



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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

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

Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch

Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 7, 2013	2013_191107_0013	H-000485- 13, H- 000057-13	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

MICHELLE WARRENER (107)

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): September 26, 30, 2013

During the course of the inspection, the inspector(s) spoke with Residents, The Administrator, Registered Nursing staff, Nutrition Manager, front line nursing and dietary staff

During the course of the inspection, the inspector(s) Toured the home, observed the morning beverage pass, the noon meal service in one resident home area, and reviewed portions clinical health records for several residents

The following Inspection Protocols were used during this inspection:

Dining Observation

Snack Observation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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. (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).

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

Findings/Faits saillants :



1. [LTCHA, 2007, S.O. 2007, c. 8, s. 6(2)]

The care set out in the plan of care for resident #001 was not based on an assessment of the resident and the needs and preferences of that resident.

A) Resident #001 had a documented intolerance to a medication, however, the resident was prescribed the medication and was taking the medication often 2-3 times daily over two months. During interview with the inspector, the resident identified frequent symptoms after receiving their medications. Progress notes identified an increase in reports of the symptoms after the medication was initiated.

Documentation did not include an assessment of the medication in relation to the stated intolerance and staff confirmed that an assessment had not occurred in relation to the intolerance identified on the plan of care.

B) Resident #001 had a plan of care with an order for as needed (prn) medication at meal time. During interview, the resident identified that the pills were not being offered and the resident did not want to always ask for the pills. According to the Medication Administration Records (MAR) the pills were provided on only two occasions over a two month period. At the observed lunch meal the resident was not offered the medication and voiced concerns to the inspector. Staff confirmed that the pills were not always offered to the resident. The resident was placed on a restricted diet, however, the resident stated the restricted diet would not be required if the medication was provided. The resident's plan of care was not based on the resident's preferences and needs. [s. 6. (2)]

2. [LTCHA, 2007, S.O. 2007, c.8, s. 6(8)]

Staff and others who provided direct care to resident #001 did not have convenient and immediate access to the plan of care. The plan of care was not printed and available in the binder for reference by staff (as per the home's usual practice). When the inspector asked for the plan of care, staff were not aware that the plan was not available and staff required clarification on the process to print off the plan of care. Front line staff did not have immediate access to the resident's plan of care. [s. 6. (8)]



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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 with ensuring 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, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (3) The licensee shall ensure that each resident is offered a minimum of, (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and O. Reg. 79/10, s. 71 (3).

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 71(3)(b)]

Not all residents were offered a minimum of a between-meal beverage in the morning. Residents in two identified home areas were not offered a morning beverage on September 26, 2013. The staff that was routinely assigned to complete the morning beverage service was on vacation and a clear contingency plan was not in place to ensure that the tasks were completed in the staff's absence. A morning beverage pass was not offered to residents until 1132 hours on a different home area (just prior to the lunch meal). Food and fluid intake flow sheets identified the morning beverage pass was not provided to residents (all residents did not have documentation of a beverage being offered/consumed) on Sept 21, 22, 24, 26, 27 in the one dining room; Sept 21, 22, 24, 25, 26, 27, 28, 30 on a different wing; and Sept 7, 8, 14, 15, 21, 22, 27 in the another wing. Almost all of the identified days in one wing were on weekends, which the scheduled staff member responsible for the beverage pass does not work. [s. 71. (3) (b)]



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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 with ensuring all residents are offered a minimum of a between-meal beverage in the morning, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 73(1)5]

A) A process was not in place to ensure that food service workers were aware of the residents' diets, special needs and preferences, identified on the therapeutic extension menus, when the Nutrition Manager was not at the home. Staff were not able to locate the therapeutic extension menus for the lunch meal September 26, 2013. Staff were using the production sheets to identify portion sizes, however, the production sheets did not provide direction on portion size and food item that was specific to each diet type. Errors were noted in portion size and food items offered to residents compared with the planned therapeutic extension menu.

B) A process was not in place to ensure that the diet list, for use by food service workers and other staff assisting residents in the dining room, was kept current and reflected the needs of residents at meals. The list was noted to be outdated and contained items that residents no longer required. [s. 73. (1) 5.]



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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 with a process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 91]

Not all hazardous substances at the home were kept inaccessible to residents at all times.

A) On September 26, 2013, at 1040 hours, chemicals were found in an unlocked cupboard below the sink in the area behind the North nursing station that was accessible to residents. The cupboard contained a spray bottle of R2a disinfectant (no MDS label), a bottle of bleach solution and an Oasis disinfectant with a corrosive label. The RPN confirmed that the chemicals were to be stored in a cupboard in the locked room off the nursing station. [s. 91.]

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 with ensuring that all hazardous substances at the home are kept inaccessible to residents at all times, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



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Specifically failed to comply with the following:

s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Findings/Faits saillants :

1. [O.Reg 79/10, 229(9)].

A hand hygiene program was not in place at the lunch meal September 26, 2013 in an identified dining area. Staff was observed clearing dirty dishes from the table and then distributing desserts to residents without sanitizing their hands in-between tasks. The inspector spoke with the staff member who then complied with the hand hygiene program. [s. 229. (9)]

Issued on this 7th day of October, 2013

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

M. Warren, R.D.