Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministére 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
Direction de l'amélioration de la performance et de la conformité

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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
Sep 12, 13, 14, 17, 18, 20, 2012	2012_087128_0018	Follow up

Licensee/Titulaire de permis

SHARON FARMS & ENTERPRISES LIMITED
1340 HURON STREET, LONDON, ON, N5V-3R3

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

KENSINGTON VILLAGE
1340 HURON STREET, LONDON, ON, N5V-3R3

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

RUTH HILDEBRAND (128), BONNIE MACDONALD (135)

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 the Acting Administrator, Assistant Administrator, Director of Nursing Care(DOC), Assistant Director of Nursing Care(ADOC), Director of Dietary Services, Food Services Supervisor, Registered Dietitian(RD), Director of Environmental Services, Front Receptionist, Registered Nurse, 4 Registered Practical Nurses, 6 Personal Support Workers(PSW), Unit Support Clerk, Cook, 5 Dietary Aides, Maintenance Worker, Housekeeping Aide and residents.

During the course of the inspection, the inspector(s) conducted a tour of the home, including spa/tub rooms, resident rooms and Huron and Derby dining rooms, observed residents and the care provided to them and observed meal service. Clinical records for identified residents were reviewed. The inspectors reviewed policies and procedures, as well as minutes of meetings pertaining to the inspection as related to Log # L-001444-12.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Infection Prevention and Control

Nutrition and Hydration

Personal Support Services

Safe and Secure Home

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. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16.

Findings/Faits saillants :

1. On September 12, 2012, it was noted during a tour of the spa room that the exterior window opening was not restricted to 15cm. The window opening was measured and it was confirmed that it opened 70 centimetres. Exterior window openings were also measured in Room 140, the main floor lounge and Room 101 and revealed that they open 75 centimetres.
A staff interview with the maintenance worker and Assistant Director of Care revealed that none of the windows on first floor have restricted openings. The maintenance worker stated that the windows on second floor have restricted access.
[O. Reg. 79/10, s. 16]

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

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 subsections:

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;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. A clinical record review for an identified resident revealed that resident had not been reassessed nor the plan of care revised when the care needs changed related to poor oral intake and weight loss.
A record review revealed resident's average food intake was less than 25 % at meals, for 16 days, and after resident's return from hospital, for another 15 days.
The resident had a weight loss of 7.2% in one month.
A Registered Practical Nurse and Dietary Aide confirmed that the resident had not been eating well prior to going to hospital and especially since returning from hospital.
In interview September 13, 2012, the Registered Dietitian confirmed, she was not aware that the resident's care needs had changed related to poor food intake and weight loss as she was awaiting the resident's reweigh that was due September 10, 2012.
The Dietitian confirmed the resident had not been referred when the resident's nutritional care needs changed.
[LTCHA, 2007 S.O. 2007, c.8, s. 6 (10) b]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following subsections:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The following ongoing maintenance issues were identified in the home during this inspection:
The cupboards in the servery area, in the Derby dining room, are yellowed. The toaster sits below these cupboards. It was also noted the finish on table and chairs legs were scraped and in need of refinishing in the Huron and Derby dining rooms.
The baseboard heater/cooling system had paint scraped off throughout the Derby dining room. Paint was noted to be peeling off the wall behind the soiled dish cart and other wall areas of the Derby Dining room.
Huron Dining room's hot steam table enclosure has exposed wood surface and finish that is worn off the unit and it can no longer be sanitized properly.
During an interview, the Director of Environmental Services acknowledged that the home's expectation is that the dining rooms are well maintained and kept in a good state of repair.
[LTCHA, 2007 S.O. 2007, c.8, s.15(2)(c)]
2. The servery area, in the Derby dining room, had build up of dirt, debris and dust along the edges of the cupboards, behind juice and coffee machines, under the steam table and Habco upright refrigerator.
The Derby and Huron Dining rooms had numerous chairs seats that were stained with what appeared to be food and fluid stains.
A black mould-like substance was noted on the silicone caulking of the Derby servery counter sink. The wall behind the soiled dish cart was spattered with a build up of dried food debris.
Ceiling fans and air vents in Derby Dining room were noted to have dust hanging from the fan blades and the vent covers located over resident dining room tables.
An interview was conducted with the Director of Environmental Services, to query expectations
regarding housekeeping in the home. She stated the dining rooms are not being cleaned by the Housekeeping staff and that it is a "grey area" as to who is responsible for cleaning the dining rooms. She did acknowledged that the housekeeping concerns identified should have been addressed by the home and that furnishings and equipment are to be kept clean and sanitary.
[LTCHA, 2007 S.O. 2007, c.8, s.15(2)(a)]

Additional Required Actions:

CO # - 002, 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan

Specifically failed to comply with the following subsections:

s. 24. (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

1. Any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks.

2. Any risks the resident may pose to others, including any potential behavioural triggers, and safety measures to mitigate those risks.

3. The type and level of assistance required relating to activities of daily living.

4. Customary routines and comfort requirements.

5. Drugs and treatments required.

6. Known health conditions, including allergies and other conditions of which the licensee should be aware upon admission, including interventions.

