Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

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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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Feb 28, 29, Mar 1, 2, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 20, Apr 4, 2012	2012_027192_0005	Resident Quality Inspection

Licensee/Titulaire de permis

CANADIAN REFORMED SOCIETY FOR A HOME FOR THE AGED INC.
337 STONE CHURCH ROAD EAST, HAMILTON, ON, L9B-1B1

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

MOUNT NEMO CHRISTIAN NURSING HOME
4486 Guelph Line, BURLINGTON, ON, L9T-2X6

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

DEBORA SAVILLE (192), ASHA SEHGAL (159), HEATHER DUBECK (119), MARILYN TONE (167)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with residents, family members, Administrator, Director of Care, Dietary Manager, Environmental Manager, Life Enrichment Coordinator, Personal Support Workers, Registered Practical Nurses, Registered Nurses, Restorative Aide, Physiotherapist, Physiotherapy Assistant, Resident Assessment Instrument (RAI) Coordinators, Environmental Aides, Life Enrichment Aide and Dietary Aides related to H-000327-12.

During the course of the inspection, the inspector(s) observed resident care, dining, life enrichment programs; reviewed medical records, policy and procedure, incident reports and meeting minutes.

Note: An Environmental Inspection #2012-072120-0023 (H-000469-12) was conducted by Inspector #120, concurrently with this inspection resulting in findings related to O. Reg 79/10, s. 23 and s. 15(1)(a) and Long-Term Care Homes Act, 2007, S.O. 2007 c.8 s 15(2)(c).

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Trust Accounts

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 O.Reg 79/10, s. 24. 24-hour admission care plan
Specifically failed to comply with the following subsections:

s. 24. (7) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's care plan and have convenient and immediate access to it. O. Reg. 79/10, s. 24 (7).

s. 24. (9) The licensee shall ensure that the resident is reassessed and the care plan is reviewed and revised when,
(a) the resident's care needs change;
(b) the care set out in the plan is no longer necessary; or
(c) the care set out in the plan has not been effective. O. Reg. 79/10, s. 24 (9).

Findings/Faits saillants :

1. The licensee failed to ensure that a specified resident was reassessed and the care plan was reviewed and revised when the resident's care needs changed. [24(9)(a)]

a) The specified resident was admitted to the home on a specified date in 2012. A 24 hour Care Plan was initiated that indicated that the resident had not exhibited responsive behaviours for the previous three days.

b) In the 10 days since admission documentation in the progress notes indicates that the specified resident exhibited socially inappropriate behaviour on 13 occasions, exit seeking on 7 occasions, resistance to care on 4 occasions, physical aggression on 3 occasions and verbal aggression on 1 occasion. The Care Plan was not updated to include these identified behaviours or interventions to address these behaviours.

c) A review of the Personal Support Worker Documentation Record - page 3, for March 2012 indicates that Personal Support Workers documented the following behaviours for the resident: persistent anger 7 of 8 days; sad, pained, worried facial expression 8 of 8 days; verbally abusive 6 of 8 days; physically abusive 4 of 8 days; resists care 8 of 8 days. The resident's Care Plan was not revised to include these behaviours or interventions related to these behaviours.

d) The specified resident was observed attempting to exit from the specified home area. The risk of the resident eloping due to exit seeking behaviours and interventions related to exit seeking were not identified on the Care Plan reviewed in 2012.

2. The licensee failed to ensure that staff and others who provide direct care to a specified resident are kept aware of the contents of the resident's care plan and have convenient and immediate access to it. [s.24(7)]

The specified resident was admitted to the home on a specified date in 2012. A 24 hour Care Plan was initiated but is kept locked in the medication room. Interview with registered staff and observation confirms that Personal Support Workers working with the resident do not have immediate access to the Care Plan.

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 ensuring that the resident is reassessed and the care plan is reviewed and revised when the resident's care needs change, to be implemented voluntarily.

