



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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| Date(s) of inspection/Date de l'inspection March 28,29,2011 | Inspection No/ d'inspection 2011-173-257728Mar091240 | Type of Inspection/Genre d'inspection Follow up Inspection H00146 |
| Licensee/Titulaire Canadian Reformed Society for a Home for the Aged Inc. 337 Stonechurch Rd. East Hamilton, ON L9B 1B1 | | |
| Long-Term Care Home/Foyer de soins de longue durée Mount Nemo Christian Nursing Home 4486 Guelph Line, RR#2 Milton, ON L9T 2X6 | | |
| Name of Inspector(s)/Nom de l'inspecteur(s) Lesa Wulff – LTC Inspector – Nursing #173 | | |

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow up inspection.

During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, RAI Coordinator, Finance Manager, registered and non-registered staff, residents

During the course of the inspection, the inspector: observed resident care, reviewed policy and procedures, reviewed clinical health records.

The following Inspection Protocols were used during this inspection:
Minimizing Restraints Inspection Protocol
Trust Accounts Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:

- 10 WN
- 5 VPC
- 5 CO: CO #1, CO#2, CO#3, CO#4, CO#5



NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA 2007, S.O., 2007 c.8, s.31(1) A resident may be restrained by a physical device as described in paragraph 3 of subsection 30 (1) if the restraining of the resident is included in the resident's plan of care.

Findings:

1. An identified resident was noted to have a physical restraint in place without the restraint included in the plan of care for the resident.

Inspector ID #: 173

Additional Required Actions:

CO # - 1 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #2: The Licensee has failed to comply with LTCHA 2007, S.O., 2007 c.8, s.31(2)1,2
The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied.

(1) There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained.

(2) Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1.

Findings:

1. The plan of care for four (4) residents did not identify the significant risk to the resident that required the use of a restraint.
2. The plan of care for four (4) residents did not identify that alternatives to restraints had been considered and tried where appropriate, and found to be ineffective to address the significant risk to the resident.

Inspector ID #: 173

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 related to developing a process to clearly identify the risk that the resident or another person would suffer if the resident were not restrained and ensure the consideration and documentation related to alternatives to restraints, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA 2007, S.O., 2007 c.8, s.31(2)4
The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied: A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.

Findings:

1. Physician's orders for the use of a restraint were not found for three (3) residents noted to be in restraints.



Inspector ID #: 173

Additional Required Actions

CO # -2 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

**WN #4: The Licensee has failed to comply with LTCHA 2007, S.O., 2007 c.8, s.6(1)(c)
Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.**

Findings:

1. The written plan of care for six (6) identified residents using restraints did not provide clear direction to staff who provide direct care to the resident in relation to the use and care required for the restraint. The plans of care reviewed identified only the present restraint in use.

Inspector ID #: 173

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 related to developing a process to ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s.110(1)1
Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act
(1) Staff apply the physical device in accordance with any manufacturer's instructions.

Findings:

1. During interview with the Director of Care and RAI Coordinator, it was determined that the expectation of the management team related to application of a seat belt restraint was that the restraint was to be positioned across the lower pelvic area of the resident with a two finger gap between the resident and the seat belt.
2. Four (4) residents were noted to have seat belt restraints in place that were 2-3 inches too loose.

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Additional Required Actions:

CO # - 3 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s.110(2)4
Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act
(4) That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition himself or herself.)

Findings:

1. Three (3) residents who were noted to have a restraint in place did not get released from the restraint and repositioned at least once in a two hour period of observation.

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| Inspector ID #: | 173 |
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Additional Required Actions:

CO # - 4 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s.241(1)
Every licensee of a long-term care home shall establish and maintain at least one non-interest bearing trust account at a financial institution in which the licensee shall deposit all money entrusted to the licensee's care on behalf of a resident.

Findings:

1. Home does not have an account in a financial institution to keep monies entrusted to the licensee's care on behalf of a resident.

Inspector ID #: 173

Additional Required Actions:

CO # - 5 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s.241(7)(a)
The licensee shall, provide a resident, or a person acting on behalf of a resident, with a written receipt for all money received by the licensee from the resident, or any other person, for deposit in a trust account on behalf of the resident;

Findings:

1. The home currently does not provide a receipt to the resident or SDM (Substitute Decision maker) for any money received by the licensee from a resident or SDM, for deposit in a trust account on behalf of the resident.

Inspector ID #: 173

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 related in developing a process to ensure that a receipt is given for all monies received by a resident or SDM, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s.241(7)(f)

The licensee shall, provide to the resident, or to a person acting on behalf of a resident, a quarterly itemized written statement respecting the money held by the licensee in trust for the resident, including deposits and withdrawals and the balance of the resident's funds as of the date of the statement

Findings:

1. The home is not currently providing residents or persons acting on behalf of the resident with quarterly itemized statements of the money held in trust for each resident.

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| Inspector ID #: | 173 |
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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 related to developing a process to ensure that all residents or SDM receive a itemized quarterly statement of the money held in trust for the resident, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s.8(1)(b)

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 (b) and is complied with.

Findings:

1. The homes restraint policy and procedure for restraints last revised in June 2006, includes assessment guidelines that state " A comprehensive restraint assessment/reassessment is to be completed when a restraint is initially considered or applied and then quarterly in conjunction with the residents Quarterly Summary Assessment and whenever a significant change in resident condition occurs.
2. During interview with the Director of Care and RAI Coordinator, it was established that a comprehensive reassessment of the resident with a restraint would include identifying the risk behaviour that requires a restraint and evaluating if the behaviour still presents the risk that would warrant the continued use of the restraint.
3. Five (5) residents reviewed did not have a comprehensive reassessment completed that included identifying the risk behaviour that requires a restraint and evaluating if the behaviour still presents the risk that would warrant the continued use of the restraint.



