



**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
Direction de l'amélioration de la
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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
Oct 20, 2014	2014_259520_0028	005511-14	Complaint

Licensee/Titulaire de permis

TRI-COUNTY MENNONITE HOMES
200 Boullee St., New Hamburg, ON, N3A-2K4

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

NITHVIEW HOME
200 Boullee Street, New Hamburg, ON, N3A-2K4

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

SALLY ASHBY (520)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): October 7, 8, 9, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, 1 Restorative Staff Member, 2 Registered Practical Nurses, 7 Personal Support Workers and 1 Family Member.

During the course of the inspection, the inspector(s) reviewed relevant policies and procedures and any relevant documentation pertaining to staffing, bathing, restorative, repositioning, restraints and medication incidents.

The following Inspection Protocols were used during this inspection:



Infection Prevention and Control
Medication
Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: English and French. Legend: WN - Written Notification, VPC - Voluntary Plan of Correction, DR - Director Referral, CO - Compliance Order, WAO - Work and Activity Order. Description: 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.

WN #1: 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).**
-

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident as evidenced by:

Review of a Resident's care plan noted a specific colour sling to be used for mechanical lifts. Logo on footboard noted to be this same sling colour.

Interview with a Registered Practical Nurse who does the Restorative Program noted she had changed the sling colour prior to a leave of absence.

Interview with the Personal Support Worker who had done care for the Resident that day stated staff had been using the alternate sling colour (different than the logo on footboard and care plan).

The Registered Practical Nurse (Restorative) admitted there was a discrepancy between what the care plan and logo indicated versus what staff were using for this Resident. Also confirmed was the potential for the wrong sling to be used given conflicting information. The Registered Practical Nurse (Restorative) verified the expectation of the home was to ensure the plan of care sets out clear directions to staff and others who provide direct care to the Resident. [s. 6. (1) (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 plan of care sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.



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Long-Term Care**

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

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the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

WN #2: 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:

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 O. Reg. 79/10, s. 8 (1).

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

Findings/Faits saillants :



1. The licensee has failed to ensure that policies are complied with as evidenced by:

Interviews with staff revealed that during the month of September 2014, Resident #2 had a "near miss".

A review of the Injury/Incident Investigation Policy dated May 2007 mentions a "near miss" in which the following should occur:

*quarterly review by the Manager

*fact finding is completed by the Manager/Supervisor and reported to the Health and Safety Committee at their next meeting

Interviews with both the Administrator and Director of Care stated the following should occur after a "near miss":

*a "near miss" form was to be completed

*Supervisor was to receive this "near miss" form and further investigate

The Director of Care confirmed there was not a "near miss" form documented for this incident and that the Supervisor (herself) had not been notified. She further confirmed that the family had not been notified and there were no progress notes to document the incident.

The Administrator confirmed that although it does not state in the home's Policy it would be prudent to put the events following a "near miss" in the progress notes and confirmed that there were no progress notes to document this event. The Administrator confirmed the home had not followed their own policy after the Resident's "near miss" and that the expectation was to follow their own Policy. [s. 8. (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 policies are complied with, to be implemented voluntarily.

WN #3: 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 is 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 as evidenced by:

Review of Resident's flow sheets for a one week period in October 2014 revealed the following:

on 1st Floor:

14/29 Residents did not get 2 baths per week

on 2nd Floor:

14/32 Residents did not get 2 baths per week

on 3rd Floor:

23/33 Residents did not get 2 baths per week

The Administrator confirmed the missing baths and verified that residents were not receiving at a minimum 2 baths or showers per week. The Administrator verified the expectation of the home was that Residents were provided a bath or shower at a minimum of twice a week. [s. 33. (1)]



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Long-Term Care

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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

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 is 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, 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, (d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident who is dependent on staff for repositioning has been repositioned:

* every two hours or more frequently as required depending on the resident's condition and tolerance of tissue load, and

* while asleep if clinically indicated

Interviews with multiple staff members on all 3 floors indicated that Resident repositioning was not occurring due to staff shortages. Review of flow sheets revealed the following:

on 1st floor:

13/29 Residents had missing documentation related to skin and repositioning

on 2nd floor:

18/32 Residents had missing documentation related to skin and repositioning

on 3rd floor:

6/33 Residents had missing documentation related to skin and repositioning

A Registered Staff Member and 2 Personal Support Workers verified that the repositioning had not been documented and had likely not occurred. A review with the Administrator confirmed the missing documentation related to skin and repositioning for the 3rd Floor [s. 50. (2) (d)]

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 who is dependent on staff for repositioning been repositioned:

**** every two hours or more frequently as required depending on the resident's condition and tolerance of tissue load, and***

**** while asleep if clinically indicated, to be implemented voluntarily.***



WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 57. Integrating restorative care into programs

Every licensee of a long-term care home shall ensure that,

(a) restorative care approaches are integrated into the care that is provided to all residents; and

(b) the restorative care approaches are co-ordinated to ensure that each resident is able to maintain or improve his or her functional and cognitive capacities in all aspects of daily living, to the extent of his or her abilities. O. Reg. 79/10, s. 57.