WN #2: 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 subsections:

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;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The plan of care for a specified resident related to Life Enrichment Programs and Spiritual programming was not revised with changes in care needs. [s. 6. (10) (b)]

a) The plan of care for a specified resident indicates that the resident is disruptive in groups and will call out. During an interview with the Life Enrichment Aide, it was confirmed that the resident does not usually call out or become disruptive in group activities and tends to sleep a lot now.
The plan of care was not revised to include this current information.

b) The Life Enrichment Programs Aide also confirmed that the resident now receives the Tender Loving Care (TLC) program that involves aromatherapy, soft music and hand massages. A review of the plan of care for the resident revealed that the plan of care was not updated to include participation in the TLC program.

2. The plan of care for a specified resident did not provide clear direction for staff in relation to identified dehydration risk. [s. 6 (1) (c).]

a) A specified resident was identified at risk for dehydration and had a diagnosis of Urinary Tract Infection (UTI) in 2012.

b) The Resident Assessment Instrument – Minimum Data Set (RAI MDS) and the triggered Resident Assessment Protocol (RAP) Summary for a specified date in 2012, indicated that the resident was at risk for dehydration. Progress notes and Quarterly Nutrition Review documented by the Registered Dietitian had identified the resident at high nutritional risk.

c) Interview with the Registered Nurse confirmed that in 2012, a referral was made to the Life Enrichment Coordinator for hydration therapy. Hydration therapy was not included in the plan of care to provide clear directions to staff and others providing care to the resident.

3. The care set out in the plan of care for a specified resident was not provided to the resident as specified in the plan. [s. 6. (7)]

a) The specified resident's plan of care indicates that the resident attends church for 30 minutes twice per week, participates in recreation therapy 30 minutes per day, will be supported in efforts to pursue spiritual well being, will have scripture or other pertinent materials read and will maintain contact with the faith community, that the resident regularly attends religious programs and at times requires one to one counseling and that staff are to take the resident to the prayer group of choice when scheduled.

b) The Life Enrichment Resident Attendance Forms for the three specified months in 2011, two specified months in 2012 revealed that the resident attended only 12 programs over this five month period.
The resident attended Bible study once, Bingo once, Entertainment four times, had a one to one visit once, and five other miscellaneous programs. Attendance documentation for the resident was confirmed by the Life Enrichment Coordinator.

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 ensuring there is a written plan of care for each resident that sets out clear direction to staff, to be implemented voluntarily.

WN #3: 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 subsections:

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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee did not ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with. [r. 8. (1)b]

a) The home's Hydration Assessment and Management Policy revised November 2010, under procedure on Page 3, Paragraph #14 states that "Systems are in place to document and monitor intake of all fluids in order to evaluate hydration status."
i) A specified resident's fluid consumption records were found incomplete and not kept up to date. Interview with Registered Nursing staff confirmed that the home's policy is provided through an interdisciplinary approach to care. All residents are to be provided with optimal amounts of fluids each day to meet individual hydration needs. The specified resident was identified at risk for dehydration and a referral to the Life Enrichment Coordinator for hydration therapy was completed in 2012 . The fluid consumption documentation was not completed on specified dates in 2012. Interview with the Life Enrichment Aide confirmed that the provision of Hydration Therapy (extra fluid consumption) for the specified resident was not documented. (159)

b) The licensee did not ensure that staff at the home have complied with their policies and procedures related to the Life Enrichment Program.
i) The attendance record for recreational programming that is included in the home's Life Enrichment Manual dated January 2009 directs staff to complete attendance after each program. The form that is provided in the manual is specific for each resident. This form is not currently being used and the home is using a form that lists all residents in the home and their participation, on one form. The resident's individual health record does not include this information related to their attendance or participation in recreational programs offered.
ii) During an interview with the Life Enrichment Coordinator, it was confirmed that the recreation department is currently using a multi-resident form to document resident participation in programs and are not using the form, for each individual resident, that is provided in their policy and procedure manual. The Life Enrichment Coordinator indicated that the January 2009 Life Enrichment manual is the most current manual available for staff to follow.

