



**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 rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 13, 2018	2018_539120_0013	003915-18	Complaint

Licensee/Titulaire de permis

Foyer Richelieu Welland
655 Tanguay Ave WELLAND ON L3B 6A1

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

Foyer Richelieu Welland
655 Tanguay Avenue WELLAND ON L3B 6A1

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



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

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

This complaint inspection was conducted in relation to a resident who sustained an injury related to the condition of lift and transfer equipment.

During the course of the inspection, the inspector(s) spoke with the Administrator, acting Director of Nursing, Director of Maintenance, RAI-MDS Co-ordinator, personal support workers and family members.

During the course of the inspection, the inspector toured the home, observed multiple ceiling lift tracks, ceiling motors, mechanical floor lifts and lift slings, reviewed maintenance policies and procedures, lift and transfer policies and procedures, staff lift and transfer training records and resident clinical records.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Falls Prevention
Personal Support Services
Safe and Secure Home**

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. The licensee did not ensure that the plan of care set out clear directions to staff and others who provided direct care to the resident.

Resident #101, #102 and #103 did not have directions set out in their written plan of care regarding their assessed needs for lift and transfer equipment and supplies. All three residents required a mechanical lift for transfers from their wheelchair to their bed, toilet or tub/shower chair. The mechanical lift type was not identified. The home was equipped with fixed ceiling lift motors, portable ceiling lift motors, sit-to-stand floor lifts and hoist floor lifts, which were all mechanical lifts.

Residents #100 and #102, did not have directions set out in their written plan of care regarding the specific supplies (slings) to be used with the mechanical lift. Four sling types were identified in use in the home identified as belt or stand assist sling, hammock, hygiene and universal slings. The slings were either made of a polyester mesh or open weave, polyester knit or quilted. Based on the material type and weave, only certain slings were to be used for bathing vs toileting etc. The slings were also observed to be from three different manufacturer's, each with their own sizing and fit system. Although the plan of care for resident #101 included the need to use a full polyester toileting or hygiene sling (of a specific colour) under the section titled "toileting" no information was included as to the type of sling to be used for bathing or general transfers. [s. 6. (1) (c)]

2. The licensee did not ensure that the care set out in the plan of care was based on an assessment of the resident and the needs and preferences of that resident.



The written plan of care for residents #100 and #102 included the need for staff to use a mechanical lift for transfers between the resident's wheelchair and their bed, tub or toilet. [No information was included in the plan of care regarding the sling model or size, according to their needs during a transfer]. According to the acting Director of Nursing (DON), the residents were assessed for type of mechanical lift that was best suited to their needs and personal support workers (PSWs) were supposedly aware of which type of lift to use. In review of the resident's clinical record, there was no evidence to support that assessments were completed with respect to the use of accessories or supplies that accompanied the specific mechanical lift that was to be used. According to PSWs #001, #002 and #009, sling size and model were selected based on their opinion of what size the resident appeared to be. No formal assessment was completed to determine what type of sling was best suited to each resident for either bathing, toileting or general transfers. Four sling models were observed in use in the home and they included a stand assist, hammock, hygiene and universal sling. Each sling type had a sizing chart based on the resident's weight and height range. Some manufacturer's included the size on the tag and others identified the size by the trim colour on the sling. According to the manufacturer, the resident should be assessed to determine the appropriate sling model (including fabric type), size and positioning. Once the size was determined, safety, comfort and positioning must be determined when the resident is suspended in the sling. [s. 6. (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 plan of care sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services



Specifically failed to comply with the following:

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that procedures were developed and implemented to ensure that mechanical lifts were kept in good repair and maintained at a level that met manufacturer specifications, at a minimum.

The licensee was equipped with several different types of mechanical lifts and associated essential components. Two types of mechanical floor lifts (Hoyer and Sit-to Stand) and two types of ceiling lifts (portable or detachable motor and a fixed motor) were observed in use in the home. Both types of lifts required the use of a fabric sling as part of the lifting system, and the ceiling lifts also required a ceiling track as a major component. Therefore, all three components are included in the definition of a mechanical lift.

1. On March 8, 2018, inspector #120 observed two fixed ceiling lift motors and two portable ceiling lift motors with either severely frayed or moderately worn straps. None of the units were tagged out or marked as out of service. The condition of the straps was reported to PSW #004 and registered staff member #006 on March 8, 2018. According to the Director of Maintenance (DOM), no work orders for the identified straps were submitted prior to the inspection. Post inspection, the units were all either replaced with new straps or a new lift motor on March 13 and 14, 2018.

