Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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
May 23, 2014	2014_278539_0009	H-000396-14	Resident Quality Inspection

Licensee/Titulaire de permis

MISSISSAUGA LONG TERM CARE FACILITY INC.
26 PETER STREET NORTH, MISSISSAUGA, ON, L5H-2G7

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

MISSISSAUGA LONG TERM CARE FACILITY
26 PETER STREET NORTH, MISSISSAUGA, ON, L5H-2G7

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

VALERIE GOLDRUP (539), DARIA TRZOS (561), LALEH NEWELL (147), LEAH CURLE (585)

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): April 14, 15, 16, 17, 22, 23, 24, 25, 2014 on-site.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Physician, the Resident Assessment Instrument (RAI) Coordinator, members of the Registered Nursing staff including Registered Nurses(RN) and Registered Practical Nurses(RPN), Personal Support Workers (PSW), the Registered Dietician, the Food Service Manager, the Cook, Food Service staff, Activation staff, residents and family members of residents.

During the course of the inspection, the inspector(s) observed the provision of care, reviewed health care records, relevant policies, procedures and practices and interviewed staff.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Recreation and Social Activities
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home
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. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee failed to respond in writing, within 10 days of receiving the Residents' Council recommendation to implement more craft time.

The Residents' Council meeting minutes from January 15, 2014 stated that residents had suggested more craft time in the home. A response in writing was provided by the Administrator to the Residents' Council dated January 24, 2014. The letter did not address the suggestion to implement more craft time. The Administrator confirmed that their written response letter from January 24, 2014 was their full response to Residents' Council meeting minutes from January 15, 2014. [s. 57. (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 be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee did not ensure that drugs were stored in an area that complied with manufacturer's instructions for the storage of the drugs (e.g. expiration dates, refrigeration, lighting).

On April 23, 2014 during the tour of the drug destruction process with the Director of Care (DOC) a number of medications that were part of the government stock in the nursing station were identified as expired. All of the boxes of fleet enemas had expired in March 2014. The government stock in a storage room in the basement had a number of medications that were expired, including 3 bottles of Isopropyl rubbing alcohol 70% with expiry dates of 2013-04 and 2011-12 and a number of boxes of fleet enemas that expired March 2014. The DOC confirmed that they should have been removed and disposed of. [s. 129. (1) (a)]

2. The licensee did not ensure that controlled substances were stored in a separate, double-locked stationary cupboard in the locked area.

During the interview with the Director of Care (DOC) on April 23, 2014 it was noted that a box that contained discontinued controlled substances was stored on the top of a cabinet in the DOC's office which was not locked at all times. The DOC's office is also shared by other staff members in the home. During the Resident Quality Inspection the room was occupied by inspectors and the box with the controlled substances was not moved to make sure that it was double-locked at all times. The DOC confirmed that the box should have been placed in another locked box or cabinet to ensure that it is double-locked at all times. [s. 129. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance , to be implemented voluntarily.

WN #3: 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. (10) The licensee shall ensure that the following immunization and screening measures are in place:
3. Residents must be offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The licensee did not ensure that the home offered scheduled tetanus and diptheria immunization to residents.

The home policy stated that residents should be offered tetanus and diptheria in accordance with with the Ministry publicly funded immunization schedule. The schedule identified that tetanus and diptheria should be given to adults every ten years.The home admission consent form which covered the infection control routine screening and immunization program did not include diptheria and tetanus. The Director of Care confirmed that there is no scheduled practice for offering residents the tetanus and diptheria immunization. [s. 229. (10) 3.]

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 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:
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

On April 15, 2014 on the first floor, the Inspector observed resident #13 receiving assistance in toileting by a PSW in shared bathroom #4. Resident #13's wheelchair sat in the doorway of the bathroom, and the door was open while resident #13 received assistance. Curtains located outside the bathroom door were not drawn out to provide privacy. On April 24, 2014, the Inspector confirmed with DOC that the homes' expectation when toileting residents was to provide privacy by either closing bathroom doors or drawing privacy curtains. [s. 3. (1) 8.]

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (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. (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 did not ensure that the plan of care set out clear direction to staff and others who provided direct care to the resident.

Resident #2 and resident #6 were both observed on April 16 and 22, 2014 sitting in wheel chairs that were slightly tilted. The Registered staff and the Director of Care (DOC) confirmed that the slightly tilted chairs for these residents were not considered a restraint or Personal Assistance Service Device (PASD)and were applied to both residents for comfort. Both residents' plans of care and kardex that provided direction to staff were reviewed and the use of tilted wheel chairs was not included in the residents' plans of care. The DOC confirmed that it would have been beneficial to have included the use of tilted wheel chairs for both residents in their plans of care. [s. 6. (1) (c)]

2. The licensee 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 change.

According to interviews with staff and review of the progress notes, resident #11 had a seizure in the dining room on an identified date in November, 2013 was sent to hospital for further follow up and assessment. Review of the resident #11's plan of care and Resident Assessment Protocol (RAP) summary for the past three quarters did not support that the resident's plan of care was reviewed and revised when the resident's care needs had changed related to the seizure activities. [s. 6. (10) (b)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
4. Vision. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee failed to ensure the plan of care which must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Vision.

