Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 19, 2019	2019_704682_0035	020161-19	Complaint

Licensee/Titulaire de permis

Better Life LTC Inc.
147 Estate Garden Drive RICHMOND HILL ON L4E 3X8

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

Maple Villa Long Term Care Centre
441 Maple Avenue BURLINGTON ON L7S 1L8

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

AILEEN GRABA (682)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): December 3, 4, 5, 6, 9, 10, 11, 12, 13, 2019.

This Complaint inspection was done concurrently with Critical Incident System inspection 2019_704682_0034:
019752-19 related to fall prevention

During the course of the inspection, the inspector(s) spoke with he Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Dietician (RD), Registered nursing staff, Personal support workers and residents.

During the course of this inspection, the inspector observed the provision of the care and reviewed clinical health records, investigation notes, staffing schedules, meeting minutes, program evaluations, training records and policy and procedures.

The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition
Pain
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **4 WN(s)**
- **3 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in the plan of care was based on resident #002 and the needs and preferences of that resident.

A complaint was submitted to the Director. A clinical record review included documentation that indicated that resident #002 had responsive behaviours. A review of resident's #002 care plan indicated that resident #002 had an intervention related to responsive behaviours. The care plan also indicated that resident #002 required assistance and had cognitive deficit.

A review of the electronic documentation system including Point of Care (POC) tasks, included activities of daily living (ADL). A review of the 'follow up question report' indicated staff #114 had signed tasks as completed for resident #002 on identified dates.

During an interview the Administrator confirmed that staff signed tasks that they completed. The home did not ensure that the care set out in the plan of care was based on the needs and preferences of resident #002. [s. 6. (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 to ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 42. Every licensee of a long-term care home shall ensure that every resident receives end-of-life care when required in a manner that meets their needs. O. Reg. 79/10, s. 42.

Findings/Faits saillants :

1. The licensee failed to ensure that resident #002 received end of life care when required in a manner that met their needs.

A complaint was submitted to the Director. A review of the licensee's policy titled; Gentle Care Program, last revised April 2017, stated: "Palliative care is an approach to care that enhances the quality of living and dying for our residents and their families facing life - threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain, physical, psychosocial, spiritual, cultural and social needs."

A clinical record review included progress notes related to the resident's change in condition. A review of the 'look back report' indicated that resident had change in condition on identified dates. A review of resident's #002 plan of care included a focus with interventions. A review of the point of care (POC) tasks for resident #002 included the 'Documentation Survey Report' with interventions. The initiation of the intervention commenced on an identified date.

During an interview, staff #108 stated that the palliative end of life care plan should be initiated at the time resident 's #002 condition changed. During an interview, the Director of Care (DOC) confirmed that resident's #002 condition changed on an identified date, which was when they expected the palliative end of life care plan to be initiated. The DOC confirmed that staff did not ensure that resident's #002 received end of life care when required in a manner that met their needs. [s. 42.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that every resident receives end-of-life care when required in a manner that meets their needs, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee failed to ensure that, resident #002 exhibiting altered skin integrity, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument, and was reassessed at least weekly by a member of the registered nursing staff, when clinically indicated.

A complaint was submitted to the Director. A clinical record review included a Treatment Administration Record (TAR) that indicated daily monitoring between identified dates. Further review of the clinical record did not include an initial skin assessment or weekly assessment of the identified area.

A review of the licensee's skin and wound policy titled: Skin and Wound Management Program Policy, last revised June 2018, stated: "2. Residents exhibiting altered skin integrity (altered skin integrity means potential or actual disruption of epidermal or dermal tissue) including skin breakdown, pressure ulcers, skin tears or wounds: Receive a skin assessment by a member of the registered nursing staff, using skin and wound; Is reassessed at least weekly by a member of the registered staff and quarterly with the Resident Assessment Instrument-Minimum Data Set (RAI MDS) assessment."

During an interview, staff #108 stated that skin and wound assessments were completed electronically under the assessments tab in the electronic medical record (EMR) as part of the home's documentation system. Staff #108 confirmed that a skin and wound assessment of resident's #002 altered skin integrity using a clinically appropriate assessment instrument was not found. In addition staff #108 also confirmed that weekly assessments were not completed related to resident's #002 altered skin integrity. During an interview, the DOC stated that they expected staff to document initial assessment using the assessment instruments under the assessment tab within the EMR. The DOC also confirmed that weekly assessment and documentation of resident's #002 altered skin integrity would be clinically indicated until it had resolved.

The home failed to ensure that when resident #002 exhibited altered skin integrity, they received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, and was reassessed at least weekly by a member of the registered nursing staff when clinically indicated. [s. 50. (2) (b) (i)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that residents exhibiting altered skin integrity, receive a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, and is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee failed to ensure that where the Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, the plan was complied with.

A complaint was submitted to the Director. A review of resident 's #002 plan of care indicated a focus which included an intervention. The intervention was signed as completed. A review of the electronic medication administration record (EMAR) indicated that medication was ordered. A review of a progress note indicated staff #110 documented medication was given.

During an interview, the DOC confirmed that registered staff did not comply with the home's policy. [s. 8. (1) (a),s. 8. (1) (b)]

Issued on this 23rd day of December, 2019

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

Original report signed by the inspector.