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 ensuring that the home's Hydration Assessment and Management policy is complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (2) The licensee shall ensure that,
(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that residents who require assistance with eating or drinking are only served a meal when someone is available to provide the assistance. [r. 73. (2) (b)]

On a specified date in 2012 it was observed that residents at table 3 in the small dining room on the East Wing of the home, were served beverages including milk prior to 1230. Only one of four residents were seated at the table, two of four residents require total assistance with eating and drinking. At 1240 all residents were positioned at the table. At 1250 residents were still not receiving the assistance required with drinking. It is noted that the milk poured prior to 1230 was replaced prior to the residents receiving assistance with their meals. Interview with the Dietary Manager confirmed that residents requiring assistance with eating and drinking should have received assistance with their meals before 1250.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement
Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:
1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
i. the matters referred to in paragraph 3,
ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Findings/Faits saillants :

1. The licensee failed to maintain a record of the communication made to Residents' Council regarding the improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents. [r. 228. 4. iii.]

Interview with the Administrator and review of the minutes for the Residents' Council confirm that there is no record of communication made to Residents' Council regarding the improvements to the quality of the accommodation, care, services, programs and goods provided to the residents maintained.

2. The licensee failed to ensure that the home's quality improvement and utilization system ensures that improvements made to the quality of the accommodation, care, services, programs and goods provided to residents are communicated to the Residents' Council on an ongoing basis. [r. 228. 3.]

a) A review of the Residents' Council minutes for the year 2011 and interview with the Residents' Council members confirmed that there was no verbal or written communication with the licensee of the home or the administrator regarding improvements made to the quality of accommodation, care, services or programs provided to residents. (159)

b) Interview with the Administrator and Life Enrichment Coordinator and review of Residents' Council minutes confirm that improvements made to the quality of the accommodation, care, services, programs and goods provided to residents were not communicated to the Resident's Council.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following subsections:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,
(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;
(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and
(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee failed to ensure that the survey results and actions taken to improve the home, are made available to the residents and their families. [s. 85. (4) (c)]

Interview with the Administrator confirms that survey results and actions taken to improve the home, are not made available to the residents and their families.

2. The licensee failed to ensure that the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are made available to the Residents' Council. [s. 85. (4) (b)]

Documentation review and interview with the Administrator and Life Enrichment Coordinator confirm that actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are not made available to the Residents' Council.

3. The licensee failed to ensure that the results of the survey are made available to the Residents' Council to seek their advice. [s. 85. (4) (a)]

a) Interview with the Residents' Council members and a review of the Residents' Council minutes for 2011 found no evidence of discussion related to the sharing of results of the satisfaction survey and seeking the advice of the Residents' Council about the survey. (159)

b) Interview with the Administrator and Life Enrichment Coordinator confirm that results of the survey are not made available to the Residents' Council to seek their advice.

4. The licensee failed to ensure that the advice of the Residents' Council was sought in developing and carrying out the survey and in acting on its results. [s. 85. (3)]

a) The Residents' Council president was interviewed in 2012 and a review of the Residents' Council meeting minutes for 2011, confirmed that Residents' Council was not consulted in the development and carrying out the satisfaction survey. (159)

b) Interview with the Administrator and Life Enrichment Coordinator confirm that advice of the Residents' Council was not sought in developing and carrying out the survey and acting on its results.

Issued on this 5th day of April, 2012

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs
Deborah Saville (192)

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*

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Date(s) of inspection/Date de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Completed March 12, 2012	2012_027192_0005	RQI

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Canadian Reformed Society for a Home for the Aged Inc.
337 Stone Chruch Road East, Hamilton, ON L9B 1B1

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

Debora Saville #192, Marilyn Tone #167, Asha Sehgal #159, Heather Dubeck #119

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007, S.O. 2007 c. 8, s.31(1)	CO #001	2011-173-2577-28Mar091240	#167, #192, #119
LTCHA, 2007, S.O. 2007 c. 8, s. 31(2)(4)	CO #002	2011-173-2577-28Mar091240	#167, #192, #119
O. Reg. 79/10, s.110(1)1	CO #003	2011-173-2577-28Mar091240	#167, #192, #119
O. Reg. 79/10, s.110(2)4	CO #004	2011-173-2577-28Mar091240	#167, #192, #119
O. Reg. 79/10, s. 241(1)	CO #005	2011-173-2577-28Mar091240	#119

Issued on this 14th day of March, 2012

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

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Marilyn Tone # 167
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