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
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Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/GeNR/RCe d'inspection**
June 11 to June 14, 2012 (onsite)	2012_2883_198_00009	Data Quality Inspection (Restorative Care and Therapies)

Licensee/Titulaire
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Name of Inspector(s)/Nom de l'inspecteur(s)
Pat Ordowich (198), Mary Sotirakopoulos (201)

Inspection Summary/Sommaire d'inspection

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The purpose of this inspection was to conduct a Data Quality inspection related to restorative care and therapies.

During the course of the inspection, the inspectors spoke with: Administrator, Assistant Director of Care (ADOC), RAI Co-ordinator (RAI-C), Restorative Care Coordinator, Physiotherapist (PT) and Physiotherapy Assistant (PTA).

During the course of the inspection, the inspectors reviewed: resident health records for 10 residents in the home for the quarters from July 1, 2010 to March 31, 2011 and the two most recent completed RAI-MDS 2.0 that was submitted to the Canadian Institute for Health Information (CIHI) (October 1 to December 31, 2011 and January 1, 2012 to March 31, 2012) for those residents who still lived in the home as well as the home policies and procedures for restorative care including therapies.

The following Inspection Protocol was used in part or in whole during this inspection: Restorative Care and Therapy.

☒ Findings of Non-Compliance were found during this inspection.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions that may have been used in this report.

VPC – Voluntary Plan of Correction/Plan de redressement volontaire
WN – Written Notifications/Avis écrit

AROM = active range of motion
CIHI = Canadian Institute for Health Information
DONPC = Director or Nursing and Personal Care
RAI-MDS 2.0 = Resident Assessment Instrument, Minimum Data Set, Version 2.0
NR/RC = Nursing Rehabilitation/Restorative Care
PROM = passive range of motion
PT = Physiotherapy
RAI-C = RAI Co-ordinator
RAPs = Resident Assessment Protocol

Q2 = July 1 to September 30, 2010
Q3 = October 1 to December 31, 2010
Q4 = January 1 to March 31, 2011
Most recent quarter inspected = January 1 to March 31, 2012

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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.)	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-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 *Long Term Care Homes Act (LTCHA), 2007*, c. 8, s. 101.

(1) A licence is subject to the conditions, if any, that are provided for in the regulations. 2007, c. 8, s. 101.

(2) The Director may make a licence subject to conditions other than those provided for in the regulations,

(a) at the time a licence is issued, with or without the consent of the licensee; or

(b) at the time a licence is reissued under section 105, with or without the consent of the new licensee. 2007, c. 8, s. 101 (2).

(3) It is a condition of every licence that the licensee shall comply with this Act, the *Local Health System Integration Act, 2006*, the *Commitment to the Future of Medicare Act, 2004*, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).

(4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101 (4);

Findings:

1. The Long-Term Care Homes Service Accountability Agreement (L-SAA) is an agreement entered into between the local health integration network and the Licensee, Extendicare Canada Inc., under the *Local Health System Integration Act, 2006*. Compliance with the L-SAA is, therefore, a condition of the license issued to Extendicare Canada Inc. for the Extendicare Rouge Valley long-term care home.
2. The Licensee has failed to comply with the following provisions of the L-SAA:

Article 3.1

(a) The HSP will provide the Services in accordance with:
  (i) this Agreement;
  (ii) Applicable Law; and
  (iii) Applicable Policy.

Article 8.1

(a) The LHIN's ability to enable its local health system to provide appropriate, co-ordinated, effective and efficient health services as contemplated by LHSIA, is heavily dependent on the timely collection and analysis of accurate information. The Health Service Provider (HSP) acknowledges that the timely provision of accurate information related to the HSP is under the HSP's control;

Article 8.1(b): The HSP [Health Service Provider]

(iv) will ensure that all information is complete, accurate, provided in a timely manner and in a form satisfactory to the LHIN [Local Health Integration Network];

Article 8.1 (c): The HSP will:

(i) conduct quarterly assessments of Residents, and all other assessments of Residents required under the Act, using a standardized Resident Assessment Instrument - Minimum Data Set (RAI-MDS 2.0) 2.0 tool in accordance with the RAI-MDS 2.0 Practice Requirements included in Schedule F and will submit RAI-MDS 2.0 assessment data to the Canadian Institute for Health Information (CIHI) in an electronic format at least quarterly in accordance with the submission guidelines set out by CIHI; and

(ii) have systems in place to regularly monitor and evaluate the RAI-MDS 2.0 data quality and accuracy;