Findings/Faits saillants :

1. The licensee has failed to ensure that restorative care approaches are integrated into the care provided to the resident as evidenced by:

Interviews with multiple staff on all 3 floors indicated that Restorative (such as walking and foot propel programs) was not occurring with the Residents due to short staffing.

A review of Residents who are on a Restorative program on a certain floor revealed that 3 of 6 Residents did not have their Restorative program done as prescribed:

Resident #3 therapy for a 21 day period

Not completed approximately 40 times and missing 11 staff initials

Resident #4 therapy for a 22 day period

Not completed approximately 25 times and missing 14 staff initials

Resident #5 therapy for an 18 day period

Not completed approximately 38 times

The missing Restorative therapy was verified by the Registered Practical Nurse (Restorative). s. 57. (a)]



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the Long-Term Care
Homes Act, 2007

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Loi de 2007 sur les foyers de
soins de longue durée

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 restorative care approaches are integrated into the care provided to the resident, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 110.

Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (2) 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:

3. That the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose. O. Reg. 79/10, s. 110 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose as evidenced by:

Review of the Electronic Monitoring Record for a floor in the home for a 7 day period revealed:

Resident A) missing 8hrs. of monitoring, 1 monitoring initial and 14 missing Registered Staff initials

Resident B) 14 missing Registered Staff initials

Resident C) 14 missing Registered Staff initials

Resident D) missing 8hrs. of monitoring, 1 monitoring initial and 14 Registered Staff initials

Resident E) missing 8hrs. of monitoring, 1 monitoring initial and 14 Registered Staff initials

Resident F) missing 8hrs. of monitoring, 2 monitoring initials and 13 Registered Staff initials

Resident G) missing 3hrs. of monitoring, 3 monitoring initials and 14 Registered Staff initials

Resident H) missing 3hrs. of monitoring, 3 monitoring initials and 14 Registered Staff initials

Resident I) 13 missing Registered Staff initials

Resident J) missing 2hrs. of monitoring and 14 Registered Staff initials

Resident K) 14 missing Registered Staff initials

Resident L) 14 missing Registered Staff initials

Resident M) 14 missing Registered Staff initials

Resident N) 14 missing Registered Staff initials

Resident O) missing 3hrs. of monitoring and 14 Registered Staff initials

Resident P) missing 2hrs. of monitoring and 14 Registered Staff initials

The missing monitoring and documentation were verified by both the Restorative Staff Member and by the Director of Care on October 8, 2014. The Director of Care verified the expectation of the home was to monitor Residents in restraints and to do full documentation to demonstrate the monitoring had occurred. [s. 110. (2) 3.]



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Long-Term Care

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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

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 is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,

(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed; O. Reg. 79/10, s. 135 (2).

(b) corrective action is taken as necessary; and O. Reg. 79/10, s. 135 (2).

(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that
 - (a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed
 - (b) corrective action is taken as necessary, and
 - (c) a written record is kept of everything required under clauses (a) and (b) as evidenced by:

Review of an incident during a particular month where a number of Residents were not given their 0800 medications. A nurse (employee of the home) came in at 1130 to find the 0800 medications had not been given by the agency nurse working days. The nurse (employee of the home) had a concern that the 0800 medications would be given in close time proximity to noon medications which may have had contradictory medical outcomes for those Residents involved. The home's nurse contacted the Nurse Practitioner for direction.

The Director of Care confirmed that there were no medication incident forms filed for this date. The Director of Care further admitted in hindsight that there should have been medication incident forms filled out as there was a potential risk to Residents. [s. 135. (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 ensure that

- (a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed***
 - (b) corrective action is taken as necessary, and***
 - (c) a written record is kept of everything required under clauses (a) and (b), to be implemented voluntarily.***
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Issued on this 3rd day of November, 2014

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