7. Skin condition, including interventions.

8. Diet orders, including food texture, fluid consistencies and food restrictions. O. Reg. 79/10, s. 24 (2).

s. 24. (4) The licensee shall ensure that the care set out in the care plan is based on an assessment of the resident and the needs and preferences of that resident and on the assessment, reassessments and information provided by the placement co-ordinator under section 44 of the Act. O. Reg. 79/10, s. 24 (4).

Findings/Faits saillants :

1. A clinical record review revealed that an identified resident did not have a diet order within 24 hours of admission. It is noted that this resident has allergies/intolerance listed. The diet order was written not written until 2 days post admission. [O.Reg 79/10, s.24(2)8.]
2. Staff interviews with two personal support workers revealed that they were not aware of the care needs for two newly admitted residents:
A personal support worker was not aware of an identified resident's last name and indicated that the name plate on the room would be used to identify the resident but there wasn't one to assist in the identification. Two other personal support workers expressed concerns about infection control precautions related to this resident and stated that they had not been provided with adequate direction related to this.
Clinical record reviews for the two new admissions revealed that a 24 hour admission care plan was not available to staff to provide direction for either resident, 8 and 9 days post admission.
An interview with the RAI coordinator revealed that the initial care plans had been completed for these residents but they were not on the residents' charts. After approximately 15 minutes of searching for the admission care plans, by a registered nurse, the RAI coordinator and the ADOC, they were found in a box under a table at the nursing station.
A review of the initial plans of care revealed that they do not include at a minimum:
-any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks;
-any risks the resident may pose to others, including any potential behavioural triggers, and safety measures to mitigate those risks;
-customary routines;
-known health conditions, including allergies and other conditions of which the licensee should be aware upon admission, including interventions.
One of the identified residents did not have a diet order written, 8 days post admission.
A Registered Nurse acknowledged that a diet order had not been written and revealed that the home is aware that the diet order is required within 24 hours of admission.
This same resident's admission transfer information revealed that there could be outbursts and that the resident was at risk for falls. This information was not identified on the initial plan of care.
Personal support workers reported that the resident is aggressive and that they had not been provided with guidance on how to handle these episodes and have had injuries related to the outbursts.
A previous compliance order was issued, March 27, 2012, related to plans of care. The compliance plan stated that the "initial plans of care currently in use will be assessed/amended to ensure compliance with LTCHA 2007 and implemented for use on all new resident admissions".
However, the amended initial plan of care form does not meet the expectations found in the Regulations.
[O.Reg 79/10, s.24(2)(1,2,3,4,6 and 8)]

Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #5: 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 subsections:

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).

Findings/Faits saillants :

1. The Nutrition Care–Monitoring Resident's Weight and Height policy # DTY-II-520, dated April 2012, was reviewed. The policy states if a new weight represents a significant unplanned weight change,(2kg. up or down), a reweigh is to be done by the 10th day of the month. If there is significant unplanned weight change confirmed by reweigh, the Registered Dietitian(RD) is notified by the 15th of the month.
The home's weight policy was not complied with when the following residents were not re-weighed by the 10th day of the month as follows:
An identified resident with weight loss of 10.4 kgs. in one month was not re-weighed until the 17th of the month;
Another identified resident with weight loss of 3.3 kgs. in one month was not re-weighed until the 17th of the month;
A third identified resident with weight loss of 8.0 kgs. in one month was not re-weighed until the 16th of the month.
The Nutrition Care–Monitoring Residents' Weight and Height policy # DTY-II-520, also states if there is significant unplanned weight change confirmed by reweigh, the RD is notified by the 15th of the month. The weight monitoring policy was not complied with when the following residents were not referred to the home's Dietitian for unplanned weight change:
An identified resident had a weight loss of 7.2 kgs (15.2%) in one month and RD was not notified.
Another identified resident had weight loss of 4.5 kgs (7.7%) in one month and RD was not notified.
A third identified had weight loss of 3.3 kgs (5.4%) in one month and RD was not notified.
[O. Reg. 79/10, s. 8 (1) (b)]
2. The Monitoring Food and Fluid Intake policy # DTY-I-240, dated December 2011, was reviewed.
The policy states: once a food and fluid intake concern is identified, the registered staff assess and determine if corrective action is required. If necessary, they refer the issue to the consultant Dietitian using the Dietary/Nutrition Referral Form.
This policy was not complied with when the Registered Dietitian was not consulted regarding an identified resident's ongoing poor food intake.
In record review, the resident's average food intake was less than 25 % at meals, for 16 days, and after a return from hospital, for another 15 days.
The resident had a weight loss of 7.2% in one month.
A Dietary Aide confirmed the resident had not been eating well prior to going to hospital.
In interview the Registered Practical Nurse stated the resident has not been eating well prior to going to hospital. He/she had trialed the resident on Resource 2.0 and resident had refused supplement. He/she did not know if resident had been referred to the Dietitian for poor food intake.
In interview with the Registered Dietitian she confirmed that the resident had not been referred for reassessment of nutritional status and risk.
[O.Reg.79/10, s. 8(1)(b)]

Additional Required Actions:

CO # - 005 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

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Findings/Faits saillants :