3. The RAI-MDS 2.0 LTC Homes – Practice Requirements are included in Schedule F of the L-SAA and fall within the definition of "Applicable Policy" under the L-SAA.
4. The RAI-MDS 2.0 Agreement between the Minister of Health and Long-Term Care and the Licensee, Extendicare Canada Inc., is an agreement under the *Long-Term Care Homes Act, 2007* for the provision of funding related to the implementation of RAI-MDS 2.0 assessment tool in long-term care homes. Compliance with the RAI-MDS 2.0 Agreement is, therefore, a condition of the license issued to Extendicare Canada Inc. for the Extendicare Rouge Valley long-term care home.
5. The documents listed in Schedules A to E of the RAI-MDS 2.0 Agreement between the Licensee, Extendicare Canada Inc. and the Ministry of Health and Long-Term Care fall within the definition of "Applicable Policy" in the L-SAA. These documents include, but are not limited to, the Sustainability Project Description, the Implementation Information Package together with the Training Module Overview, and the RAI Coordinator Role Description.
6. The level-of-care per diem funding in the Nursing and Personal Care (NPC) envelope paid by the local

health integration network to the Licensee pursuant to the L-SAA is adjusted based on resident acuity. The higher the acuity, the greater the funding. The amount of funding in the NPC envelope is calculated using a formula set out in the LTCH Level-Of-Care Per Diem Funding Policy (a policy listed in Schedule F of the L-SAA) and resident acuity is determined using the RAI-MDS 2.0 information submitted by the Licensee to CIHI.

7. The incompleteness and inaccuracy of the RAI-MDS 2.0 data is evidenced by the following:
   (a) The RAI-MDS 2.0 coding was not supported by the home's documentation, including the residents' plans of care and the RAPs documentation. There were multiple inconsistencies between what was coded on the RAI-MDS 2.0 and the progress notes found in the residents' plans of care.
8. The following are specific examples of incomplete and/or inaccurate RAI-MDS 2.0 coding and non-compliance with the L-SAA and/or the RAI-MDS 2.0 LTC Homes – Practice Requirements and/or the Implementation Information Package and/or the RAI Coordinator Role Description and/or the RAI-MDS 2.0 Agreement. The RAI-MDS 2.0 Practice Requirements mandates the use of the RAI-MDS 2.0 Manual, which states that a rehabilitation or restorative practice must meet specific criteria including that measureable objectives and interventions must be documented in the care plan and in the clinical record.
   a) Resident 001
   - There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The RAI-MDS 2.0 was coded for NR/RC activity of dressing or grooming. However, the plan of care indicated that one PSW was to complete all aspects of dressing for the resident and that the resident required total assistance for personal hygiene. If a resident is totally dependent on staff for dressing and grooming despite all attempts to have the resident achieve or maintain self-performance in those activities, this is not considered a NR/RC dressing or grooming activity as per the RAI-MDS 2.0 coding rules.

   b) Resident 002
   - There were discrepancies within the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded for NR/RC walking activity, however the resident had been coded as being independent for walking in room and corridor. There was no documentation to indicate the reason for the walking program as the resident was already ambulatory. The progress notes indicated that the resident walked around the unit and wore a wanderguard bracelet due to exit seeking. Therefore this did not meet the RAI-MDS 2.0 definition for the walking NR/RC activity as it must improve or maintain the resident's self-performance in walking, with or without assistive devices and the resident was already independent for walking.

   - There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded for 3 days for a total of 45 minutes of receiving PT. However, the PT daily attendance record indicated that the resident received 2 days for a total of 30 minutes.

   - There were discrepancies between the coding of the RAI-MDS 2.0 and the NR/RC flow sheets. The RAI-MDS 2.0 was coded for 7 days of AROM however the NR/RC flow sheets indicated that the resident received 1 day of AROM.

   c) Resident 003
   - There were discrepancies within the coding of the RAI-MDS 2.0. The RAI-MDS 2.0 was coded that the resident received 7 days of transfer and walking NR/RC activities, however the RAI-MDS 2.0 was also coded that the resident was independent in those activities and required no staff assistance. Therefore this did not meet the RAI-MDS 2.0 definition for the walking NR/RC activity as it must improve or maintain the resident's self-performance in walking, with or without assistive devices and the resident was already independent for walking. This also did not meet the RAI-MDS 2.0 definition for a transfer NR/RC activity it must improve or maintain the resident's self-performance in moving between surfaces or planes either with or without assistive devices and the resident was already independent for transfers.

   d) Resident 004

- There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The resident was coded that the resident received 7 days for NR/RC walking activity. However, the PT progress note indicated that the resident was independent in all transfers and ambulation. Therefore this did not meet the RAI-MDS 2.0 definition for the walking NR/RC activity as it must improve or maintain the resident's self-performance in walking, with or without assistive devices and the resident was already independent for walking.