The licensee's procedure titled "Mechanical Lifts/Transfer Devices" (09-01-08), dated January 2017, included the requirement for "any person who finds a device to be malfunctioning or damaged in any way shall immediately remove it from the unit and label it out of order and arrange for repair after consultation with the RN". The procedure required the RN to send a work order via a computer software program to the DOM. The procedure also required that all devices be inspected by care providers prior to use and that items be checked for evidence of wear and tear, broken/missing parts and battery strength and that DOM conduct a monthly checking of straps and testing for emergency stop and lowering functions of the motors and that a semi annual inspection be



completed by the DOM according to manufacturer's specifications.

According to the DOM, who was not aware of the licensee's procedures, the lifts or lift motors were not inspected on a monthly or a semi annual basis as required by the licensee's procedures or the manufacturer's specifications. The routine that was previously established included personal support workers (PSWs) notifying the DOM of any lifts or lift motors that were not in good condition, followed by the DOM repairing what they could. Otherwise, a certified technician was contacted to repair or replace what could not be completed by the DOM. The DOM reported that he did not have any training or certifications to repair or load test the lift equipment in the home. According to the manufacturer's specifications for the ceiling lift motors used in the home, anyone using the lift was to complete a visual check before each use to identify any signs of fraying of the lifting tape or strap and to ensure other mechanisms were functioning properly. If any issues were identified, the lift motor was not to be used. On a monthly basis, the lift track was to be tested to ensure freedom of movement along the track, and semi-annually, the manufacturer required that a qualified technician be responsible for conducting a full inspection, including a load test of the lifting track. The licensee's procedure was not developed to include how or who would conduct the load testing of the track and how often.

2. Prior to the inspection, approximately 30 slings were removed from service by the acting Director of Nursing (DON) following an incident in 2018, whereby resident #100 fell from a sling that was in poor condition and sustained an injury. PSW #001 who assisted the resident prior to the incident, said that they handled the sling prior to the incident and could not recall if the sling was checked for condition prior to use. PSW #002, who connected the straps of the sling to the carry bar of a ceiling lift, could not recall whether the straps of the sling were connected appropriately. Post incident, when the sling was inspected by the acting DON, it was observed to have ripped stitching, ripped fabric and no label or tag to determine the size, age or manufacturer of the sling. During the inspection, the slings that were removed from service by the acting DON were observed by inspector #120 to either have worn fabric, missing tags, were very pliable or had ripped stitching. The inspector requested an inventory of the slings that were in use, to determine when they were purchased, the name of the manufacturer, when they were placed into circulation and when they were formally inspected. However, the acting DON reported that they did not have any records with the exception of invoices [which were reviewed], indicating that 30 new slings were delivered to the home between May 2016 and February 2018, as part of an initiative for 2018 to replace older model slings and ceiling lift equipment. The acting DON stated that an inventory to keep track of all slings



in use and when they were inspected for condition was started post incident.

The licensee's procedure titled "Equipment Circle Check" (#09-00-06), dated January 2017, included the requirement for the caregiver to inspect slings each and every time they were used for fraying and tears and signs of weakness or beaks in the stitching. The slings in this condition were to be brought to the DON. According to PSW #003, interviewed on March 12, 2018, regarding the expectations regarding sling condition, the slings that were not in good condition were to be removed from service and given to the DON. The DON subsequently forwarded the damaged slings to another employee for repair and the slings were returned to service. The employee who repaired the slings and the DON were no longer available in the home to verify the practice. Neither the manufacturer's instructions or the licensee's procedure included repair of the slings as an acceptable practice.

3. The ceiling lift tracks, which were observed in almost every resident room and in all tub, shower and common washrooms, were installed over ten years ago. According to the DOM, the tracks had not been load tested since their installation. No stickers were observed on the tracks to indicate they were inspected and no documentation could be provided of their inspection by a qualified person. The lift track located in the common toilet room moved side to side when the the lift motor was tested for movement along the track. The manufacturer's specifications includes annual load testing of ceiling tracks by a qualified technician. The licensee's procedures did not include information about the certification or training requirements to conduct the load testing by the DOM or whether an external company would conduct the testing. At the time of inspection, the DOM had acquired the equipment to complete the testing, but did not have any training or qualifications. [s. 90. (2) (a)]

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 procedures are developed and implemented to ensure that mechanical lifts were kept in good repair and maintained at a level that met manufacturer specifications, at a minimum, to be implemented voluntarily.



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Issued on this 23rd day of April, 2018

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

Original report signed by the inspector.