Ontario

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 23, 2015	2015_323130_0027 (A1)	H-003299-15	Resident Quality Inspection

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF NIAGARA
2201 ST. DAVID'S ROAD THOROLD ON L2V 4T7

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

GILMORE LODGE
50 Gilmore Road Fort Erie ON L2A 2M1

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

GILLIAN TRACEY (130), KELLY HAYES (583), PHYLLIS HILTZ-BONTJE (129)
ROSEANNE WESTERN (508)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): October 2, 6, 7, 8, 13, 19, 20, 21, 2015

During this RQI the home was toured, care was observed, clinical records, incident reports and relevant policies and procedures were reviewed.

The following inspections were conducted simultaneously with this inspection: Complaints H-001601-14 related to abuse, H-003045-15 related to staffing, and H-002732-15 related to bed refusal, Critical incidents: H-002521-15, H-002793-15 and H-002792-15 related to falls.

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Resident Care, Resident Assessment Instrument (RAI) Coordinator, Clinical Documentation Informatics (CDI) Coordinator, registered staff, personal support workers (PSWs), Business Coordinator, President of Residents' Council, President of Family Council, residents and families.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Responsive Behaviours
Sufficient Staffing

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

3 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	Legendé 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A) The plan of care for resident #200 specified that the resident required specific safety interventions in place while in bed.

The resident was observed on two identified dates in 2015, during which time it was observed that the specified safety interventions had not been implemented as set out in the written plan. This information was confirmed by staff. Care was not provided in accordance with the plan of care. (Inspector #130) [s. 6. (7)]

2. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed.

A) Resident #200 sustained a fall in 2015. Staff reported that since that time, they implemented a specific intervention to discourage the resident from self-transferring. This had been an effective strategy in preventing further falls. The CDI Coordinator confirmed that staff did not revise the written plan of care when this intervention was implemented. (Inspector #130) [s. 6. (10) (b)]

3. The following finding of noncompliance is an addendum to the Inspection #2015_323130_0027 commenced on October 2, 2015 related to s.6(10)b.

Resident #101 had been identified as having specific responsive behaviours.

Resident #101 shared a room with resident #100, who was cognitively impaired. In December 2014, staff reported that resident #101 had been demonstrating the specific responsive behavior towards resident #100. Staff reported that resident #101 indicated to them that they were demonstrating responsive behviour towards resident #100. Staff reported this concern due to resident #100's health status and the resident's inability to give consent.

The home's staff developed and implemented additional interventions to manage the potential risk of harm to resident #100. A review of the resident's plan of care indicated that the plan had not been revised with the new interventions.

It was confirmed during an interview with the Director of Resident Care in October 2015, that the resident's plan of care had not been reviewed and revised when the resident's care needs had changed.

This non-compliance was identified during a complaint inspection, #H-001601-14 conducted concurrently with this RQI. (Inspector #508)

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 care set out in the plan of care is provided to the resident as specified in the plan and to ensure that the resident was is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).
(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that the staffing plan was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

A) A review of the home's staffing plan which is encompassed in the policy titled, Staffing Plan for Registered Nursing Staff and HCA/PSW (HR00-013 and dated with a revision date of August 20, 2013) indicated that the staffing plan was not evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices as identified by the most current revision date of August 20, 2013.

The Administrator confirmed the last revision date on the policy was August 20, 2013. (Inspector #130) [s. 31. (3)]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home

Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,
(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).
(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).
(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Findings/Faits saillants :

1. The licensee failed to ensure that resident #600's application for admission was approved unless, (a) the home lacked the physical facilities necessary to meet the applicant's care requirements; (b) the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements; or (c) circumstances existed which were provided for in the regulations as being a ground for withholding approval.

A) On an identified date in 2015, the home provided resident #600 with a written letter indicating that their acceptance for admission had been declined for reasons involving the resident's need for specialized equipment.

According to information provided by the Community Care Access Centre (CCAC) Placement Coordinator, the resident did not require the use of specialized or any other equipment. The CCAC also indicated the resident resided in a long term care home at the time of their application and was requesting a transfer.

The reason for this refusal did not meet the grounds for withholding approval as specified in the legislation. 2007, c. 8, s. 44. (7).(Inspector #130) [s. 44. (7)]

Issued on this 24th day of November, 2015

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

Original report signed by the inspector.