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
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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
Jan 29, 2016	2016_418615_0001	024281-15	Resident Quality Inspection

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF HURON
c/o Huronlea HFA 820 Turnberry Street South BRUSSELS ON N0G 1H0

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

HURONLEA HOME FOR THE AGED
820 TURNBERRY STREET SOUTH BRUSSELS ON N0G 1H0

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

HELENE DESABRAIS (615), CHRISTINE MCCARTHY (588), NANCY JOHNSON (538)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 5, 6, 7, 8, 11, 12, 13, 14, 19 and 20, 2016.

Four Complaints, logs #024568-15, #025373-15, #026815-15 and #031527-15, related to Responsive Behaviors, Resident Bills of Rights, Care and Services and Dealing with Complaints were inspected concurrently.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Acting Director of Care/RAI Coordinator, two Registered Nurses (RN), Building Maintenance Manager, Nutrition Supervisor, Registered Dietitian, Dietary Aide, six Registered Practical Nurses (RPN), ten Personal Support Workers, two Housekeepers, 40+ residents and three family members.

The Inspector(s) also toured all residents home areas and common areas, observed residents and the care provided to them, residents-staff interactions, recreational activities, dining service, medication administration, medication storage areas, laundry room, posting of required information, general maintenance, cleanliness and condition of the home. Health care records and plans of care for identified residents were reviewed, as well as the home's staffing schedules, relevant policies and procedures and other relevant documentation.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care

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

- **5 WN(s)**
- **4 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 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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

A review of the home's policy "Falls Prevention and Management Program", #A09 RC 001 11, last revision dated April 2011, indicated on page 5: point 5 "Initiate Head Injury Routine (HIR) for all unwitnessed falls and witnessed falls that have resulted in a possible head injury or if the resident is on anticoagulant therapy."

A review of a resident's clinical record revealed that the resident had unwitnessed falls and no documented evidence that a HIR was initiated.

An interview with two staff confirmed that the resident had unwitnessed falls and that no HIR was initiated and that it was the home's expectation that a HIR be initiated for all unwitnessed falls.

The Administrator confirmed that it was the home's expectation that a HIR be initiatated for all un-witnessed falls. [s. 8. (1) (a),s. 8. (1) (b)]

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A review of a resident's clinical record revealed that the resident had a current pressure ulcer.

A review of the resident's clinical record Comprehensive Weekly Wound Assessment and Skin and Wound progress notes revealed that the assessments were completed three times in a specific month.

An interview with a staff member and the Administrator revealed that the homes' expectation in relation to weekly wound assessments was this resident should have a documented wound assessment completed every week.

An interview with two staff and the Administrator confirmed that progress notes and assessments of the wound were completed, for the resident for a pressure ulcer three times on a specific month and no documented evidence of weekly wound assessments on the other weeks of that specific month and the following month. The Administrator confirmed it was the home's expectation that residents wound assessment be completed at least weekly. [s. 50. (2) (b) (iv)]

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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,
(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).
(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).
(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee has failed to seek the advice of Residents' Council in developing and carrying out the survey, and in acting on it's results.

An interview with the Resident's Council President,revealed that the home does not seek the advice of the Council in developing and carrying out the survey and acting on the results of the survey.

A review of the Resident's Council Minutes binder revealed no documented evidence of the Council's participation in the satisfaction survey development or acting on the results.

An interview with the Administrator confirmed that the Resident's Council did not participate in developing, or acting on the results of the satisfaction survey and confirmed the home's expectation was that the Council was to participate in the development of the survey and in acting on its results. [s. 85. (3)]

2. The licensee has failed to ensure that the survey was documented and made available to the Residents' Council to seek their advice.

An interview with the Resident's Council President, revealed that they did not see documented results of the survey.

A review of the Resident's Council Minutes binder revealed no documented evidence of the results of the survey.

An interview with the Administrator confirmed that there was no documented evidence of the results of the survey and made available, in any way, to the Resident's Council. [s. 85. (4) (a)]

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 to seek the advice of Residents' Council in developing and carrying out the survey, and in acting on it's results and that the results of the survey is documented and made available to the Residents' Council to seek their advice under subsection, to be implemented voluntarily.

WN #4: 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,
(a) procedures are developed and implemented to ensure that,
(i) residents' linens are changed at least once a week and more often as needed,
(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,
(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and
(iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that as part of the organized program of laundry services procedures were developed and implemented to ensure there was a process to report and locate residents' lost clothing and personal items.

A review of the home's policy and procedure for housekeeping and laundry revealed no documented procedure to report and locate residents' lost clothing and personal items.

Interview with five residents revealed they were missing clothes and/or personal items.

Interviews with two staff revealed that the home had no formal process for reporting and locating residents' lost clothing and personal items.

An interview with the Administrator confirmed that the home does not have a process in place for reporting, locating resident's lost clothing and missing items and that it was the home's expectation that procedures were developed and implemented. [s. 89. (1) (a) (iv)]

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 as part of the organized program of laundry services procedures are developed and implemented to ensure there is a process to report and locate residents' lost clothing and personal items, to be implemented voluntarily.

WN #5: 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

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 has failed to ensure that the care set out in the plan of care was based on the needs of that resident.

A record review of a resident assessment revealed that the resident had a hearing impairment.

A review of the resident's plan of care revealed no documented evidence of the hearing impairment, identified needs, goals or interventions.

An interview with two staff confirmed that the resident had a hearing impairment and that the home's expectation was that the plan of care should reflect the resident's needs. [s. 6. (2)]

2. The licensee has failed to ensure that the resident's plan of care was reviewed and revised when the resident's care needs changed or care set out in the plan was no longer necessary.

Review of a resident assessment on a specific date indicated that the resident was frequently incontinent with bowel and bladder.

Review of the assessment on a different date indicated that the resident was frequently incontinent of bladder only.

Review of the resident care plan revealed that the resident was "frequently incontinent" with bowels.

Interview with three staff confirmed that the resident was continent of bowels and that the care plan was not updated to reflect the current needs of the resident.

The Administrator confirmed that the home's expectation was that the care plan should be reviewed and revised when the resident's care needs changed. [s. 6. (10) (b)]

Issued on this 1st day of February, 2016

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

Original report signed by the inspector.