Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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
Aug 31, 2021	2021_848748_0008	010276-21, 010324-21, 011012-21, 011126-21, 011409-21	Complaint

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

EMMY HARTMANN (748), DARIA TRZOS (561)

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): July 21, 22, 26, 27, 28, 29, 30, August 3, 4, 5, 9, 10, 2021. July 30, Aug 9, and 10, were completed off-site.

The following intakes were completed during this Complaint Inspection:

Log #010276-21, was related to sufficient staffing, and prevention of abuse and neglect.
Log #010324-21, was related to sufficient staffing, nutrition and hydration, and maintenance.
Log #011012-21, was related to sufficient staffing, bathing, prevention of abuse and neglect, cooling requirements, responsive behaviours, and food quality.
Log #011126-21, was related to cooling requirements, and nutrition and hydration.
Log #011409-21, was related to personal hygiene.

This inspection was conducted concurrently with Critical Incident Inspection #2021_848748_0009.

During the course of the inspection, the inspector(s) spoke with residents, the Executive Director (ED), interim Executive Director, Associate Executive Director, Director of Clinical Services (DOC), Associate Directors of Clinical Services (ADOC), Employee Services Coordinator, Director of Environmental Services, Enivronmental Service Workers, Laundry Aide, Cook, Dietary Aides, Registered Nurses (RN), Registered Practical Nurses (RPN), and Personal Support Workers (PSW).

During the course of the inspection, the inspector also observed resident and staff interactions, and reviewed clinical health records, relevant home policies and procedures, and other pertinent documents. The inspector also completed a tour of the home and an Infection Prevention and Control (IPAC) checklist; and a Safe and Secure Inspection Protocol to review cooling requirements.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry
Food Quality
Personal Support Services
Responsive Behaviours
Safe and Secure Home
Sufficient Staffing

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

- **3 WN(s)**
- **2 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	Légende 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. (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 two residents' plan of care were reviewed and revised when the care set out in the plan had not been effective.

A: A resident was to have their showers completed twice a week. Their written care plan identified an intervention related to the resident refusing their showers.

The Point of Care (POC) task documentation for bathing identified that the resident refused their shower five times in an identified month. Three refusals were on consecutive shower days.

PSW #138 identified that the resident frequently refused their shower, despite staff following the intervention in their plan of care; and that they reported the refusals to the nurses. They identified that there was no meeting or huddle that have taken place to look at other interventions related to the resident refusing their shower.

The resident's progress notes did not reflect any documentation related to refusal of showers including a reassessment of the interventions.

An interview with ADOC #118 identified that when interventions were not effective related to refusal of bathing, a meeting was held with the team to come up with new interventions. They identified that they had not participated in a meeting with the team related to the resident's refusal of bathing, and that there had been no new interventions put in place for the resident when the care set out in their plan had not been effective.

There was a risk that the resident would not get the care they required related to bathing.

Sources: A resident's written care plan, POC task documentation, progress notes; interviews with PSW #138, ADOC #118.

B: A resident was to have their showers completed twice a week. Their written care plan identified interventions related to bathing that staff were to follow.

The POC task documentation for bathing identified that the resident refused their shower five times in an identified month. Two of the showers were in consecutive shower days.

PSW #135 identified that the resident refused their showers and that they reported the refusal to the nurses. They identified that there was no meeting or huddle that have taken place to look at other interventions related to the resident refusing their bathing.

RN #133 verified that there was no documentation in the progress notes related to the resident's refusal of showers, including a reassessment of interventions.

There was a risk that the resident would not get the care they required related to bathing.

Sources: A resident's written care plan, POC task documentation; interviews with PSW #135, RN #133. [s. 6. (10) (c)]

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 resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, care set out in the plan has not been effective, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature

Specifically failed to comply with the following:

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that the air temperature was measured and documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The home's temperature log identified a difference in the temperature reading between two thermometers that were being used to take temperatures in the morning, afternoon, and evening or night.

The Director of Environmental Services identified that they used an infrared thermometer to take the temperature in the different times identified. They also reviewed the manufacturer's instructions for the infrared thermometer with the inspector, and verified that it was to be used to measure surface temperatures, not air temperatures.

The Associate ED, and ED acknowledged that the temperature being measured and documented in the morning, afternoon, and evening or night, were not air temperatures.

Sources: The home's temperature logs, Taylor 9521 infrared thermometer manufacturer's instructions, interviews with Director of Environmental Services, Associate ED, and ED. [s. 21. (3)]

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 air temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following:

**s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,
(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents; O. Reg. 79/10, s. 89 (1).**

Findings/Faits saillants :

1. The home failed to ensure that there was a sufficient supply of clean linens, face cloths and bath towels always available in the home for use by residents.

During an observation on August 4, 2021, PSW #129, and PSW #134, identified that they were in short supply of peri- towels, on the first floor South home area.

The home's laundry service policy identified that the laundry aide was to ensure that sufficient linen was sent back to the home areas to maintain a supply of clean linens for the remainder of the 24 hour period.

Laundry Aide #132 was observed delivering the clean linen cart to the home area. They identified that they were short on towels, peri-towels, and washcloths. They indicated that the bags were supposed to be full, with the peri-towel supply being four dozen, and on this day, there was only 10 pieces. The washcloth delivery was only about 1/3 full, and the towels were only about 1/2 full.

The Executive Director identified that they were aware of the linen supply shortage in the home and acknowledged that the home did not have a sufficient supply of clean linen on the first floor South home area.

Sources: Observation on August 4, 2021, the home's laundry service policy, interview with PSW #129, PSW #134, laundry aide #132, and ED. [s. 89. (1) (b)]

Issued on this 7th day of September, 2021

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

Original report signed by the inspector.