e) Resident 005

- There were discrepancies between the coding of RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded that the resident received 7 days for transfer NR/RC activity. However, the nursing flow sheets indicated that the resident was totally dependent on staff for transfers. This also did not meet the RAI-MDS 2.0 definition for a transfer NR/RC activity it must improve or maintain the resident's self-performance in moving between surfaces or planes either with or without assistive devices and the resident was totally dependent on staff for transfers.

f) Resident 006

- There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The resident was coded as receiving 1 day of occupational therapy but the occupational therapy treatment log that was provided did not have the date or year on it so it could not be confirmed that the OT was provided during the 7-day observation period.

g) Resident 007

- There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The resident was coded as receiving 7 days for walking NR/RC activity. However, the plan of care indicated that the resident wandered around the unit. Therefore this did not meet the RAI-MDS 2.0 definition for the walking NR/RC activity as it must improve or maintain the resident's self-performance in walking, with or without assistive devices and the resident was already independent for walking.

- There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded for 3 days for a total of 45 minutes of receiving PT. However, the PT daily attendance record indicated that the resident received 2 days for a total of 30 minutes.

- There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The resident was coded as receiving 1 day of occupational therapy for 20 minutes but there was no documentation including the plan of care to indicate that occupational therapy was provided during the 7-day observation period.

h) Resident 008

- There were discrepancies between the coding of the RAI-MDS 2.0 and the plan of care. The resident was coded as receiving 7 days for walking NR/RC activity. However, the RAPs documentation indicated that the resident continued to be ambulatory without assistive devices. Therefore this did not meet the RAI-MDS 2.0 definition for the walking NR/RC activity as it must improve or maintain the resident's self-performance in walking, with or without assistive devices and the resident was already independent for walking.

i) Resident 009

- There were discrepancies within the coding of the RAI-MDS 2.0. The RAI-MDS 2.0 was coded that the resident received 7 days of NR/RC transfer activity. However, the RAI-MDS 2.0 was also coded that the resident transferred independently with no assistance. The NR/RC flow sheets also indicated that the resident transferred independently. This did not meet the RAI-MDS 2.0 definition for a transfer NR/RC activity it must improve or maintain the resident's self-performance in moving between surfaces or planes either with or without assistive devices and the resident was

independent for transfers.

- There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded for 3 days for a total of 45 minutes of receiving PT. However, the PT daily attendance record indicated that the resident received 2 days for a total of 30 minutes.

j) Resident 010

- There were discrepancies within the coding of the RAI-MDS 2.0. The RAI-MDS 2.0 was coded that the resident received 7 days of NR/RC walking activity. However, the RAI-MDS 2.0 was also coded that the resident did not walk in room or corridor during the 7-day observation period. Therefore this did not meet the RAI-MDS 2.0 definition for the walking NR/RC activity as it must improve or maintain the resident's self-performance in walking, with or without assistive devices as the resident was not ambulatory.

- There were discrepancies between the coding of the RAI-MDS 2.0 and the documentation. The RAI-MDS 2.0 was coded for 3 days for a total of 45 minutes of receiving PT. However, the PT daily attendance record indicated that the resident received 2 days for a total of 90 minutes for two quarters inspected.
- The RAI-MDS 2.0 Manual says that the PT, OT, SLP/Audiology and Respiratory Therapy group ratio is 4 residents to one staff member. If the ratio of groups is larger than the therapeutic maximum, the therapist's time is divided by the number of residents. For example, 4 residents attend an exercise class with 1 occupational therapist for 30 minutes; each resident would receive 30 minutes of therapy. If the ratio of residents is greater than 4:1, the total time is divided by the total number of residents in the group. The resident plan of care indicated that the resident attended a PT group of 8 residents to one staff member and there was no documentation to indicate that the minutes provided in the group session were divided among the 8 residents.

k) Residents 005, 010

- The residents were coded on the RAI-MDS 2.0 of being totally incontinent of bowel and bladder, however the residents were also coded as being on a scheduled toileting plan. For the purposes of RAI- MDS coding, a toileting plan is used for continent residents. If the resident is routinely taken to the toilet at scheduled times but the resident does not eliminate in the toilet and the resident is still incontinent, this is not a toileting plan.

Inspector ID #:	198, 201

Additional Required Actions:
Voluntary Plan of Correction (VPC) - Pursuant to the Long Term Care Homes Act (LTCHA), 2007, c.8, s.101, the licensee is hereby requested to prepare a written plan of corrective action to ensure compliance with the RAI-MDS 2.0 Long Term Care Homes Practice Requirements, to be implemented voluntarily.

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.** Pat Dodowich
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). August 2, 2012