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 prévue sous *la Loi de 2007 sur les foyers de soins de longue durée*

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 20, 2018	2018_570528_0006	027536-17, 007422-18	Critical Incident System

Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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

Anson Place Care Centre
85 Main Street North Hagersville ON N0A 1H0

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

CYNTHIA DITOMASSO (528)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): November 15 and 16, 2018

This inspection was completed concurrently with Complaint Inspection #2018_570528_0005

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Quality Improvement Coordinator/Infection Prevention and Control Lead, Resident Assessment Instrument (RAI) Coordinator, registered nurses, registered practical nurses, and personal support workers (PSW).

During the course of the inspection, the inspector(s) observed the provision of care and services, reviewed documents including but not limited to: medical records, complaints and concerns logs, and policies and procedures

The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition
Infection Prevention and Control

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **2 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	Légende 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. 6. Plan of care

Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.o

A. Review of CIS #2786-000012-17, related to resident #011 sustaining an injury.

i. Review of the CIS report, revealed that on an identified day in 2017, resident #11 had a change in condition and was sent to the hospital for treatment.

ii. Review of the written plan of care, at the time of the injury, identified that the resident required assistance and use of a device for activities of daily living. Review of a transfer and lift assessment dated a few days before the injury, the resident was assessed as unsafe to use the transfer device and required a different device.

iii. Interviews with PSW staff #106 #018 #109 and #111 who confirmed that at one time the resident used the first device but could not confirm or remember dates specific to the injury.

iv. Interview with registered staff #105 confirmed that the transfer and lift assessment completed before the injury, assessed the resident to require a change in safety devices and the care plan was not updated until after the resident injured themselves. (528) [s. 6. (10) (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 is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan was no longer necessary, to be implemented voluntarily.

WN #2: 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).

s. 229. (5) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken as required. O. Reg. 79/10, s. 229 (5).

Findings/Faits saillants :

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

Review of CIS 2786-000004-18, revealed that the home had declared outbreaks in 2017 and 2018.

Review of the homes policy for 'Additional Precautions: IFC F-05', revised May 14, 2018, directed staff to ensure that a precautions sign was placed on the resident's door indicating visitors to report to the nurses station and personal protective equipment (PPE) should be kept outside the room in an accessible area/cart, as to not contaminate the clean equipment.

Upon initiation of this inspection, interview with the Infection Prevention and Control Lead revealed that the home had declared an outbreak. In addition, the IPAC Lead confirmed that the home had been cleared of their outbreak status on a specified date; however, remained on heightened surveillance.

Observations of the home area on an identified day:
i. One room observed, had PPE hanging on the residents' door with no sign posted to identify what additional precautions were required when entering the room. Review of the Outbreak Line Listing Form confirmed that residents within the room were included as cases. Interview with the IPAC Lead confirmed that one resident remained on precautions due to ongoing symptoms and a sign was not posted as required in the home's 'Additional Precautions' policy.
ii. Another room observed, had a precaution sign posted on their door, but there were no PPE supplies observed. Interview with the DOC confirmed that the resident remained on precautions and PPE was not placed on the resident's room door, as required in the

home's 'Additional Precautions' policy.

The staff failed to participate in the implementation of the IPAC program, related to observations made of posted additional precautions signs and PPE. (528) [s. 229. (4)]

2. The licensee failed to ensure that staff on every shift recorded symptoms of infection in residents and took immediate action as required.

Review of the home's policy 'Components of an Infection Prevention and Control Program: ICF A-20', revised May 2016, listed that Infection Control Practitioner would regularly review the following items but was not limited to, daily nursing communication reports and daily surveillence is done to insure that infections are monitored and identified early.

During the course of the inspection, interview with the IPAC Lead confirmed that registered staff for every shift should be recording symptoms of infection within the progress notes. So that when they were reviewed daily, they could identify infections, trends and/or take immediate action.

a. Review of the clinical health record for resident #013 revealed that the resident had an infection. Review of the progress notes did not include a consistent record of symptoms every shift. Interview with registered staff #105 confirmed that infection symptoms were not recorded every shift while the resident remained on isolation precautions. Interview with the IPAC Lead confirmed that due to lingering symptoms, the resident required isolation.

b. Review of the clinical health record for resident #014 revealed that the resident began displaying symptoms and required hospitalization. Review of the progress notes did not include a consistent record of symptoms every shift. Interview with registered staff #105 confirmed that infections symptoms were not recorded in the progress notes every shift, as required.

c. Review of the clinical health record for resident #015 revealed that the resident began displaying symptoms of infection. Review of the progress notes did not include a consistent record of symptoms. Interview with registered staff #105 confirmed that infections symptoms were not recorded in the progress notes every shift, as required. (528) [s. 229. (5) (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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 4th day of December, 2018

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

Original report signed by the inspector.