



**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
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 9, 2015	2015_271532_0009	L-001971-15	Resident Quality Inspection

Licensee/Titulaire de permis

RETIREMENT HOME SPECIALISTS INCORPORATED
120 Conception Bay Highway Suite 110, Villa Nova Plaza Conception Bay South ON
A1W 3A6

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

MORRISTON PARK NURSING HOME
7363 CALFASS ROAD R. R. #2 PUSLINCH ON N0B 2J0

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

NUZHAT UDDIN (532), JUNE OSBORN (105)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 16, 17, 18, 19, 25, 26 and 27, 2015

Concurrent follow-up inspection was completed:L-001559-14

During the course of the inspection, the inspector(s) spoke with Administrator/ Director of Care, Quality Improvement Manager, Resident Assessment Instrument (RAI) Coordinator and Admissions Coordinator, Environmental Services Manager, Registered Nurses, Registered Practical Nurses, Personal Support Workers , Maintenance staff , Staffing Clerk, Activity Aide, Dietary Aide and Housekeeping staff, Residents and Family members.

Inspector also toured the resident home areas and common areas, medication rooms, spa rooms, observed resident care provision, resident/staff interaction, dining services, medication administration, medication storage areas, reviewed relevant residents clinical records, posting of required information, relevant policies and procedures, as well as meeting minutes pertaining to the inspection, and observed general maintenance and cleaning of the home.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**

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

**6 WN(s)
4 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 50. (2)	CO #001	2014_226192_0037		532
LTCHA, 2007 S.O. 2007, c.8 s. 8. (3)	CO #001	2014_260521_0002		105

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 15. Accommodation services



Specifically failed to comply with the following:

- 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; 2007, c. 8, s. 15 (2).
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
 - (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 licensee has failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

A) During the initial tour of the home the exterior 17 of 19 doors in the resident hall were noted to be damaged by deep scratches and chipped wood.

During observations in stage 1 of the Resident Quality Inspection (RQI), 10 of 12 resident rooms had damaged walls that included walls that were patched, walls that were patched but not painted, rust on radiators, chipped bathroom tiles, baseboards coming away from walls, plaster damage at corners of walls, and radiators loose from the wall.

The Environmental Services Manager verified the above general damages in the residents' room and the hall, and acknowledged that the home's furnishings and equipment were not maintained in a good state of repair and it needed to be addressed.
[s. 15. (2) (c)]

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 home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that where bed rails are used, steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

A) Observations during Stage 1 of the Resident Quality Inspection revealed that bed rails were in use for three bed systems using therapeutic surfaces.

Record review indicated that all three beds had failed in Zone 2 identified as a potential zone of entrapment.

In an interview with a Registered Nurse revealed that any issues with the therapeutic surface were reported to them by the staff or the residents and no regular monitoring was done.

An interview with a Personal Support Worker revealed that residents were monitored by the night staff every 2 hours.

In an interview the Administrator/Director of Care reported that the therapeutic surfaces were removed following a reassessment of the bed systems.

The Administrator/Director of care acknowledged that where bed rails were used, steps were not taken to prevent resident entrapment and indicated that the Bed entrapment policy was revised and it was rolled out on March 26, 2015. [s. 15. (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 ensure that where bed rails are used, steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident-staff communication system is available in every area accessible by resident.

A) During the initial tour of the home it was observed that there were no resident-staff communication system in the small lounge beside the nurses station nor was there one in the dining room/lounge area.

The Administrator verified that these areas do not have call bells, and it was acknowledged that a resident-staff communication system was required.

The Administrator shared that the cost of installation had been requested from a company that was going to install other equipment for the home. [s. 17. (1) (e)]

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 resident-staff communication system is available in every area accessible by resident, to be implemented voluntarily.

WN #4: 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 license failed to ensure that resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received 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.

A) A clinical record review revealed that three identified residents had altered skin integrity.

Record review revealed that all three identified residents received a weekly skin assessment in Progress Notes in Point Click Care.

In an interview the Quality Improvement Manager indicated that the tool that was being used previously to assess the altered skin integrity was discontinued and now the registered staff were documenting in Progress Notes.

Record review further confirmed that the registered staff were not using a using a clinically appropriate assessment instrument to document and assess the altered skin integrity.

The DOC / Administrator confirmed that they were not using a clinically appropriate assessment tool and developed a new tool to assess and document with and shared that they had updated the policy and will implement the tool in the near future. (105) [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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears and wounds, received 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, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing



Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

A) An interview with an identified resident revealed that they received a tub bath when they really wanted to have a shower.

A clinical record review revealed that the resident signed a "bath preference form" during admission, and had checked off their preference as to have two showers a week.

An interview with the Resident Assessment Instrument (RAI) Coordinator revealed that the staff doing the care had access to the preference from the kardex on Point of Care.

An interview with the staff member doing baths confirmed that the Resident always had a tub bath.

The Administrator/Director of Care confirmed the expectation was that the resident was provided their preferred method of bathing/shower, and that this was determined on admission. [s. 33. (1)]

WN #6: 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 has failed to ensure that 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.

A) Observation of the medication room revealed that the locked wooden box used for discontinued controlled substances and narcotics was sitting on the counter in the medication room and was only a single locked movable unit.

An interview with the Pharmacist and the Continuous Quality Improvement Coordinator revealed that they were under the impression that the lock on the door served as the second lock, but did believe that the unit needed to be attached to become stationary.

The legislation was reviewed with the Pharmacist and the Continuous Quality Improvement Coordinator, they acknowledged and confirmed that the current system being used was not in compliance with the regulation.

Later it was observed that the controlled substances were secured and double-locked within 3 hours. [s. 129. (1) (b)]



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Issued on this 9th day of April, 2015

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

Original report signed by the inspector.