1. A review of the "Required Programs" binder revealed that meetings have taken place for each of the programs and draft policies have been developed.
Interviews with the ADOC, DOC and Acting Administrator revealed that policies and procedures have not been finalized for the four required programs, including: Falls Prevention and Management, Continence Care and Bowel Management, Skin and Wound Care, and Pain Management.
The DOC stated that screening protocols are not in place for each of the required programs.
The Acting Administrator stated that the policies have not been finalized because of concerns that they are not comprehensive enough to meet the LTCHA and Regulations.
A previous compliance order was issued, March 27, 2012, related to the four required programs. The compliance plan submitted to the MOHLTC in April 2012, stated that all staff including non-nursing staff would be educated on the programs by June 30, 2012.
The ADOC and DOC confirmed that no education has taken place because the policies have not been finalized.
[O.Reg 79/10, s.30(1)]

Additional Required Actions:

CO # - 006 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes
Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. **A change of 5 per cent of body weight, or more, over one month.**
2. **A change of 7.5 per cent of body weight, or more, over three months.**
3. **A change of 10 per cent of body weight, or more, over 6 months.**
4. **Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**

Findings/Faits saillants :

1. During a record review it was noted that an identified resident had a weight loss of 3.3 kgs. (6.9%)in one month. Resident was not assessed using an interdisciplinary approach, nor were actions taken for the weight loss greater than 5 % in one month.
During a record review it was noted that an identified resident had a weight loss of 4.5 kgs. (7.7%) in one month. Resident was not assessed using an interdisciplinary approach, nor were actions taken for weight loss greater than 5 % in one month.
The Director of Dietary Services confirmed that both residents had not been assessed nor were actions taken for either weight loss of greater than 5% in one month.
A previous compliance order, issued March 27, 2012, has not been adhered to related to using an interdisciplinary approach and taking action related to weight changes.
[O. Reg.79/10, s. 69.1.]

Additional Required Actions:

CO # - 007 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (4) A member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,
(a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;
(b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and
(c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff. O. Reg. 79/10, s. 131 (4).

Findings/Faits saillants :

1. A prescription cream was observed in the plastic utility cart, with drawers, in the spa/tub room near the first floor nursing station on September 12, 2012.
A personal support worker confirmed that they apply prescription treatment creams to residents and acknowledged that training has not been provided.
A registered practical nurse confirmed that the cream should not have been found in the spa/tub room and that registered staff are responsible for applying prescription creams but acknowledged they do sometimes ask personal support workers to apply prescription creams.
The DOC confirmed that the home's expectation is that prescription creams are only applied by registered staff because all personal support workers have not received training.
[O. Reg. 79/10, s.131(4)]

Additional Required Actions:

CO # - 008 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #9: 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. (10) The licensee shall ensure that the following immunization and screening measures are in place:
1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. Residents must be offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. A review of the immunization records for twelve residents revealed that residents have not been provided with TB tests within 14 days of admission as required:
One resident - TB test step one administered 139 days post admission;
One resident - TB test step one administered 135 days post admission;
Two residents - TB test step one administered 132 days post admission;
One resident - TB test step one administered 111 days post admission;
One resident - TB test step one administered 92 days post admission;
One resident - TB test step one administered 62 days post admission;
One resident - TB test step one administered 48 days post admission;
One resident - TB test step one administered 47 days post admission;
One resident - TB test step one administered 46 days post admission but step 2 has never been done;
One resident - TB test step one administered 34 days post admission but step 2 was not done so step one was re-administered 85 days post admission;
One resident - TB test step one administered 4 days post admission but Step 2 was not done so step one was re-administered 27 days post admission.
[O.Reg 79/10, s.229(10)1]
2. Evidence of lack of hand washing/hand hygiene, was observed as evidenced by:
During a breakfast meal, in the Derby dining room, hand washing/hand hygiene was not observed by staff member, between handling dirty dishes and feeding residents.
During an interview with the Assistant Director of Care/Infection Control Officer the following expectation was confirmed: Both registered and non-registered staff must wash their hands or use hand sanitizer after handling dirty dishes before serving/feeding resident's their meals in the dining room.
A previous order was issued, March 27, 2012, related to hand hygiene. The Assistant Director of Care confirmed as of September 12, 2012, 18 of 160 (11%) of nursing home staff have completed the Proper Healthcare Hand Hygiene training program and not the 100% of staff as per the submitted compliance plan, stating all staff would be trained by April 30, 2012.
[O.Reg 79/10, s.229(4)]
3. Infection control risks were observed in shared washrooms, in resident rooms, as well as both first floor tub rooms including:
-unlabelled personal care items including nail clippers, cuticle trimmers, scissors, nail files, hair combs and brushes containing hair, deodorants, razors, denture cups, toothbrushes, toothpaste, and personal skin care products;
- unlabelled medication cups containing white substances that appeared to be creams as well as one with a male name on it which was in a shared female washroom.
Interviews with the Infection Control Officer/ADOC and DOC revealed that the expectation is that all personal care items including but not limited to deodorant, combs, hair and tooth brushes, toothpaste and nail care items are to be labelled and are not to be used communally.
The ADOC and DOC confirmed that the compliance plan submitted to the MOHLTC, related to a previous order, issued March 27, 2012, was not followed. The compliance plan indicates that staff would be educated, via means of a mandatory education sign-off. The ADOC/Infection Control officer acknowledged that only 18 of 85 (21%) nursing staff had completed the mandatory infection control training and sign-off.
[O.Reg 79/10, s.229(4)]

Additional Required Actions:

CO # - 009, 011 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 25. Initial plan of care

Specifically failed to comply with the following subsections:

s. 25. (1) Every licensee of a long-term care home shall ensure that,
(a) the assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident's admission; and
(b) the initial plan of care is developed within 21 days of the admission. O. Reg. 79/10, s. 25 (1).