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| Inspector ID #: 173 | |
| 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 related to developing a process to ensure that the plan, policy, protocol, procedure, strategy or system required by this Act or Regulation is complied with, to be implemented voluntarily. | |
| Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné | Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. <i>Lesa Wulff</i> |
| Title: | Date: |
| | Date of Report: (if different from date(s) of inspection). <i>June 16/11</i> |



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

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| | <input type="checkbox"/> Licensee Copy/Copie du Titulaire | <input checked="" type="checkbox"/> Public Copy/Copie Public |
| Name of Inspector: | Lesa Wulff | Inspector ID # 173 |
| Log #: | H00146 | |
| Inspection Report #: | 2011-173-2577-28Mar091240 | |
| Type of Inspection: | Follow Up Inspection | |
| Date of Inspection: | March 28, 29, 2011 | |
| Licensee: | Canadian Reformed Society for a Home for the Aged Inc. 337 Stonechurch Rd E. Hamilton, ON L9B 1B1 | |
| LTC Home: | Mount Nemo Christian Home 4486 Guelph Line, RR#2 Milton, ON L9T 2X6 | |
| Name of Administrator: | Lynette Royeppen | |

To Canadian Reformed Society for a Home for the Aged Inc., you are hereby required to comply with the following orders by the dates set out below:

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| Order #: | 001 | Order Type: | Compliance Order, Section 153 (1)(a) |
| Pursuant to: The Licensee has failed to comply with LTCHA 2007, S.O., 2007 c.8, s31(1) A resident may be restrained by a physical device as described in paragraph 3 of subsection 30 (1) if the restraining of the resident is included in the resident's plan of care. | | | |
| Order: | | | |
| <ol style="list-style-type: none"> The licensee will ensure that one identified resident is reassessed for the need of the physical restraint currently in use, physicians order for the use of the restraint is written immediately as required, and the plan of care for the identified resident is revised to include use of the restraint. | | | |



Grounds:

1. An identified resident was noted to have a physical restraint in place without the restraint included in the plan of care for the resident.

This order must be complied with by: Immediately

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| Order #: | 002 | Order Type: | Compliance Order, Section 153 (1)(a) |
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Pursuant to: The Licensee has failed to comply with LTCHA 2007, S.O., 2007 c.8, s31(2)4
 The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied: A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.

Order:

1. The licensee will immediately ensure that there is a written physicians order for the restraint in use for three (3) identified residents.
2. The licensee will ensure that all residents that have a restraint in use have a physicians order for the restraint immediately.

Grounds:

1. Physician's orders for the use of a restraint were not found for three (3) residents noted to be in restraints.

This order must be complied with by: Immediately

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| Order #: | 003 | Order Type: | Compliance Order, Section 153 (1)(a) |
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Pursuant to: The Licensee has failed to comply with O.Reg 79/10, s. 110(1)1
 Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act (1) Staff apply the physical device in accordance with any manufacturer's instructions.

Order:

1. The Licensee will immediately ensure that the restraint for four (4) identified residents is applied according to the manufacturer's specifications.

AND

2. The licensee will prepare and submit a plan of corrective action to ensure compliance with Section 110(1)1 of the Regulations. The plan will include education, implementation and monitoring of application of restraints in the home. The plan shall be submitted to Lesa Wulff, Ministry of Health and Long-Term Care, Performance Improvement and Compliance



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| <p>3. Branch, 119 King St. W. Hamilton, ON L8P 4Y7 by April 8, 2011.</p> | |
| <p>Grounds:</p> <ol style="list-style-type: none"> During interview with the Director of Care and RAI Coordinator, it was determined that the expectation of the management team related to application of a seat belt restraint was that the restraint was to be positioned across the lower pelvic area of the resident with a two finger gap between the resident and the seat belt. Four (4) residents were noted to have seat belt restraints in place that were 2-3 inches too loose. | |
| <p>This order must be complied with by: April 22, 2011</p> | |
| <p>Order #: 004</p> | <p>Order Type: Compliance Order, Section 153 (1)(a)</p> |
| <p>Pursuant to: The Licensee has failed to comply with O.Reg 79/10, s. 110(2)4 Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act (4) That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition himself or herself.)</p> | |
| <p>Order:</p> <ol style="list-style-type: none"> The licensee will immediately ensure that care is provided to three (3) identified residents that includes releasing the restraint device and repositioning the resident at least every two hours. <p>AND</p> <ol style="list-style-type: none"> The licensee will prepare and submit a plan of corrective action to ensure compliance with Section 110(2)4 of the Regulations. The plan will include education, implementation and monitoring of application of restraints in the home. The plan shall be submitted to Lesa Wulff, Ministry of Health and Long-Term Care, Performance Improvement and compliance Branch, 119 King St. W. Hamilton, ON L8P 4Y7 by April 8, 2011. | |
| <p>Grounds:</p> <ol style="list-style-type: none"> Three (3) residents who were noted to have a restraint in place did not get released from the restraint and repositioned at least once in a two hour period of observation. | |
| <p>This order must be complied with by: April 22, 2011</p> | |



Table with 2 columns: Order #, Order Type, Pursuant to, Order, Grounds, This order must be complied with by.

REVIEW/APEAL 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 service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
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 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



Ministry of Health and Long-Term Care

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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

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.

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| Issued on this 1 st day of April, 2010. <i>hw</i> | |
| Signature of Inspector: | <i>Lesa Wulff</i> |
| Name of Inspector: | Lesa Wulff |
| Service Area Office: | Hamilton Service Area Office. |