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 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
Direction de l'amélioration de la performance et de la conformité

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 26, 2015	2015_252513_0022	031131-15	Resident Quality Inspection

Licensee/Titulaire de permis

NISBET LODGE
740 Pape Avenue TORONTO ON M4K 3S7

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

NISBET LODGE
740 PAPE AVENUE TORONTO ON M4K 3S7

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

JUDITH HART (513), ARIEL JONES (566), SUSAN LUI (178)

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): November 10, 12, 13, 16, 17, 19, 20, 23, and 24, 2015.

The following critical incident inspections were conducted concurrently with this RQI: #17581-15 and #08152-15.

During the course of the inspection, the inspector(s) spoke with residents and families, resident council president, family council member, personal support workers (PSW), registered nursing staff, director of care (DOC), director of human resources and staff educator (DHR), director of activation and volunteers, director of environmental services (DES), skin and wound program lead, resident and tenant services manager, and registered dietitian (RD).

During the course of the inspection, the inspectors toured the home, observed resident care, observed meal service, reviewed resident health records, meeting minutes, policies and procedures, schedules, and education records.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

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

6 WN(s)
5 VPC(s)
0 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	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. 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 equipment is maintained in a safe condition and in a good state of repair.

On November 12, 2015, the inspector observed that the grab bars attached to the toilet in resident #001's washroom were loose and not securely attached to the toilet. The rubber foot on the bottom of one of the grab bars was also missing. Further observations on the afternoon of November 16, 2015, confirmed that the grab bars remained loose and not secured to the toilet. While the inspector assessed the stability of the grab bars, the right hand grab bar detached from the toilet altogether. The inspector brought the issue to the attention of staff #115, who confirmed that he/she was aware that the grab bar was improperly secured, and stated that the right hand grab bar had detached from the toilet that morning when he/she assisted the resident to use the washroom. The staff stated that he/she had informed the maintenance supervisor of the issue that morning. The staff also confirmed that resident #001 sometimes uses the toilet independently.

An interview with the Director of Environmental Services confirmed that he/she was only made aware of the broken grab bars on the afternoon of November 16, 2015, after the inspector had brought the issue to the attention of the unit's front line staff, and as a result he/she had replaced the grab bars. [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 equipment is 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. 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 licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, has been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Review of the plan of care dated October 22, 2015, indicated resident #009 received total care, was to be turned every two hours, and required assistance to prevent further contractures of the upper and lower extremities.

Record review of progress notes dated October 22, 2015, indicated that resident #009 developed a stage II pressure ulcer. On November 1, 2015, a small open area was noted and was dressed. On November 9 and 17, 2015, the progress notes indicated a stage III pressure ulcer with two stage II ulcers. Weekly skin assessments were not completed.

Interview with registered staff #108, the wound care nurse, revealed that residents with a stage II ulcer are to have their skin assessed weekly.

Interview with registered staff #100 revealed that weekly skin assessments were not conducted for resident #009. The DOC confirmed that weekly assessments for this resident were warranted and that they did not occur weekly as clinically indicated. [s. 50. (2) (b) (iv)]

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 or wounds, has been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff have received retraining annually related to the following: the home's policy to promote zero tolerance of abuse and neglect of residents, duty to make mandatory reports under section 24, and whistle-blowing protection.

A review of staff training records and an interview with the Director of Care (DOC) confirmed that 13 per cent of staff did not receive training in 2014 on the home's policy to promote zero tolerance of abuse and neglect of residents, duty to make mandatory reports under section 24, and whistle-blowing protection. [s. 76. (4)]

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 all staff have received retraining annually related to the following: the home's policy to promote zero tolerance of abuse and neglect of residents, duty to make mandatory reports under section 24, and whistle-blowing protection, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents

Specifically failed to comply with the following:

s. 97. (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,
(a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and
(b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident. O. Reg. 79/10, s. 97 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident's substitute decision maker (SDM) and any other person specified by the resident were notified within 12 hours upon becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

Review of critical incident report #C546-000010-15 confirmed that on a specified date, a family member reported to home management that a staff member was witnessed to be belittling and barking at resident #014. The critical incident report states that the incident was not reported to the resident's substitute decision maker because the resident was being monitored.

Interview with the home's DOC confirmed that he/she did not inform the resident's family of the allegation because, after investigating the incident, the home found that the resident had not been abused. [s. 97. (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 the resident's substitute decision maker (SDM) and any other person specified by the resident are notified within 12 hours upon becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident, to be implemented voluntarily.

WN #5: 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. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

Observations within the home and staff interviews confirm that not all staff participate in the implementation of the infection prevention and control program, specifically with proper storage of a resident's catheter drainage bag and tubing.

Observations on November 12, 2015, by inspector #178 and on November 20, 2015, by inspector #513 revealed that when not in use, the catheter drainage bag for resident #031 was stored in the resident's bathroom, hanging from a labeled hook with no covering on the tubing port that would plug directly into the resident's catheter. As a result, the tubing port opening may be exposed to bacteria while hanging uncapped, therefore potentially exposing the resident to bacteria.

Registered staff #108 and the home's DOC confirmed that the catheter bag should be stored with a cap on the tubing port, and that education of the front-line staff had occurred related to this fact.

An additional observation on November 24, 2015, revealed the catheter bag, with the tubing port uncapped, was found sitting in a specimen collection hat on the toilet tank in the resident's bathroom. Registered staff #108 subsequently confirmed that additional teaching-learning of direct care staff was required. [s. 229. (4)]

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

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 drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies.

Observations on November 16, 2015, confirmed that the medication cart for a specified area contained items other than drugs and drug-related supplies. Various articles of jewelery and envelopes containing money were observed to be stored within the narcotic drawer of the medication cart. Staff #110 confirmed that items other than drugs or drug-related supplies were being stored within the narcotic drawer of the medication cart, and that these items should not be stored in the medication cart. [s. 129. (1) (a)]

Issued on this 26th day of November, 2015

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

Original report signed by the inspector.