Findings/Faits saillants :

1. Clinical record reviews revealed that the initial MDS assessments were not completed within 14 days of admission for 2 of 3 residents reviewed and the initial plan of care was not developed within 21 days for 1 of 3 residents reviewed:
Resident #1
–oral/nutritional status assessment was not completed until 20 days post admission;

Resident #2
-nursing assessments were not completed within the required 14 days and the majority were not completed until 23 days post admission despite potential for pain related to diagnosis, incontinence, interventions required for mobility and transferring, multiple risk factors for falls noted.
The care plan was not completed until 23 days post admission.
[O.Reg 79/10, s.25(1)(a)and (b)]

Additional Required Actions:

CO # - 010 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 24th day of September, 2012

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

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

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Name of Inspector (ID #) / Nom de l'inspecteur (No) :	RUTH HILDEBRAND (128), BONNIE MACDONALD (135)
Inspection No. / No de l'inspection :	2012_087128_0018
Type of Inspection / Genre d'inspection:	Follow up
Date of Inspection / Date de l'inspection :	Sep 12, 13, 14, 17, 18, 20, 2012
Licensee / Titulaire de permis :	SHARON FARMS & ENTERPRISES LIMITED 1340 HURON STREET, LONDON, ON, N5V-3R3
LTC Home / Foyer de SLD :	KENSINGTON VILLAGE 1340 HURON STREET, LONDON, ON, N5V-3R3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	LESLIE HANCOCK

To SHARON FARMS & ENTERPRISES LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 901

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16.

Order / Ordre :

The licensee must ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

Grounds / Motifs :

1. On September 12, 2012 it was noted during a tour of the spa room that the exterior window was not restricted to 15cm. The window opening was measured and it was confirmed that it opened 70 centimetres.
Exterior window openings were also measured in Room 140, the main floor lounge and Room 101 and revealed that they open 75 centimetres.
A staff interview with the maintenance worker and Assistant Director of Care revealed that none of the windows on first floor have restricted openings. (128)

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

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Order # / Ordre no : 001

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s. 6(10)(b).
The plan must include how residents will be reassessed and plans of care reviewed and revised when the resident's care needs change or care set out in the plan is no longer necessary.
The plan must include:
- confirmation with immediate dates that the written plan of care for the identified resident was reviewed and revised to ensure that clear direction is provided to staff.
The plan will also include how plans of care, for all residents of the home, will be reviewed and revised on an ongoing basis when the resident's care needs change or the care set out in the plan is no longer necessary and how the licensee will ensure that the care set out in the plan will be provided to the residents of the home.
The plan will also include timelines, who is responsible for each task and who will be responsible for monitoring this on an ongoing basis, both in the short term and long-term.
Please submit the plan, in writing, to Ruth Hildebrand, Long Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance and Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON N6B 1R8, by email, at ruth.hildebrand @ontario.ca by October 4, 2012.

Grounds / Motifs :

1. A previous compliance order was issued, March 27, 2012, related to residents not being reassessed and plans of care reviewed and revised when care needs changed.
A clinical record review for an identified resident revealed that resident had not been reassessed nor the plan of care revised when the care needs changed related to poor oral intake and weight loss.
A record review revealed resident's average food intake was less than 25 % at meals, for 16 days and after resident's return from hospital, for another 15 days.
The resident had a weight loss of 7.2% in one month.
A Registered Practical Nurse and Dietary Aide confirmed that resident had not been eating well prior to going to hospital and especially since returning from hospital.
In interview September 13, 2012, the Registered Dietitian confirmed, she was not aware that the resident's care needs had changed related to poor food intake and weight loss as she was awaiting the resident's reweigh that was due September 10, 2012.
The Dietitian confirmed the resident had not been referred when the resident's nutritional care needs changed.

[LTCHA, 2007 S.O. 2007, c.8, s. 6 (10) b] (135)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 04, 2012

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 : 002

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with , LTCHA, 2007 S.O. 2007, c.8, s.15 (2) (a) to ensure that the home, furnishings and equipment are kept clean and sanitary.
The home must also identify in the plan how education was provided to the Environmental Services Manager and housekeeping staff related to the expectations of maintaining the home in a clean and sanitary manner.
The licensee must also identify the methods outlining how ongoing assessment of housekeeping needs will be captured and referral and communication from, all staff as required.
The plan must also outline who is ultimately responsible for ensuring the dining rooms and serveries are kept clean and who will be
accountable for the ongoing monitoring in the short-term and long-term.

