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 Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 21, 2014	2014_210169_0017	H-001045-14	Resident Quality Inspection

Licensee/Titulaire de permis

2063415 ONTARIO LIMITED AS GENERAL PARTNER OF 2063415 INVESTMENT LP
302 Town Centre Blvd., Suite #200, MARKHAM, ON, L3R-0E8

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

LEISUREWORLD CAREGIVING CENTRE - BRAMPTON MEADOWS
215 Sunny Meadow Blvd., BRAMPTON, ON, L6R-3B5

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

YVONNE WALTON (169), CATHIE ROBITAILLE (536), DIANNE BARSEVICH (581), IRENE PASEL (510), KELLY HAYES (583)

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): August 7, 8, 11, 12, 13, 14, 15, 2014

The following critical incident inspections are included in this report: H-001651-14 and H-000659-14

During the course of the inspection, the inspector(s) spoke with the Executive Director, Office Manager, Director of Care, Social Worker, Director of Dietary Services, Registered Dietitian, Director of Resident Programs, Environmental Service Manager, RAI coordinator, Building Maintenance, Housekeeping Supervisor, Resident and Family councils, nursing staff, dietary staff, housekeeping staff, residents and families.

During the course of the inspection, the inspector(s) observed all home areas, meal services, reviewed policies and procedures, reviewed clinical records and minutes of meetings

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Laundry
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Skin and Wound Care
Sufficient Staffing

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :

1. The licensee has failed to ensure that the written plan of care for resident #009 set out clear direction to staff and others who provide direct care to the resident.

In July, 2014 the clinical record identified that resident #009 had swelling to a limb. In August, 2014 the progress note for this resident identified that the resident had a deterioration to the limb. During a review of the plan of care, it was confirmed by the Director of Care (DOC) that the plan of care had not been updated to provide clear direction to staff. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the resident's substitute decision maker was given the opportunity to participate in the resident's plan of care.

In July, 2014 the clinical record identified resident #009 had swelling to a limb. The clinical record identified that the POA was not notified for 5 days. This was confirmed by the Director of Care (DOC). [s. 6. (5)]

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 that ensures all residents written plans of care set out clear direction to staff and others who provide direct care to residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

1. The licensee did not ensure that all food and fluids were served using methods which prevented contamination.

On August 13, 2014 during breakfast meal service, a PSW was observed handing out cereal by picking up bowls with their thumb inside the bowl.
On August 13, 2014 during lunch meal service, a PSW was observed handing out beverages, picking up glasses by the top rim of the glasses.
This was confirmed with the Food Service Manager. [s. 72. (3) (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 that ensures all food and fluids are served using methods which prevent contamination, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).
(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).
(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).
(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).
(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee did not ensure that a documented record was kept in the home that included:
(a) the nature of each verbal or written complaint
(b) the date the complaint was received
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required
(d) the final resolution, if any
(e) every date on which any response was provided to the complainant and a description of the response, and
(f) any response made by the complainant?

Resident #001 approached the Director of Care(DOC) to file a verbal complaint regarding they received care received by a member of the nursing staff. The DOC completed an investigation of the allegations, however there was no documentation in the home's complaint log to identify the nature of the complaint, date of the complaint, actions taken, final resolution or the response to the complainant. This was confirmed by the resident and the DOC. [s. 101. (2)]

2. The licensee has failed to ensure that Resident #005 and #011 had their concerns related to their missing money logged in the complaint log. There also was no evidence an investigation occurred to locate the missing money or any follow up actions taken to resolve the concerns. This was confirmed by both residents and the DOC. [s. 101. (2)]

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 that ensure there is documented record kept in the home that includes
(a) the nature of each verbal or written complaint
(b) the date the complaint was received
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required
(d) the final resolution, if any
(e) every date on which any response was provided to the complainant and a description of the response, and
(f) any response made by the complainant, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee did not ensure that every resident was treated in a way that fully recognized the resident's individuality and respected the resident's dignity.

Lunch service was observed on July 6, 12, and 13, 2014. On July 6, three Personal Support Worker's (PWS) were observed removing food from resident's faces using a utensil. On July 12 and 13 one PSW was observed removing food from a residents face with a utensil. In an interview with registered and non-registered staff it was shared that the expectation was that all residents who required assistance during feeding would have their faces wiped using available napkins or wet wipes located in each dining area. [s. 3. (1) 1.]

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:

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. 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 did not ensure that the plan, policy, protocol, procedure, strategy or system, (b) is complied with. O. Reg. 79/10, s. 8 (1).

Policy #V3-1340, titled 'Restraint and Personal Assistance Service Devices Physical' (PASD) directs staff to:
1. monitor the resident at least every hour during the time the physical device or PASD is used and document
2. release and reposition the resident who is using a PASD at least once every two hours if the resident is unable to reposition self, and document.

