

**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
Oct 15, 2020	2020_754764_0009	008021-20	Complaint

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 KITCHENER ON N2E 4H5

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

Fairview Nursing Home
14 Cross Street TORONTO ON M6J 1S8

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

NAZILA AFGHANI (764)

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): September 9-11 and 14-18, 2020.

Log #008021-20 related to improper care, weight loss and Infection Prevention And Control (IPAC) was inspected.

During the course of the inspection, the inspector(s) spoke with the General Manager (GM), Interim Director of Nursing Care (IDNC), Associate Director of Nursing Care (ADNC), Acting Director of Recreation (ADR), Neighbourhood Coordinators (NCs), Registered Dietitian (RD), Resident Assessment Instrument - Minimum Data Set Coordinator (RAI-MDS Coordinator), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Care Assistants (PCAs), and Residents.

During the course of the inspection, the inspector conducted observation of provision of care, reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

The following Inspection Protocols were used during this inspection:

Hospitalization and Change in Condition

Infection Prevention and Control

Nutrition and Hydration

Prevention of Abuse, Neglect and Retaliation

During the course of this inspection, Non-Compliances were issued.

3 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a dying resident had their family visiting them without restriction.

Review of COVID-19 Directive #3 dated April 8, 2020 and Palliative and End of life care, Schlegel Villages booklet for palliative residents, indicated that dying residents have the right to have their family and friends visit without any restriction.

Review of the information sheet used by home for essential visitors, showed that only one visitor could visit palliative or resident receiving end of life care as per the home's discretion, for a maximum of 30 minutes per visitor at the time of the resident's death. The home's essential visitor screening protocols were revised after the resident's death, to allow a maximum of two family members at any time for a period of one hour each, two times a day. It indicated that nurse leadership discretion to be used if resident was close to dying, to increase the visitation time, and/ or allow additional visitations.

Review of progress notes showed that family were instructed to visit the resident, one at a time in 30 minute intervals.

Interview with RPN #113, Neighborhood coordinator #116 and IDNC #108 verified that one family member could visit for 30 minutes with a restriction of a maximum of two family members to visit per day at the time of resident's death.

Interview with RPN #109 verified that, at the time of the resident's death, only one visitor was beside dying resident and the other family member was waiting downstairs.

Sources: Essential visitor screening protocols, progress note, interviews with Neighborhood coordinator #116 and others.

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 every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

**s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of
the staff of the home,**

**(a) completes a nutritional assessment for all residents on admission and
whenever there is a significant change in a resident's health condition; and O.
Reg. 79/10, s. 26 (4).**

**(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O.
Reg. 79/10, s. 26 (4).**

Findings/Faits saillants :

1. The licensee has failed to ensure that a nutritional assessment was done for resident upon a significant change in their health status.

Staff did not comply with the home's palliative policy when the resident required a nutritional assessment.

Point Of Care (POC) documentation showed resident's refusal to eat and intake of 25% was documented since two weeks before death.

Review of progress notes showed that refusal to eat was recorded after an identified date.

Interview with resident #009 who was resident's close friend, verified that resident had poor appetite and lost weight.

Interview with PCA #114 verified that resident's intake reduced during the time period of visitation restriction due to the COVID-19 pandemic. RPN #119 and RPN #122 also verified resident started refusing to eat after an identified date.

Interview with RD verified that resident had a significant change in their food intake, and a referral should have been sent to them to complete an assessment.

Sources: Policy number 04-50A titled Palliative-End of life care with last review on January 15, 2020, POC documentation, progress note, interview with RD and others.

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 registered dietitian who is a member of the staff of the home, completes a nutritional assessment for all the residents on admission and whenever there is a significant change in a resident's health condition, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 42. Every licensee of a long-term care home shall ensure that every resident receives end-of-life care when required in a manner that meets their needs. O. Reg. 79/10, s. 42.

Findings/Faits saillants :

1. The licensee has failed to ensure that end of life care was done for resident to meet their needs.

Staff did not comply with the home's palliative policy to consider the priority of pain management in palliative care.

Review of Palliative and End of life care, Schlegel Villages booklet indicated: management of pain and symptoms is our goal at the end of life.

Review of progress note, and orders indicated that resident was palliative and an order for specified pain medication was in place.

Review of Pain Assessment In Advanced Dementia (PAINAD) tool, showed that the last pain assessment was recorded ten days before resident's death.

Review of Electronic Medication Administration Record (eMAR), showed no record of pain assessment and pain medication administration.

Interview with three verified that no pain assessment was done, and no pain medication was administered.

Interview with IDNC verified that for palliative residents, there should be standing order for pain medication. They stated that staff were required to do the pain assessment using the appropriate pain assessment tool and administer pain medication based on their assessment.

Sources: Policy number 04-50A titled Palliative-End of life care with last review on January 15, 2020, progress note, eMAR, PAINAD, interview with RPNs and others.

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 every resident receives end-of-life care when required in a manner that meets their needs, to be implemented voluntarily.

Issued on this 19th day of October, 2020

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

Original report signed by the inspector.