Please submit the plan in writing to Ruth Hildebrand, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON N6B 1R8, by email, at ruth.hildebrand@ontario.ca, by October 4, 2012.

Grounds / Motifs :

1. A previous Written Notification and Voluntary Plan of Compliance were issued, March 27, 2012, related to ensuring that the home, furnishings and equipment are kept clean and sanitary.
The servery area, in the Derby dining room, had build up of dirt, debris and dust along the edges of the cupboards, behind juice and coffee machines, under the steam table and Habco upright refrigerator.
The Derby and Huron Dining rooms had numerous chairs seats that were stained with what appeared to be food and fluid stains.
A black mould-like substance was noted on the silicone caulking of the Derby servery counter sink. The wall behind the soiled dish cart was spattered with a build up of dried food debris.
Ceiling fans and air vents in Derby Dining room were noted to have dust hanging from the fan blades and the vent covers located over resident dining room tables.
An interview was conducted with the Director of Environmental Services, to query expectations regarding housekeeping in the home. She stated the dining rooms are not being cleaned by the Housekeeping staff and that it is a "grey area" as to who is responsible for cleaning the dining rooms. She did acknowledged that the housekeeping concerns identified should have been addressed by the home and that furnishings and equipment are to be kept clean and sanitary.
[LTCHA, 2007 S.O. 2007, c.8, s.15 (2) (a)] (135)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Oct 04, 2012

Order # / Ordre no : 003 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with , LTCHA, 2007 S.O. 2007, c.8, s.15 (2) (c) to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair..
The home must also identify in the plan how education was provided to the Environmental Services Manager and maintenance staff related to the expectations of maintaining the home in a a safe condition and in a good state of repair.
The licensee must also identify the methods outlining how ongoing assessment of maintenance needs will be captured and referral and communication from staff as required.
The plan must also outline who is ultimately responsible for ensuring the home including, dining rooms and serveries are maintained in a safe condition and in a good state of repair.
The plan must also identify who is accountable for the ongoing monitoring in the short-term and long-term.

Please submit the plan in writing to Ruth Hildebrand, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON N6B 1R8, by email, at ruth.hildebrand@ontario.ca, by October 4, 2012.

Grounds / Motifs :

1. A previous Written Notification and Voluntary Plan of Compliance were issued, March 27, 2012, related to ensuring that the home, furnishings and equipment are kept in a good state of repair.
The following ongoing maintenance issues were identified in the home during this inspection:
The cupboards in the servery area, in the Derby dining room, are yellowed. The toaster sits below these cupboards. It was also noted the finish on table and chairs legs were scraped and in need of refinishing in the Huron and Derby dining rooms.
The baseboard heater/cooling system had paint scraped off throughout the Derby dining room. Paint was noted to be peeling off the wall behind the soiled dish cart and other wall areas of the Derby Dining room.
Huron Dining room's hot steam table enclosure has exposed wood surface and finish that is worn off the unit and it can no longer be sanitized properly.
During an interview, the Director of Environmental Services acknowledged that the home's expectation is that the dining rooms are well maintained and kept in a good state of repair.
[LTCHA, 2007 S.O. 2007, c.8, s.15 (2)(c)] (135)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Oct 04, 2012

Order # / Ordre no : 004 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 24. 24-hour admission care plan

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with [O.Reg 79/10, s.24(2) related to 24-hour admission care plans.
The plan must ensure how the plans will be developed to meet the Regulations and who will be responsible for educating staff related to the new admission care plans. The plan must also include how and who will be responsible for ensuring staff who provide direct care are made aware of the contents of the care plans as well as how they will have ongoing access to this information.

Please submit the plan in writing to Ruth Hildebrand, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON N6B 1R8, by email, at ruth.hildebrand@ontario.ca, by October 4, 2012.

Grounds / Motifs :

1. Staff interviews with two personal support workers revealed that they were not aware of the care needs for two newly admitted residents:
A personal support worker was not aware of an identified resident's last name and indicated that the name plate on the room would be used to identify the resident but there wasn't one to assist in the identification. Two other personal support workers expressed concerns about infection control precautions related to this resident and stated that they had not been provided with adequate direction related to this.
Clinical record reviews for the two new admissions revealed that a 24 hour admission care plan was not available to staff to provide direction for either resident, 8 and 9 days post admission.
An interview with the RAI coordinator revealed that the initial care plans had been completed for these residents but they were not on the residents' charts. After approximately 15 minutes of searching for the admission care plans, by a registered nurse, the RAI coordinator and the ADOC, they were found in a box under a table at the nursing station.
A review of the initial plans of care revealed that they do not include at a minimum:
-any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks;
-any risks the resident may pose to others, including any potential behavioural triggers, and safety measures to mitigate those risks;
-customary routines;
-known health conditions, including allergies and other conditions of which the licensee should be aware upon admission, including interventions.
A second identified resident did not have a diet order written, 8 days post admission.
A Registered Nurse acknowledged that a diet order had not been written and revealed that the home is aware that the diet order is required within 24 hours of admission.
The same resident's admission transfer information revealed that there could be outbursts and that the resident was at risk for falls. This information was not identified on the initial plan of care.
Personal support workers reported that the resident is aggressive and that they had not been provided with guidance on how to handle these episodes and have had injuries related to the outbursts.
A previous compliance order was issued, March 27, 2012, related to plans of care. The compliance plan stated that the "initial plans of care currently in use will be assessed/amended to ensure compliance with LTCHA 2007 and implemented for use on all new resident admissions".
However, the amended initial plan of care form does not meet the expectations found in the Regulations.
[O.Reg 79/10, s.24(2)(1,2,3,4, 6 and 8)] (128)
2. A clinical record review revealed that an identified resident did not have a diet order within 24 hours of admission. It is noted that this resident has four food allergies and a food intolerance listed. The diet order was not written until 2 days post admission.
[O.Reg 79/10, s.24(2)8.] (128)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 04, 2012

