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

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

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

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

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 25, 2017	2016_486653_0015	033622-16	Resident Quality Inspection

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell Pine Grove Long Term Care Residence
8403 Islington Avenue North Woodbridge ON L4L 1X3

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

ROMELA VILLASPIR (653), SHIHANA RUMZI (604)

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): December 5, 7, 8, 9, 12, and 13, 2016.

During the course of the inspection, the inspector(s) toured the home, conducted observations of residents and care provided by staff, reviewed residents' health records, staff schedule, and relevant policies and procedures.

The following intake(s) were inspected concurrently with the Resident Quality Inspection (RQI):
Complaint related to prevention of abuse and neglect: log #001617-15.

During the course of the inspection, the inspector(s) spoke with the residents, Substitute Decision Makers (SDMs), President of Residents' Council, Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), Nursing Supervisor (NS), Nursing Consultant (NC), Program and Support Manager (PSM), Environmental Service Manager (ESM), Food and Nutrition Manager (FNM), Director of Care (DOC) and the Administrator.

The following Inspection Protocols were used during this inspection:
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **5 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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the staff and others involved in the different aspects of care of the resident collaborated with each other in the development and implementation of the plan of care so that the different aspects of care were integrated, consistent with and complemented each other.

The Ministry of Health and Long-Term Care (MOHLTC) ACTIONLine received a complaint on an identified date, related to the care of resident #016.

The concerns from the complainant were as follows:
-The resident developed a change in medical condition two weeks after admission to the home. The complainant approached the home about this condition and nothing was done about it. Two weeks later the resident was transferred to hospital, diagnosed with a medical condition and passed away a week later.
-Concern regarding not being informed of resident #016's changes in medication.

A review of resident #016’s progress notes indicated that on an identified date, resident's family informed the nurse of a change in resident #016's medical condition. The nurse documented an intervention for staff to carry out whenever resident #016 was in bed, with ongoing monitoring.

A review of resident #016’s written plan of care completed on two identified dates, along with the printed Kardex, did not show evidence of the nurse informing staff caring for resident #016 of the intervention to be carried out when resident was in bed.

An interview with the Director of Care (DOC) revealed the home’s expectation was that if any interventions were put in place, the plan of care and the printed Kardex would have the information informing the staff of the interventions. The DOC indicated there was no evidence of any direction in resident #016's written plan of care informing staff of the intervention for the resident when in bed. The DOC further indicated that there was no collaboration between nurses and the Personal Support Worker (PSW) staff. [s. 6. (4) (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 and others involved in the different aspects of care of the resident collaborate with each other in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other, to be implemented voluntarily.

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

On December 12, 2016, at 1430 hours (hrs), on the second floor, inspector #653 and Registered Practical Nurse (RPN) #108 reviewed the narcotic count documentation in conjunction with the current narcotic supply of medication.

Inspector #653 observed that the narcotic count was already completed and the narcotic ward drug count sheet was already signed by RPN #108 for 1500 hrs.

During an interview, RPN #108 stated that he/she prepared the narcotic ward drug count sheet by counting the narcotics and signing off for 1500 hrs. The RPN further indicated that the home's expectation was for two registered staff to complete the narcotic count and sign the narcotic ward drug count sheet at change of shift, which was at 1500 hrs.

Review of the home's policy titled "Narcotics Policy No: LTC-CA-WQ-200-06-14" revised in December 2016, indicated under policy that "The Registered Staff going off shift and the Registered Staff coming on shift will count and sign for all resident narcotics at each shift change".

During an interview, Nursing Consultant (NC) #112 stated that the home's expectation was for two registered staff to do the narcotic count and sign the narcotic ward drug count sheet together at change of shift. The NC further indicated that RPN #108 precounted the narcotics when the RPN signed off the narcotic ward drug count sheet prior to change of shift.

During an interview, the DOC acknowledged that RPN #108 counted the narcotics and signed off the narcotic ward drug count sheet prior to shift change. The DOC further indicated that the home's expectation was for the incoming and outgoing registered staff to complete the narcotic count and sign the narcotic ward drug count sheet at shift change as per the home's 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 the home's policy on Narcotics is complied with, to be implemented voluntarily.

WN #3: 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, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically
designed for skin and wound assessment.

The MOHLTC ACTIONLine received a complaint on an identified date, related to the care of resident #016.

The concerns from the complainant were as follows:
-The resident developed a change in medical condition two weeks after admission to the home. The complainant approached the home about this condition and nothing was done about it. Two weeks later the resident was transferred to hospital, diagnosed with a medical condition and passed away a week later.

An interview with resident #016’s Substitute Decision Maker (SDM) indicated he/she informed the floor nurse that resident #016 developed a change in skin integrity. The SDM stated the nurse came to look at the identified body part and indicated the nurse would inform the physician.

A review of resident #016’s progress notes indicated that on an identified date, resident's family informed the nurse of a change in resident #016's skin integrity. On an identified date, documentation revealed resident #016 developed a change in his/her skin integrity.

An interview with the DOC stated that the nurses on the floor did not carry out an initial skin assessment on resident #016. The DOC further indicated that the home’s expectation was for a skin assessment to be completed if there was any alteration in the resident's skin integrity. [s. 50. (2) (b) (i)]

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, receive 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, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (3) The licensee shall ensure that each resident is offered a minimum of, (a) three meals daily; O. Reg. 79/10, s. 71 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident was offered a minimum of three meals daily.

During the Resident Quality Inspection (RQI), resident #004 was triggered related to nutrition and hydration from the most recent MDS assessment on an identified date.

During an observation of resident #004's lunch meal service on December 8, 2016, from 1155 hrs to 1300 hrs, in an identified dining room, it was noted that resident #004 was not offered the main meal at lunch. The resident was only provided fluids and dessert. Resident #004 did not have the main meal at lunch.

During interviews, PSW #101 and Registered Nurse (RN) #102 both stated that they did not offer resident #004 the main meal at lunch, as they knew that the resident always refused to eat lunch. Resident had cognitive impairment, and was not interviewable.

During an interview with the Food and Nutrition Manager (FNM), he/she confirmed that resident #004 was not offered the main meal during the lunch meal service. The FNM further indicated that the home's expectation was for the resident to be offered the main meal at lunch. [s. 71. (3) (a)]

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 offered a minimum of three meals daily, to be implemented voluntarily.

WN #5: 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 were stored in an area that was used exclusively for drugs and drug-related supplies.

During an observation on December 12, 2016, at 1430 hrs, non-drug related supplies were found by RPN #108 and inspector #653 in the narcotic storage bin on the second floor.

The following non-drug related supplies were found:
-bundle of green thread
-watch
-cluster of keys.

During an interview, the DOC confirmed that the above mentioned non-drug related supplies were found with the narcotic drugs in the narcotic storage bin on the second floor. The DOC further indicated that the home's expectation was for drug-related supplies to be the only items stored in the narcotic storage bin. [s. 129. (1) (a)]

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 drugs are stored in an area that is used exclusively for drugs and drug-related supplies, to be implemented voluntarily.

Issued on this 31st day of January, 2017

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

Original report signed by the inspector.