the home’s complaints by the Inspector indicated, there was no documented investigation into the complaint, the complaint was not investigated within 10 days, there was no final response provided to the complainant within 10 days, there was no concern/complaint investigation form completed, the complaint was not logged on the complaint log and the Ministry of Long Term Care (MLTC) was not provided a copy of the written complaint or any responses to the complainant. There was also no documented evidence of a report on unresolved concerns/complaints, as per the home's complaint policy.

During an interview with the DOC, they confirmed they had received the complaint from the family of resident #003 regarding resident care not provided and provided a response to the complainant three days later. The DOC indicated they decided to have a meeting with the family member and with both the SDMs, to resolve the complaints, but the meeting did not occur until approximately a month later. The DOC confirmed they did not have documented evidence of an investigation, did not complete a concern/complaint investigation form, did not provide a response to the complainant with the outcome of the investigation within 10 days, did not forward the written complaint or any responses to the complainant to the Ministry, as per the home's policy. The DOC indicated the complaint log was maintained by the Executive Director.

During an interview with the Executive Director (ED), they confirmed awareness that the DOC had received written complaints from a family member of resident #003 and the DOC had responded to the complainant. The ED indicated they also informed the SDM's regarding the complaints. The ED indicated they thought the complaint was resolved until the DOC received another concern from the family member. The ED indicated the DOC ended up having a care conference with the family member and the resident's SDM's to resolve the concerns. The ED confirmed they completed the electronic complaint log for all complaints received in the home, including actions taken and confirmed they had not documented the complaint in their complaints log from the family member of resident #003. The ED also confirmed that they did not include the complaint in their monthly monitoring of concerns/complaints to identify trends and opportunities for quality improvement, as per the home's complaint policy.

The licensee failed to ensure the complaints policy was complied with related to a written complaint received by the family of resident #003.

3. Under O.Reg.79/10, s.48(1) 3, Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: a continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

Related to resident #002:

A complaint was received by the Director from the family of resident #002, indicating the resident was not provided continence care, as per the plan of care.

Review of the home's Continence Management Program policy indicated under

procedures, the nurse was to complete a Continence Assessment upon admission for all residents, for any deterioration in continence level or change in condition that affected bladder and bowel continence. The residents care plan was to reflect the residents current functional status and appropriate interventions. The care plan was to identify the resident's elimination patterns, level and type of incontinence, amount and type of assistance required, toileting routine if applicable, equipment or continence products required, if applicable.

Observation of resident #002 on a specified date, during various times, indicated the resident was clean, dry and provided with continence care.

During separate interviews with PSW #100 and #102, they both indicated that resident #002 was incontinent of bowel and bladder, was not toileted, required two staff assistance with continence care and wore a specified incontinence product. They both indicated the resident was to be checked and changed at specified times.

During an interview with RN #101, they indicated that resident #002 was incontinent of bowel and bladder, was not toileted and wore an incontinence product. The RN was not aware of the frequency in which the residents continence care was provided or the type of incontinence product used.

Review of the written plan of care (in place at time of complaint) for resident #002 indicated under toileting, required extensive assistance with two staff to transfer onto toilet and was on a specified toileting schedule. The plan of care was revised the following month and indicated the resident required two staff assistance with the use of a mechanical lift for toileting. Under Incontinence, the resident was incontinent of bowel and bladder and required two staff assistance. The resident was to be assessed, to determine root cause of change in continence level, to implement appropriate interventions to maximize continence, to establish evacuation patterns by using the bowel and bladder tool.

Review of the Continence Assessment tool for resident #002 indicated the assessment was last completed on admission. The assessment indicated under urinary continence, had daily urinary incontinence and bowel incontinence may be present. The resident required assistance with toileting. Under toileting, the resident was to be toileted on each shift and used an incontinence product. The type was not identified. The remainder of the assessment was left blank (i.e.bowel pattern, type of incontinence, treatment options, referrals, care plan updated).

Review of the RAI-MDS assessment (during the specified period) for resident #002, indicated under section H: continence in last 14 days, incontinent of bowel and bladder, scheduled toileting plan, used incontinence products and has deteriorated. Under RAP summary: is totally incontinent of bladder and bowel, wears a product for incontinence and required extensive assistance.

During an interview with the DOC, they indicated the expectation is that the Registered staff would update the resident's care plan when the resident's toileting or continence care needs changed or deteriorated. The DOC indicated the continence assessment tool was to be completed on admission, quarterly or with any change or deterioration, as per the policy.

The licensee failed to ensure that the home's Continence Management Program policy was complied with as continence assessment tool was not completed when the residents continence level deteriorated and the care plan was not updated to identify the resident's elimination patterns, level and type of incontinence, amount and type of assistance required, individualized toileting routine, if applicable, participation in a toileting program, if applicable, the residents method of communicating the need to eliminate, equipment or continence products required, including size, if applicable.

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's Food and Fluid, Complaints and Continence Care and Management policy that was instituted or otherwise put in place, was complied with, to be implemented voluntarily.

Issued on this 28th day of January, 2020

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

Original report signed by the inspector.