Order # /
Ordre no : 005

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 must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 8(1)b to ensure that there are policies implemented in accordance with applicable requirements under the Act and that they are complied with.
The plan must include when and how education will be provided to nursing staff related to the implemented weight monitoring policies and how compliance will be monitored. The plan must include who is responsible for ensuring that weights are taken and recorded, on an ongoing basis, within the time frames set out in the plan.

Please submit the plan in writing to Ruth Hildebrand, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor,London, ON N6B 1R8, by email, at ruth.hildebrand@ontario.ca, by October 4, 2012.

Grounds / Motifs :

1. The Nutrition Care–Monitoring Resident's Weight and Height policy # DTY-II-520, dated April 2012, was reviewed. The policy states if a new weight represents a significant unplanned weight change, (2kg. up or down), a reweigh is to be done by the 10th day of the month. If there is significant unplanned weight change confirmed by reweigh, the Registered Dietitian(RD) is notified by the 15th of the month.
The home's weight policy was not complied with when the following residents were not re-weighed by the 10th day of the month as follows:
An identified resident with weight loss of 10.4 kgs. in one month was not re-weighed until the 17th of the month.
Another identified resident with weight loss of 3.3 kgs. in one month was not re-weighed until the 17th of the month.
A third identified resident with weight loss of 8.0 kgs. in one month was not re-weighed until the 16th of the month.
The Nutrition Care–Monitoring Residents' Weight and Height policy # DTY-II-520, also states if there is significant unplanned weight change confirmed by reweigh, the RD is notified by the 15th of the month. The weight monitoring policy was not complied with when the following residents were not referred to the home's Dietitian for unplanned weight change:
An identified resident had weight loss of 7.2 kgs (15.2%) in one month and RD was not notified.
Another identified resident had weight loss of 4.5 kgs (7.7%) in one month and RD was not notified.
A third identified resident had weight loss of 3.3 kgs (5.4%) in one month and RD was not notified.
[O. Reg. 79/10, s. 8 (1) (b)] (135)
2. The Monitoring Food and Fluid Intake policy # DTY-I-240, dated December 2011, was reviewed.
The policy states: once a food and fluid intake concern is identified, the registered staff assess and determine if corrective action is required. If necessary, they refer the issue to the consultant Dietitian using the Dietary/Nutrition Referral Form.
This policy was not complied with when the Registered Dietitian was not consulted regarding an identified resident's ongoing poor food intake.
In record review, the resident's average food intake was less than 25 % at meals, for 16 days, and after returning from hospital, for another 15 days.
The resident had a weight loss of 7.2% in one month.
A Dietary Aide confirmed the resident had not been eating well prior to going to hospital.
In interview the Registered Practical Nurse stated the resident has not been eating well prior to going to hospital. He/she had trialed the resident on Resource 2.0 and resident had refused supplement. He/she did not know if resident had been referred to the Dietitian for poor food intake.
In interview with the Registered Dietitian she confirmed that the resident had not been referred for reassessment of nutritional status and risk.
[O.Reg.79/10, s. 8(1)(b)] (135)
3. A previous Written Notification and Voluntary Plan of Correction were issued, March 27, 2012, related to policies not being complied with. (135)

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

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 04, 2012

Order # /
Ordre no : 006

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 30. General requirements

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 30 (1) (b).

1. The plan must ensure that the following interdisciplinary programs are developed and implemented in the home:
a) A falls prevention and management program to reduce the incidence of falls and the risk of injury.
b) A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
c) A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
d) A pain management program to identify pain in residents and manage pain.

2. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.
3. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.
4. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
5. The licensee shall keep a written record relating to each evaluation that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.
The plan must include how staff will be provided education for each of these programs including immediate education related to communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

Please submit the plan in writing to Ruth Hildebrand, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON N6B 1R8, by email, at ruth.hildebrand@ontario.ca, by October 4, 2012.

Following this review and plan submission, the licensee shall submit a monthly report to the Ministry identifying progress related to ensuring the required programs are developed and implemented . The action plan will contain timelines for completion of the actions required and identify who is accountable for the task. Please submit the action plan in writing to Long-Term Care Homes Inspector, Ruth Hildebrand, by email, at ruth.hildebrand@ontario.ca. by the last day of each month, commencing November 2012.

