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 prévue sous *la Loi de 2007 sur les foyers de soins de longue durée*

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
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Bureau régional de services de Hamilton
119 rue King Ouest 11iém étage
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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 2, 2018	2018_743536_0012	024107-18	Resident Quality Inspection

Licensee/Titulaire de permis

AXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

The Meadows
12 Tranquility Avenue ANCASTER ON L9G 5C2

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

CATHIE ROBITAILLE (536), KELLY HAYES (583), YULIYA FEDOTOVA (632)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): August 30, September 4, 5, 6 and 7, 2018.

The following intakes were completed concurrently with the Resident Quality (RQI) Inspection.

Inquiry:

Log #011884-18-related to: Prevention of Abuse

Critical Incident System Reports:

Log #027739-17-related to: Falls Prevention
Log #008595-18-related to: Infection Prevention and Control
Log #003583-18-related to: Falls Prevention

During the course of the inspection, the inspector(s) spoke with residents, family members, personal support workers (PSW's), registered staff, continuous quality improvement registered practical nurse (CQI-RPN), Resident and Staff Co-Ordinator, Resident Assessment Instrument Co-Ordinator(RAI), Director of Care (DOC) and the Executive Director.

During the course of the inspection, the inspector(s) toured the home, observed the provision of care and services provided on home areas, interviewed staff, residents and families, and reviewed relevant documents including but not limited to: health care records, staffing schedules, investigation reports, training records, meeting minutes, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Infection Prevention and Control
Medication
Residents' Council

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

3 WN(s)
0 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Two Critical Incident System (CIS) Reports #2844-000006-18 and #2844-000007-18's amendments were submitted by the home to the Ministry of Health and Long-Term Care (MOHLTC) in 2018. The CIS's were to report a fall in regards to resident #004, which occurred on an identified date in 2018. As a result of the identified incident, resident #004 suffered a specified injury.

A review of resident #004 plan of care indicated, that they were at risk for falls and had a specified intervention in place as per a Risk Screen Assessment completed in 2017.

On an identified date in 2018, interview with staff #116 indicated that they forgot to follow the identified intervention in resident #004's care plan. In September 2018, this was also confirmed by the Executive Director.

The home did not ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

PLEASE NOTE: This area of non-compliance was identified during a CIS inspection log #003583-18, conducted concurrently during the RQI. [s. 6. (7)]

2. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed or when care set out in the plan was no longer necessary.

Two Critical Incident System (CIS) Reports #2844-000006-18 and #2844-000007-18's amendments were submitted by the home to the Ministry of Health and Long-Term Care (MOHLTC) in 2018. The CIS's were to report a fall in regards to resident #004, which occurred on an identified date in 2018. As a result of the identified incident, resident #004 suffered a specified injury.

A review of resident #004's plan of care indicated that they were at risk for falls based on a Risk Screen Assessment (effective date 2018). Review of resident #004's written plan of care (last review completed on a specified date in 2018), indicated that an identified intervention was still in place.

On a specified date in 2018, resident #004 was observed without this specific intervention in place, which was confirmed by Personal Support Workers (PSW's) #106 and #113. Interview with registered staff #116 indicated that the resident no longer required this intervention, which was then confirmed by the Executive Director.

On an identified date in 2018, PSW #113 indicated that e-tablets were used to access the plan of care information for the residents, including resident #004, which contained a Kardex tab indicating this specific intervention was still in place. A review of the identified Committee meeting minutes (dated in 2018), indicated that the home's staff requested that this specific intervention was no longer required for the resident. The resident's plan of care was not reviewed and revised at least every six month, and at any other time when resident #004 did not need the specified intervention, which was confirmed by the Executive Director.

The home did no ensure that the plan of care reviewed and revised at least every six months, and at any other time when care set out in the plan was no longer necessary. [632]

PLEASE NOTE: This area of non-compliance was identified during a CIS inspection log#003583-18, conducted concurrently during the RQI. [632] [s. 6. (10) (b)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 116. Annual evaluation

Specifically failed to comply with the following:

s. 116. (4) The licensee shall ensure that the changes identified in the annual evaluation are implemented. O. Reg. 79/10, s. 116 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the changes identified in the annual evaluation are implemented.

In March 2018, the home completed an annual review of the Medication Management Program. The home identified a number of areas of improvement. No dates were identified in the date implemented section of the evaluation.

