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

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

Ottawa Service Area Office
347 Preston St 4th Floor
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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
May 29, 2015	2015_348143_0021	O-002044-15	Complaint

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF HASTINGS
1M Manor Lane Box #758 BANCROFT ON K0L 1C0

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

HASTINGS MANOR HOME FOR THE AGED
476 DUNDAS STREET WEST P.O. BOX 458 BELLEVILLE ON K8N 5B2

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

PAUL MILLER (143)

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): May 12th-15th and 29th, 2015.

This Inspection was conducted concurrently with Critical Incident Logs O-001762-15 and O-002122-15.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, an Assistant Director of Care, the Physiotherapist, Physiotherapist Assistants, a Pharmacist, Registered Nurses, Registered Practical Nurses, Personal Support Workers, the Environmental Services Manager, family members and residents.
The Inspector completed tours of three resident home areas, observed resident care and services, reviewed applicable policies and procedures, reviewed resident health records inclusive of plans of care, assessments, physician orders, hospital discharge records and progress notes.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Medication

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **1 VPC(s)**
- **1 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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the homes Falls Prevention and Management Program is complied with.

Ontario Regulation 79/10 section 48.(1) states that every licensee of a long-term care home shall ensure that the following: interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and risk of injury.
A review of the homes Nursing Manual Policy H-10 Falls Prevention and Management Program (revision date February 10, 2014) was conducted and the following procedures were noted:
page 3 of 12 Fall Prevention Registered Nursing Staff: Procedure
1. Collaborate with resident/substitute decision-maker (SDM) and family and interdisciplinary team to conduct the fall risk assessment when a change in health status puts them at risk for increased risk for falling
2. Completed the Fall Risk Assessment in PointClickCare to determine the resident's level of risk as Low or High. Any risk should be care planned and treated.
4. Continue to update the care plan based on the RAI-MDS assessment
7. If the interventions have not been effective in reducing falls/reducing major injuries, initiate alternative approaches and update as necessary.
8. Communicate to the team, SDM as needed changes to the care plan regarding falls prevention and/or risk mitigation/management on an ongoing basis and annually at the care conference. 11. Ensure Resident Safety Information Centre is up to date and accurate.

Page 5 of 12 Fall and Post Fall Assessment and Management Registered Nursing Staff: Procedure
8. Completed a Fall Risk Assessment, review the fall prevention interventions and modify the plan of care in collaboration with the interdisciplinary team.

Page 6 of 12 The interdisciplinary team: Procedure
1. Conduct an interdisciplinary conference to determine the possible cause of falls and develop changes to prevent re occurrence.

On four specified dates Resident #1 had four unwitnessed falls which resulted in three transfers to hospital and two hospitalizations.

On a specified date Resident #1 had a second unwitnessed fall and was assessed as having no injuries. A FRAT (Fall Risk Assessment Tool) was completed by S103 who documented that the resident had no falls in the past 12 months and that the resident had no changes in her\his mobility status. This assessment indicated that the resident was at low risk for falls and no new interventions were put into place to prevent the resident from having reoccurring falls. A telephone interview was completed with S103 who reported to the inspector that this FRAT was not an accurate assessment of the resident as the resident had a previous fall with an injury which resulted in a change in her\his mobility status. S103 reported to the inspector that a correct assessment would have indicated that the resident was at high risk for falls and additional interventions may have been put into place. Following this fall a request was made by the SDM for the resident to have hip protectors purchased and utilized to prevent the resident from having any further injury.
On a specified date Resident #1 had a third fall and was transferred to hospital, assessed in the Emergency Room and returned to the home. A review of the resident's health care record indicated that a FRAT was in progress but had not been completed as of the date of this inspection. The home could not confirm with the SDM if the resident had her\his hip protectors on at the time of the third fall.
A private PSW was hired by the SDM to assist the resident during the evening.
On a specified date Resident #1 had a fourth fall which resulted in an injury. A review of the computerized Point of Care documentation (within the resident health record) indicated that the a Personal Support Worker S113 documented that the resident had been toileted at a specified time and that the resident had hip protectors in place. The Director of Care reported to the Inspector that it was her understanding that the hip protectors were in place and would have been cut off of the resident in the Emergency Room and discarded. The SDM advised the inspector that the family had purchased 3 sets of hip protectors. The SDM advised the inspector that the hospital provided her\him with personal belongings that the resident had at time of admission and that no hip protectors were given to her by hospital staff. The inspector following authorization of the SDM requested a PSW unlock Resident #1's closets. It was observed and noted that the resident had 2 sets of hip protectors in the closet and was wearing a third set.
A telephone interview occurred on a specified date with the private PSW hired by the family. This PSW reported to the inspector that the resident was toileted and assisted to bed by her and another PSW (employee of the home) prior to the time that S113 documented that Resident #1 was toileted. The private PSW when asked if the resident had her\his hip protectors on in bed reported no. She reported that the resident was sleeping when she left. A review of the progress notes post falls indicated that a Registered Staff documented that hip protectors were found on the dresser.

A review of the resident health care record indicated the following:
A FRAT had not been completed (in progress) following the resident's 2nd and fourth fall.