Grounds / Motifs :

1. There was a compliance order previously issued, March 27, 2012, related to O. Reg. 79/10, s. 30 (1). Despite the submission of a compliance plan that stated that the four required programs would be implemented by May 31, 2012 and education of all staff would be completed by June 30, 2012, this has not been done.
2. A review of the "Required Programs" binder revealed that meetings have been established for each of the programs and draft policies have been developed.
Interviews with the ADOC, DOC and Acting Administrator revealed that policies and procedures have not been finalized for the four required programs, including: Falls Prevention and Management, Continence Care and Bowel Management, Skin and Wound Care, and Pain Management.
The DOC stated that screening protocols are not in place for each of the required programs.
The Administrator stated that the policies have not been finalized because of concerns that they are not comprehensive enough to meet the LTCHA and Regulations.
The compliance plan, related to a previous order regarding required programs not being in place, submitted to the MOHLTC in April 2012, stated that all staff including non-nursing staff would be educated on the programs by June 30, 2012.
The ADOC and DOC confirmed that no education has taken place because the policies have not been finalized. (128)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 04, 2012

Order # /
Ordre no : 007

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 69. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. .79/10, s. 69.1 to ensure re-weighs of residents are done on an ongoing basis and that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status.
The plan must also include the names of persons responsible for ensuring interdisciplinary communication occurs and how and when education will take place for all nursing staff and the registered dietitian.

Please submit the plan in writing to Ruth Hildebrand, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON N6B 1R8, by email, at ruth.hildebrand@ontario.ca, by October 4, 2012.

Following this review and plan submission, the licensee shall submit a monthly report to the Ministry identifying progress related to ensuring that education and ongoing weight monitoring has occurred . The monthly plan will contain an update regarding the completion of actions required and identify who is accountable for the task. Please submit the action plan in writing to Long-Term Care Homes Inspector, Ruth Hildebrand, by email, at ruth.hildebrand@ontario.ca. by the last day of each month, commencing November 2012.

Grounds / Motifs :

1. A previous compliance order, issued March 27, 2012, has not been adhered to related to using an interdisciplinary approach and taking action related to weight changes.
2. During a record review it was noted that an identified resident had a weight loss of 3.3 kgs. (6.9%) in one month. Resident was not assessed using an interdisciplinary approach, nor were actions taken for the weight loss greater than 5 % in one month.
During a record review it was noted that another resident had a weight loss of 4.5 kgs. (7.7%) in one month. Resident was not assessed using an interdisciplinary approach, nor were actions taken for weight loss greater than 5 % in one month.
In interview the Director of Dietary Services confirmed that both residents had not been assessed nor were actions taken for either for weight loss of greater than 5% in one month.
[O. Reg.79/10, s. 69.1.] (135)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 04, 2012

Order # / Ordre no : 008 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 131. (4) A member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,
(a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;
(b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and
(c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff. O. Reg. 79/10, s. 131 (4).

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 131 (4) to ensure that a member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if, (a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals; (b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and (c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff. The plan must include who will be responsible for ongoing monitoring and supervision.

Please submit the plan in writing to Ruth Hildebrand, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON N6B 1R8, by email, at ruth.hildebrand@ontario.ca, by October 4, 2012.

Grounds / Motifs :

1. A previous Written Notification and Voluntary Plan of Correction were issued, March 27, 2012, related to non-registered staff administering topical creams.
2. A prescription cream was observed in the utility cart, with drawers, in the spa/tub room near the first floor nursing station on September 12, 2012.
A personal support worker confirmed that they apply prescription treatment creams to residents and acknowledged that training has not been provided.
A registered practical nurse confirmed that the cream should not have been found in the spa/tub room and that registered staff are responsible for applying prescription creams but acknowledged they do sometimes ask personal support workers to apply prescription creams.
The DOC confirmed that the home's expectation is that prescription creams are only applied by registered staff because all personal support workers have not received training. (128)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Oct 04, 2012

Order # / Ordre no : 009 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

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

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 229 (4) to ensure that all staff participate in the implementation of the infection control program, including:
- labelling of all personal care items for residents in shared washrooms and spa/tub rooms; and
-hand washing/hand hygiene being in place.
The plan must include dates for education of staff and who will be responsible for ensuring the education is completed, as well as for ongoing monitoring.
Please submit the plan in writing to Ruth Hildebrand, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON N6B 1R8, by email, at ruth.hildebrand@ontario.ca, by October 4, 2012.

Following this review and plan submission, the licensee shall submit a monthly report to the Ministry identifying progress related to ensuring that education and ongoing monitoring has occurred . The monthly plan will contain an update regarding the completion of actions required and identify who is accountable for the task. Please submit the action plan in writing to Long-Term Care Homes Inspector, Ruth Hildebrand, by email, at ruth.hildebrand@ontario.ca. by the last day of each month, commencing November 2012.