In September 2018 the Executive Director advised the Inspector, that they could confirm that the home had put a number of those improvements that had been identified on the evaluation in place. The Executive Director then confirmed that dates should have been identified as to when any of these areas of improvement were implemented. [s. 116. (4)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 124. Every licensee of a long-term care home shall ensure that drugs obtained for use in the home, except drugs obtained for any emergency drug supply, are obtained based on resident usage, and that no more than a three-month supply is kept in the home at any time. O. Reg. 79/10, s. 124.

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs obtained for use in the home except drugs

obtained for any emergency drug supply, are obtained based on resident usage, and that no more than a three-month supply is kept in the home at any time.

In September 2018, the Inspector viewed the home's three month government drug supply. At the time of the inspection the home had 128 resident's bed with 4 medication rooms and no surplus medication storage room. At the time of the inspection each medication cart also had at least one of each of the identified items below. The Inspector observed the following:

An identified home area

i) An identified number of bottles of Antacid (a number of identified bottles expiring September 2018)

ii) An identified number of bottles of Laxative (a number of identified bottles expiring September 2018)

iii) An identified number of bottles of Laxative

An identified home area

i) An identified number of bottles of Antacid

ii) An identified number of bottles of Laxative

An identified home area

i) 4 bottles of Laxative (a number of identified bottles expiring September 2018)

During interview with registered staff #102, when asked by Inspector if this was more than a three month supply they confirmed yes.

During interview with registered staff #118, when asked by Inspector if this was more than a three month supply they confirmed yes.

In September 2018, the Inspector spoke with the Director of Care(DOC) over the phone. The Inspector reviewed the amounts with the DOC and asked if that would be more than a three month supply and they confirmed yes.

The home failed to ensure that no more than a three-month supply of government stock was kept in the home at any time. [s. 124.]

Issued on this 21st day of November, 2018

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector

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

Ministère 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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	CATHIE ROBITAILLE (536), KELLY HAYES (583), YULIYA FEDOTOVA (632)
Inspection No. / No de l'inspection :	2018_743536_0012
Log No. / No de registre :	024107-18
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Report Date(s) / Date(s) du Rapport :	Nov 2, 2018
Licensee / Titulaire de permis :	AXR Operating (National) LP, by its general partners c/o Revera Long Term Care Inc., 5015 Spectrum Way, Suite 600, MISSISSAUGA, ON, L4W-0E4
LTC Home / Foyer de SLD :	The Meadows 12 Tranquility Avenue, ANCASTER, ON, L9G-5C2
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Tina Padovani

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

Ministère 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

To AXR Operating (National) LP, by its general partners, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector

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

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

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

Order # / Ordre no : 001

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Order / Ordre :

The licensee must be compliant with the Long Term Care Homes Act (LTCHA) s. 6 (7).

Specifically the licensee must:

1. Ensure staff #116 follows resident #004's and all other residents' falls preventative measures as identified in their plan of care.

2. Establish an auditing process to ensure that staff #116 follow resident #004's and all other residents' falls preventative measures.

3. Ensure staff #116 is retrained on falls management program.

4. Ensure documentation be retained of staff #116 retraining and staff's audit results.

Grounds / Motifs :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Two Critical Incident System (CIS) Reports #2844-000006-18 and #2844-000007-18's amendments were submitted by the home to the Ministry of Health and Long-Term Care (MOHLTC) in 2018. The CIS's were to report a fall in regards to resident #004, which occurred on an identified date in 2018. As a result of the identified incident, resident #004 suffered a specified injury.

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On an identified date in 2018, interview with staff #116 indicated that they forgot to follow the identified intervention in resident #004's care plan. In September 2018, this was also confirmed by the Executive Director.

The home did not ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

PLEASE NOTE: This area of non-compliance was identified during a CIS inspection log #003583-18, conducted concurrently during the RQI. [s. 6. (7)]

The severity of this issue was determined to be a level 3 as there was actual harm to the resident. The scope of the issue was a level 1 as it related to one out of three residents reviewed. The home had a level 4 history with this section of the Act that included:

-Voluntary Plan of Correction (VPC) issued for s. 6 (7), September 11, 2015 (2015_205129_0009) [632]
(536)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Feb 02, 2019

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, commercial courier or by fax upon:

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

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

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

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

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

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

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 2nd day of November, 2018

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Cathie Robitaille

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