



**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**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 30, 2014	2014_344586_0016	H-001420- 14	Resident Quality Inspection

Licensee/Titulaire de permis

**DIVERSICARE CANADA MANAGEMENT SERVICES CO., INC
2121 ARGENTIA ROAD, SUITE 301, MISSISSAUGA, ON, L5N-2X4**

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

**HARDY TERRACE
612 Mount Pleasant Road, R. R. #2, BRANTFORD, ON, N3T-5L5**

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

JESSICA PALADINO (586), LESLEY EDWARDS (506), MARILYN TONE (167)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): October 21, 22, 23, 24, 27, 28 and 29, 2014

This inspection was conducted concurrently with ~~Follow-Up Inspection~~ ^{error LV Feb 10/15}

~~H-000204-13; and Critical Incident H-001097-14, H-000857-14, H-000867-14; and Complaint Inspection H-000973-14 and H-001131-14, and H-00204-13~~ ^{error LV Feb 10/15}

^{Follow-Up Inspections H-0005-14, H-0006-14, H-0007-14, H-0008-14, H-0009-14, H-0010-14, H-0011-14, H-0012-14, H-0013-14, H-0014-14 and H-0015-14, were completed with this inspection.}

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DOC), Activity Supervisor, Resident Assessment Instrument (RAI) Coordinator, Assistant Director of Resident Care, registered staff, housekeeping staff, dietary staff, Personal Support Workers (PSW's), residents and family members. ^{LV Feb 10/15}

During the course of the inspection, the inspector(s) toured the home, observed residents, interviewed residents and staff, reviewed resident health records, meeting minutes, policies and procedures, and education records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
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.) 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 O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

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

Findings/Faits saillants :



1. The licensee failed to ensure all staff participated in the implementation of the home's infection prevention and control program.

i. Review of the home's antibiotic resistant resident list (updated October 5, 2014), which staff use to be kept informed of which residents are on contact precautions, revealed that residents #301, #302, #303 and #304 were all positive for an antibiotic resistant organism and required contact precautions to be in place. Interview with the DOC confirmed this list was up-to-date.

ii. All of these residents' plans of care stated that they were to have contact precautions in effect, have signage on their room doors indicating to staff, residents and visitors that contact precautions were in effect, and to have personal protective equipment (PPE) remain in their rooms to be readily accessible to staff and visitors.

iii. Observation on October 27, 2014 revealed that residents #301 and #302 had PPE in their rooms; however there was no signage on their doors informing staff and visitors of the contact precautions.

iv. Residents #303 and #304 did not have signage on their doors or any PPE carts in their rooms; therefore staff did not have direct access to PPE when providing direct care to the residents. Interview with front line staff and the DOC confirmed these residents' rooms should have been equipped with PPE and have appropriate signage on the doors. [s. 229. (4)]

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 all staff participate in the implementation of the home's infection prevention and control program, to be implemented voluntarily.

WN #2: 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).

Findings/Faits saillants :



1. The licensee failed to ensure that a staff member at the home provided care related to restraint use for resident #008 as per the resident's plan of care.
 - i. On an identified date in July 2013, an Incident Summary Report for resident #008 indicated that the resident had sustained a fall from their wheelchair.
 - ii. The resident's plan of care indicated that the resident was to be using a specific medical device and to have other interventions in place.
 - iii. The documentation on the incident report indicated that the staff member who provided the care to the resident that day confirmed that they had not applied the medical device as required.
 - iv. The DOC confirmed that the medical device was not in place when the resident sustained the fall and also confirmed that the staff member involved received disciplinary action as a result of the incident.
 - v. The resident did not sustain injury as a result of the fall. [s. 6. (7)]

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary
assessment of the following with respect to the resident:
21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).**

Findings/Faits saillants :

1. The licensee failed to ensure that the plan of care was based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
 21. Sleep patterns and preferences.

Resident #100 sustained a fall on an identified date in June 2014 and an intervention listed as a fall strategy included that the resident is to remain in a certain area of the home until bed time. A review of the resident's plan of care did not indicate the resident's sleep patterns and preferences and this was confirmed by the RAI Coordinator. [s. 26. (3) 21.]

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s.
31. Restraining by physical devices**



Specifically failed to comply with the following:

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:

4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining. 2007, c. 8, s. 31 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that when the plans of care for residents #003 and #004 included use of restraining by a physical device, there was an order approving the restraint by a physician or registered nurse in the extended class.

A) Resident #003 was noted to be using specific medical devices on their wheelchair during stage one of this inspection and again when observed on October 24, 2014.

i. It was noted that the resident's Power of Attorney (POA) signed a consent form on an identified date in July 2014 for the use of the medical devices to be used as a restraint when the resident was in their wheelchair.

ii. A review of the resident's health file confirmed that a physician's order was obtained for this on an identified date in July 2014.

iii. The Three Month Medication Review dated and signed by the physician on an identified date in August 2014 did not include the use of the restraints or directions for their use indicating that the order was discontinued.

iv. The registered staff member on the unit confirmed that the order for the resident's restraints were not included in the Three Month Medication Review.

B) Resident #004 was noted to be using a specific medical device on their wheelchair during the RQI inspection between October 21 – 24, 2014.

i. It was noted that the POA signed a consent form on an identified date in February 2014 for this to be used as a restraint.

ii. Record review confirmed a physician's order was obtained on an identified date in February 2014.

iii. The information about the use of the medical device was not transferred to the Three Month Medication Reviews completed on identified dates in July and September 2014, indicating that the order was discontinued. This was confirmed by the registered staff on the unit. (586) [s. 31. (2) 4.]



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**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE
BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES
SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 110. (1)	CO #007	2013_205129_0010	506
O.Reg 79/10 s. 229. (10)	CO #008	2013_205129_0010	506
O.Reg 79/10 s. 26. (3)	CO #010	2013_205129_0010	167
O.Reg 79/10 s. 26. (3)	CO #011	2013_205129_0010	167
LTCHA, 2007 S.O. 2007, c.8 s. 31. (2)	CO #003	2013_205129_0010	586
LTCHA, 2007 S.O. 2007, c.8 s. 31. (3)	CO #004	2013_205129_0010	586
O.Reg 79/10 s. 50. (2)	CO #005	2013_205129_0010	506
O.Reg 79/10 s. 50. (2)	CO #006	2013_205129_0010	506
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #002	2013_205129_0010	586
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #009	2013_205129_0010	586
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2013_205129_0010	586



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Issued on this 30th day of October, 2014

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

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