Grounds / Motifs :

1. A previous compliance order was issued, March 27, 2012, related to hand hygiene and unlabelled personal care items.
2. Infection control risks were observed in shared washrooms, in resident rooms, as well as both first floor tub rooms including:
-unlabelled personal care items including nail clippers, cuticle trimmers, scissors, nail files, hair combs and brushes containing hair, deodorants, razors, denture cups, toothbrushes, toothpaste, and personal skin care products;
- unlabelled medication cups containing white substances that appeared to be creams as well as one with a male name on it which was in a shared female washroom.
Interviews with the Infection Control Officer/ADOC and DOC revealed that the expectation is that all personal care items including but not limited to deodorant, combs, hair and tooth brushes, toothpaste and nail care items are to be labelled and are not to be used communally.
3.The ADOC and DOC confirmed that the compliance plan submitted to the MOHLTC was not followed. The compliance plan indicated that staff would be educated related to labelling of personal care items, via means of a mandatory education sign-off. The ADOC/Infection Control officer acknowledged that only 18 of 85 (21%) nursing staff had completed this mandatory infection control training and sign-off.
4. Evidence of lack of hand washing/hand hygiene, was observed as evidenced by:
During a breakfast meal, in the Derby dining room, hand washing/hand hygiene was not observed by staff member, between handling dirty dishes and feeding residents.
During an interview with the Assistant Director of Care/Infection Control Officer the following expectation was confirmed:
Both registered and non-registered staff must wash their hands or use hand sanitizer after handling dirty dishes before serving/feeding resident's their meals in the dining room.
5. The Assistant Director of Care confirmed as of September 12, 2012, 18 of 160 (11.25%) of nursing home staff have completed the Proper Healthcare Hand Hygiene training program and not the 100% of staff as per the submitted compliance plan, stating all staff would be trained by April 30, 2012.
[O. Reg. 79/10, s. 229 (4)] (135) (128)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 04, 2012

Order # / Ordre no : 010

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 25. (1) Every licensee of a long-term care home shall ensure that,
(a) the assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident's admission; and
(b) the initial plan of care is developed within 21 days of the admission. O. Reg. 79/10, s. 25 (1).

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 25 (1) to ensure that:
(a) the assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident's admission; and
(b) the initial plan of care is developed within 21 days of the admission.
The plan must include who will be responsible for ongoing monitoring to ensure that a sustainable system is put in place to make certain that the initial assessments and care plans are completed.

Please submit the plan in writing to Ruth Hildebrand, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON N6B 1R8, by email, at ruth.hildebrand@ontario.ca, by October 4, 2012.

Grounds / Motifs :

1. Clinical record reviews revealed that the initial MDS assessments were not completed within 14 days of admission for 2 of 3 residents reviewed and the initial plan of care was not developed within 21 days for 1 of 3 residents reviewed:
Resident #1
–oral/nutritional status assessment was not completed until 20 days post admission,
Resident #2
-nursing assessments were not completed within the required 14 days and the majority were not completed until 23 days post admission despite potential for pain related to diagnosis, incontinence, interventions required for mobility and transferring, and multiple risk factors for falls noted.
The care plan was not completed until 23 days post admission.
[O.Reg 79/10, s.25(1)(a)and (b)] (128)
2. A previous compliance order was issued, March 27, 2012, related to initial assessments not being completed within 14 days and initial plans of care not being completed within 21 days. (128)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Oct 04, 2012

Order # / Ordre no : 011

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:
1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. Residents must be offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 229 (10) 1.to ensure that each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
The plan must include how this will be monitored to ensure that residents are not being provided the step one skin tests twice because the step two test was not administered. The plan must include who will be responsible for the ongoing monitoring once the system is developed.

Please submit the plan in writing to Ruth Hildebrand, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON N6B 1R8, by email, at ruth.hildebrand@ontario.ca, by October 4, 2012.

Following this review and plan submission, the licensee shall submit a monthly report to the Ministry identifying progress related to ensuring that screening for tuberculosis has occurred . The monthly plan will contain names of all new admission as well as timelines for completion of the actions required and identify who is accountable for the task. Please submit the action plan in writing to Long-Term Care Homes Inspector, Ruth Hildebrand, by email, at ruth.hildebrand@ontario.ca. by the last day of each month, commencing November 2012.

Grounds / Motifs :

1. A review of the immunization records for twelve residents revealed that residents have not been provided with TB tests within 14 days of admission as required:
One resident - TB test step one administered 139 days post admission;
One resident - TB test step one administered 135 days post admission;
Two residents - TB test step one administered 132 days post admission;
One resident - TB test step one administered 111 days post admission;
One resident - TB test step one administered 92 days post admission;
One resident - TB test step one administered 62 days post admission;
One resident - TB test step one administered 48 days post admission;
One resident - TB test step one administered 47 days post admission;
One resident - TB test step one administered 46 days post admission but step 2 has never been done;
One resident - TB test step one administered 34 days post admission but step 2 was not done so step one was re-administered 85 days post admission;
One resident - TB test step one administered 4 days post admission but Step 2 was not done so step one was re-administered 27 days post admission.
[O. Reg. 79/10, s. 229 (10) 1.] (128)
2. A previous Written Notification and Voluntary Plan of Correction were issued, March 27, 2012, related to residents not being screened for tuberculosis within 14 days of admission. (128)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 04, 2012

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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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

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

Director

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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 20th day of September, 2012

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : RUTH HILDEBRAND

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