A review of the plan of care indicated that it had not been updated at the time that new interventions were put into place. These interventions included the use of a high-low bed, hip protectors, floor mat as well as a bedpad alarm. Resident #1 was placed in a fall prevention program twenty nine days following the first fall.
The Administrator informed the inspector on a specified date that an interdisciplinary care conference has not occurred to determine causes of the resident falls and to put interventions into place to prevent falls from reoccurring. Resident #1 has not sustained any further falls at the time of inspection. [s. 8. (1) (a),s. 8. (1) (b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (3) Every licensee of a long-term care home shall ensure that the equipment, supplies, devices and assistive aids referred to in subsection (1) are readily available at the home. O. Reg. 79/10, s. 49 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure equipment is readily available with respect to fall prevention.

A review of Guideline for Eligible Expenditures for Long-Term Care Homes Ontario's Long-Term Care Homes July, 2011 document pg 48 indicates the following:
General and Administrative Equipment (including Furnishings) Equipment eligible under the OA envelope include, but are not limited to, the following: (13) beds and mattresses (all kinds including: regular, electric, high-low, bariatric, and waterproof).

A review of the Ministry of Health and Long Term Care Policy : LTCH Required Goods, Equipment, Supplies and Services Date: 2010-07-2011. 1 Introduction The licensee must provide the following goods, equipment, supplies and services to long-term care (LTC) home residents at no additional cost,
page 3 of 3: 2.1.8 Resident Furnishings
Furnishings and related supplies and equipment including, but not limited to: a. Beds (regular, electric and high-low beds).

The SDM reported to the Inspector that she\he requested that a high-low bed be provided following Resident #1's fourth fall in the home. The SDM advised the inspector that the she\he was informed by S106 (RN) that the home had no high low beds. A discussion occurred at which time the SDM indicated that she\he would purchase a high low bed for Resident #1.
The Inspector interviewed the Administrator, the Environmental Services Manager as well as the DOC who indicated that the home does not have any beds that are defined as a high low bed. The Inspector was advised that the current inventory of beds will lower to approximately 14 inches from the floor and that a discussion with the bed manufacturer confirmed that they did not meet the specifications to be identified as a high low bed. The Administrator advised the inspector that she would reimburse the SDM the cost of the high low bed as well as additional costs incurred for bed\chair alarms and a floor mat.
The complainant reported that she\he had a discussion with the ADOC with respect to an impact mat for Resident #1. The SDM was advised that the home had some but was not sure of the location of any. The SDM purchased one for Resident #1. [s. 49. (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 equipment is readily available to help prevent resident falls, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that medications are administered to residents as prescribed.

Resident #1 was prescribed a medication to manage pain. On a specified date S103 (Registered Practical Nurse) administered a dose that was two times the prescribed dosage. S108 at shift change noted the medication error and discussed it with S103 who completed a medication incident report.
Resident #1 was assessed by S108, vital signs taken throughout the shift and Resident #1 had no ill effects from the medication error. [s. 131. (2)]

Issued on this 8th day of June, 2015

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	PAUL MILLER (143)
Inspection No. / No de l'inspection :	2015_348143_0021
Log No. / Registre no:	O-002044-15
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	May 29, 2015
Licensee / Titulaire de permis :	THE CORPORATION OF THE COUNTY OF HASTINGS 1M Manor Lane, Box #758, BANCROFT, ON, K0L-1C0
LTC Home / Foyer de SLD :	HASTINGS MANOR HOME FOR THE AGED 476 DUNDAS STREET WEST, P.O. BOX 458, BELLEVILLE, ON, K8N-5B2
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Debbie Rollins

To THE CORPORATION OF THE COUNTY OF HASTINGS, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance to meet the requirement that the homes Falls Prevention and Management Program is complied with.
This plan shall include an educational component to ensure that all Registered Nursing Staff are knowledgeable of the requirements of the Falls Prevention Program, including post falls assessments and care plan updates. This plan shall also include the requirement that a Multidisciplinary Family Care Conference be held with the Substitute Decision Maker SDM (if he or she so choices to attend) and that licensee continues to have ongoing communication with the SDM to ensure that the care plan is kept current and reflective of the residents care needs.

The plan is to be submitted in writing by June 12th, 2015 to Inspector Paul Miller at 347 Preston Street, 4th Floor, Ottawa, Ontario K1S 3J4 or by fax at 1-613-569 -9670.

Grounds / Motifs :

1. The licensee has failed to ensure that the homes Falls Prevention and Management Program is complied with.

Ontario Regulation 79/10 section 48.(1) states that every licensee of a long-term care home shall ensure that the following: interdisciplinary programs are developed and implemented in the home:

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resident had a previous fall with an injury which resulted in a change in her\his mobility status. S103 reported to the inspector that a correct assessment would have indicated that the resident was at high risk for falls and additional interventions may have been put into place. Following this fall a request was made by the SDM for the resident to have hip protectors purchased and utilize to prevent the resident from having any further injury.
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A FRAT had not been completed (in progress) following the resident's 2nd and fourth fall.
A review of the plan of care indicated that it had not been updated at the time

that new interventions were put into place. These interventions included the use of a high-low bed, hip protectors, floor mat as well as a bedpad alarm. Resident #1 was placed in a fall prevention program twenty nine days following the first fall.
The Administrator informed the inspector on a specified date that an interdisciplinary care conference has not occurred to determine causes of the resident falls and to put interventions into place to prevent falls from reoccurring. Resident #1 has not sustained any further falls at the time of inspection. [s. 8. (1) (a),s. 8. (1) (b)].
(143)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 30, 2015

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 29th day of May, 2015

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : PAUL MILLER

Service Area Office /
Bureau régional de services : Ottawa Service Area Office