Resident #010 used two PASD's. Review of the Point of Care (POC) documentation revealed staff were not documenting hourly monitoring or repositioning as required by policy . Registered staff confirmed there was no documentation of hourly checks or two hourly repositioning. Director of Care (DOC) confirmed it is the homes expectation that care is provided consistent with policy. [s. 8. (1) (b)]

2. Policy #V3-1340 titled 'Restraint and Personal Assistance Service Devices(PASD) Physical' defines a PASD as "a physical device used for the purpose of promoting or supporting the resident's activities of daily living and to enhance or increase the residents comfort, physical actions or mobility". The policy further directs the registered staff to ensure completion of the 'Restraint PASD Assessment/Alternative'

form electronically and consent form on paper. The policy further states that the resident must be monitored at least every hour when the PASD is used, and this monitoring must be documented.

On August 12, 2014, the bed of resident #009 was observed to have one full rail in the up position and one 1/4 upper rail in the up position when the resident was not in the bed. PSW and registered staff confirmed that the resident used the side rails to assist them in getting in and out of bed, that the rails remain in this position at all times and that the side rails are a Personal Assistance Service Device (PASD).
Registered staff confirmed the absence of PASD Assessment/Alternative form and consent related to the PASD for resident #009. Registered staff also confirmed the absence of documentation related to monitoring the resident while the PASD is in place. [s. 8. (1) (b)]

3. In June of 2013, the Home changed the process for disposal of medication strips as a strategy to maintain confidentiality of resident personal health information (PHI). Minutes from the registered staff committee meeting reflect that this change was communicated with staff on May 30, 2013 through a written communication. Staff was informed again at the meeting of August 21, 2013.
On August 13, 2014, medication passes were observed on Summer, Garden, Cottage and Lake home areas. Registered staff on Lake home area discarded medication wrappers containing personal health information, in the regular garbage. The registered staff stated that this garbage was then taken to the regular garbage on the unit for final disposal. When asked if this was the policy of the home, the staff member stated they believed the wrappers were to be put in separate garbage and that garbage was to be taken to the administration office for shredding. The Director of Care (DOC) confirmed that medication wrappers were to be disposed of in separate garbage and taken to administration office for shredding.
The homes procedure for ensuring the confidentiality of resident PHI was not complied with. [s. 8. (1) (b)]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 67. A licensee has a duty to consult regularly with the Residents' Council, and with the Family Council, if any, and in any case shall consult with them at least every three months. 2007, c. 8, s. 67.

Findings/Faits saillants :

1. The licensee did not ensure they consult regularly with the Family Council, and in any case at least every three months. The Family Council representative confirmed they do not meet with the administrator at least every three months. [s. 67.]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee did not ensure the dining and snack service is reviewed by the Residents' Council, including a review of the meal and snack times. This was confirmed by the Administrator and President of the Residents' Council. [s. 73. (1) 2.]

WN #8: 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).

Findings/Faits saillants :

1. The licensee did not seek the advice of the Family Council in developing and carrying out the satisfaction survey, and in acting on its results. This was confirmed by the Family Council representative and Administrator. [s. 85. (3)]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee did not ensure that procedures are developed and implemented for, (a) cleaning of the home, including, (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; (b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practises and, if there are none, in accordance with prevailing practises: (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs, (ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and (iii) contact surfaces. O. Reg. 79/10, s. 87 (2).

On August 8, 2014, privacy curtains were observed to be soiled in several areas. On August 14, 2014, the same privacy curtains remained soiled. The PSW confirmed the privacy curtains were soiled and should be changed. The procedures put in place at the home did not ensure the privacy curtains were changed when they became soiled. The Director of Care and housekeeping supervisor also confirmed the privacy curtains were soiled and needed to be cleaned.

On August 8, 2014, equipment in the tub/shower room was observed to be dirty, specifically the commode chair had brown debris on it, the toilet had brown debris on the back lip of the toilet bowl and the white plastic shower/tub chair was dirty.
On August 11, 2014 at 1445, observation of the same tub/shower room occurred again, the brown debris from the rear lip of the toilet bowl was cleaned. The commode chair was observed to also be clean. The white plastic tub/shower chair was observed to still be dirty. Registered staff confirmed the bath chair remained uncleaned. The housekeeping supervisor confirmed the same observations. The cleaning procedures did not ensure all items were cleaned and ready for resident use. [s. 87. (2) (b)]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement
Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:
1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
i. the matters referred to in paragraph 3,
ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Findings/Faits saillants :

1. The licensee did not ensure that improvements made through the quality improvement and utilization review system to accommodations, care, services, programs, and goods provided to the residents are communicated to the Family Council. A review of the Family Council minutes did not include any documentation provided to the Family Council. The Family Council representative confirmed this. [s. 228. 3.]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control program. On August 7, 2014 an observation of the lunch meal occurred. During the meal staff were observed washing residents faces with disposable wipes. The staff wiped a resident's mouth, threw the wipe on the table, then proceeded to wipe another residents mouth and throw the wipe on that table. This occurred for four residents and the staff did not wash their hands between each resident's mouth wiping. The saliva from each resident was able to be transferred from resident to resident.
During the same meal, staff were observed removing soiled dishes from the tables and then serving food to other residents, without washing their hands. [s. 229. (4)]

Issued on this 21st day of August, 2014

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