Review of resident #2's Resident Assessment Protocol (RAP) summary for the last three quarters indicated the resident had been assessed as being low risk for vision. Strategies and interventions had been assessed and put in place, however the plan of care last updated on February 11, 2014 did not include any of the interventions with respect to resident #2's vision. [s. 26. (3) 4.]

2. Review of resident #3's Resident Assessment Protocol (RAP) summary for the last three quarters indicated the resident had been assessed as being low risk for vision. Strategies and interventions had been assessed and put in place, however the plan of care effective dated May 2, 2012 did not include any of the interventions with respect to resident #3's vision. [s. 26. (3) 4.]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids

Specifically failed to comply with the following:

s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,
(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).
(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :

1. The licensee did not ensure that resident #301's personal items were labeled within 48 hours of acquiring.

On April 15, 2014, the Inspector observed unlabeled pump hand lotion, pump hand soap, and denture adhesive paste in a bathroom in resident #7 and resident #301's room.
The Inspector confirmed on April 22, 2014 with the PSW that resident #7 and resident #301 shared the bathroom.
On April 22, 2014 the Inspector observed and confirmed, with the PSW present, unlabeled personal items including pump hand soap and pump hand lotion in resident #7 and resident 301's shared bathroom. The PSW was unable to verify which resident owned the items.
On April 23, 2014, the Inspector observed and confirmed with another PSW unlabeled personal care items including denture adhesive cream, hand soap and hand lotion in resident #7 and #301's shared bathroom. The Inspector confirmed with the PSW that the personal care items belonged to resident #301. The PSW reported that personal care products stored in shared washrooms were to include a label denoting who the item belongs to. It was confirmed with the RPN and RN that personal items belonging to residents should be labeled. [s. 37. (1)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee did not provide meal choices to residents on a mince or pureed diet.

On April 14, 2014, the daily posted menu for lunch included butter chicken, steamed rice, and asparagus, or sausage jambalaya, whipped potatoes, and baked yams. During meal service on first floor, sausage jambalaya was not observed being available and offered as an alternative choice for mince or pureed diet textures. Resident family member present in the dining room confirmed sausage jambalaya was not offered as an alternative puree choice. Dietary staff confirmed minced and puree jambalaya was not available and offered for residents on the first floor.
On April 22, 2014, the daily posted menu for lunch included chicken a l'orange, baked potato, and asparagus, or pork vegetable stew, butter tea biscuit, and glazed parsnip. During meal service on first floor, pureed butter tea biscuit was not observed to be available as an alternative choice. The dietary staff confirmed pureed tea biscuit was not available for residents. The cook confirmed pureed butter biscuit was not available for residents.
On April 22, 2014, the Registered Dietitian confirmed minced and pureed textures should be offered and available at all meals.
On April 23, 2014, the Food Service Supervisor confirmed minced and pureed textures should be offered and available at all meals. [s. 71. (4)]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. The licensee failed to ensure standardized recipes were in place to direct staff in preparation of a menu item.

On April 22, 2014, the daily posted menu for lunch included chicken a l'orange, baked potato, and asparagus, or pork vegetable stew, butter tea biscuit, and glazed parsnip. A recipe was not available for staff to follow for pureed buttered tea biscuits as per the planned lunch menu April 22, 2014. The Cook confirmed that no recipe was available to follow. On April 23, 2014, the Food Service Supervisor confirmed no standardized recipe was available for staff to reference to prepare pureed buttered tea biscuit. [s. 72. (2) (c)]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 133. Drug record (ordering and receiving)
Every licensee of a long-term care home shall ensure that a drug record is established, maintained and kept in the home for at least two years, in which is recorded the following information, in respect of every drug that is ordered and received in the home:
1. The date the drug is ordered.
2. The signature of the person placing the order.
3. The name, strength and quantity of the drug.
4. The name of the place from which the drug is ordered.
5. The name of the resident for whom the drug is prescribed, where applicable.
6. The prescription number, where applicable.
7. The date the drug is received in the home.
8. The signature of the person acknowledging receipt of the drug on behalf of the home.
9. Where applicable, the information required under subsection 136 (4). O. Reg. 79/10, s. 133.

Findings/Faits saillants :

1. The licensee did not ensure that a drug record is established, maintained and kept in the home for at least two years, in which the following information is recorded in respect of every drug that is ordered and received in the home:
7. The date the drug is received in the home
8. The signature of the person acknowledging receipt of the drug on behalf of the home.[O.Reg. 79/10, s. r. 133.)

The drug record book was reviewed on April 23, 2014. During the month of March 2014 there were five medications orders that were received and faxed to the pharmacy and once received were not signed or dated for by Registered Nursing staff confirming the receipt of these medications. A Registered Nurse confirmed that these medications were received but not signed for by Registered Nursing staff. [s. 133.]

Issued on this 23rd day of May, 2014

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