



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
May 24, 25, 26, 27, Jun 8, Jul 26, Aug 5, Sep 28, 29, 2011	2011_065169_0002	Follow up

Licensee/Titulaire de permis

GRACE VILLA LIMITED
284 CENTRAL AVENUE, LONDON, ON, N6B-2C8

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

GRACE VILLA NURSING HOME
45 LOCKTON CRESCENT, HAMILTON, ON, L8V-4V5

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

YVONNE WALTON (169)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Assistant Director of Care, Registered Staff, Personal Support Workers and residents.

During the course of the inspection, the inspector(s) Reviewed policies and procedure, clinical records, observed residents, interviewed staff, residents and supporting documentation provided by the home.

This inspection was to conduct a follow up inspection to orders issued September 8, and November 24, 2010. The areas of non compliance identified in this report were identified during the follow up inspection, however are new non compliances.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Critical Incident Response

Falls Prevention

Infection Prevention and Control

Minimizing of Restraining

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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.)	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 subsections:**

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;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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).

Findings/Faits saillants :

- The plan of care for the identified resident identifies the resident is to be repositioned every two hours while up in the wheelchair, however observation confirmed this was not done. Interview with Personal Support Worker(PSW) confirmed they do not routinely reposition this resident, every 2 hours.
- The plan of care for the resident does not identify the use of the seatbelt while up in the wheelchair. Personal support worker interview revealed they go the written plan of care for directions regarding the care of resident. However there is no direction to staff and others who provide direct care to the resident, in the plan of care.

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 that ensures each plan of care sets out clear directions to staff and others who provide direct care to the resident and the plan of care is provided to the resident as specified, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect

Specifically failed to comply with the following subsections:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. An identified resident was spoken to by a PSW in a loud raised voice, when resident resisted being re-directed by the Personal Support Worker. The form of verbal communication used by the PSW was intimidating and not dignified toward the resident. This verbal abuse was heard by the Registered Practical Nurse and the inspector.

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 that ensures all residents are protected from abuse by anyone, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 29. Policy to minimize restraining of residents, etc.

Specifically failed to comply with the following subsections:

s. 29. (1) Every licensee of a long-term care home,
(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and
(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).

Findings/Faits saillants :

1. The policy "Minimizing Restraints" revised February 2011, identifies the restraint must be monitored and the resident repositioned every 2 hours, however this was not completed. An identified resident was not repositioned while wearing a seatbelt in their wheelchair. The plan of care did not identify the use of a seatbelt or provide direction regarding the care the resident was to receive while wearing the seatbelt. The staff were not following the home's restraint policy.

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 that ensures staff follow the home's current policy and procedure regarding minimizing restraints, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following subsections:

s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

1. Abuse recognition and prevention.
 2. Mental health issues, including caring for persons with dementia.
 3. Behaviour management.
 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations.
 5. Palliative care.
 6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).
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Findings/Faits saillants :

1. Staff who provide direct care to residents, have identified they have not received training in over 2 years, regarding how to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with the LTCHA and regulations since July 1, 2010. Interview with the Director of Care confirmed training has not been completed.

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 that ensures all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in how to minimize the restraining of residents and when necessary, how to do so in accordance with this Act and the regulations, to be implemented voluntarily.

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

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (5) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
(b) the symptoms are recorded and that immediate action is taken as required. O. Reg. 79/10, s. 229 (5).

s. 229. (6) The licensee shall ensure that the information gathered under subsection (5) is analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends, for the purpose of reducing the incidence of infection and outbreaks. O. Reg. 79/10, s. 229 (6).

Findings/Faits saillants :

1. The home's infection control program requires staff keep a daily record of infections and review it at least once a month to detect trends, for the purpose of reducing the incidence of infection and outbreaks. The home's infection control program requirement was verified by the Registered Staff and the Director of Care. An identified residents' infection symptoms were not recorded on the home's daily infection control log record for one month in 2011. The monthly information for all resident's was not completed.

2. The home's infection control program requires all people entering and exiting the building to apply hand sanitizer. In May when the inspector entered the home at 0900 hours, the hand washing sanitizer was observed empty. Visitors and staff were observed entering and exiting the home without applying hand sanitizer. Not all staff were participating in the implementation of the infection control program.

3. The infection control program requires staff to record symptoms and take immediate action as required. For an entire month there were no infections recorded. The RPN confirmed the record was not completed for the month of April. The DOC also confirmed a floor did not track the infections for a month in 2011.

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 that ensures all staff participate in the implementation of the infection control program, symptoms are recorded and immediate action taken as required and that the information gathered under subsection (5) is analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends, for the purpose of reducing the incidence of infection and outbreaks, to be implemented voluntarily.



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WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 30. Protection from certain restraining

Specifically failed to comply with the following subsections:

s. 30. (1) Every licensee of a long-term care home shall ensure that no resident of the home is:

1. Restrained, in any way, for the convenience of the licensee or staff.
2. Restrained, in any way, as a disciplinary measure.
3. Restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36.
4. Restrained by the administration of a drug to control the resident, other than under the common law duty described in section 36.
5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than in accordance with section 32 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).

Findings/Faits saillants :

1. An identified resident was observed with a front closing seatbelt on in their wheelchair. The resident stated they were unable to open or remove the seatbelt independently. The resident stated they did not know why they were wearing it at all. The plan of care for the resident does not identify the use of the seatbelt as a restraint while up in the wheelchair.
2. The identified resident stated they were not repositioned every 2 hours and the family confirmed this. Documentation in the clinical record supported repositioning was not completed every 2 hours.

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 that ensures all residents are not restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36 , to be implemented voluntarily.

Issued on this 5th day of August, 2011

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