



**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**

**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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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 8, 2018	2018_664602_0003	029329-17, 029458-17, 029460-17, 001002-18	Complaint

Licensee/Titulaire de permis

PROVIDENCE CARE CENTRE
340 Union Street KINGSTON ON K7L 5A2

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

PROVIDENCE MANOR
275 SYDENHAM STREET KINGSTON ON K7K 1G7

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

WENDY BROWN (602)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 19, 24, 29, 30 and 31, 2018

Four complaint inspections were conducted as follows:

Log# 029329-17 - concerning refusal of admission

Log # 029458-17 and Log #029460-17 - same complaint - concerning alleged improper care and alleged abuse/neglect

Log # 001002-18 - concerning plan of care

During the course of the inspection, the inspector(s) spoke with Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), the Registered dietitian, family members and residents. As part of the inspection resident health care records were reviewed, observations of care & service delivery were made and staff /resident/family interviews were completed. Additionally, the home's investigation documentation and relevant policies and procedures were considered.

The following Inspection Protocols were used during this inspection:

Admission and Discharge

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Sufficient Staffing

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 68. Nutrition care and hydration programs



Specifically failed to comply with the following:

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**
 - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**
 - (e) a weight monitoring system to measure and record with respect to each resident,**
 - (i) weight on admission and monthly thereafter, and**
 - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that interventions to mitigate and manage identified risks related to nutrition and hydration for resident #004 as outlined in their nutrition hydration program were implemented.

On a specified date resident #004 was transferred to hospital and admitted for treatment. Resident #004 was transferred back to the LTC home on a specified date in stable condition. Hospital discharge instructions recommended close monitoring and documentation of food/fluid intake due to identified nutrition and hydration risks.

Resident #004 was assessed at high nutritional risk on his/her initial admission to the LTC home. Subsequent resident assessments consistently noted resident #004's high risk status indicating he/she should be monitored closely and that food/fluid intake must be documented on resident care flow sheets.

The Nutrition and Hydration Policy CARE-RC-42 indicates in its policy statement that a Resident's daily nutrition and hydration needs are to be met consistently, risks related to nutrition and hydration and dietary services are to be identified, mitigated and managed,



and food or fluid intake and skin integrity are to be monitored daily. The responsibilities of the dietitian are outlined and include: ensuring that all care plans of high risk residents are current by monitoring, evaluating, reassessing and completing RAI-MDS, and that fluid intake is monitored. Personal Support Worker (PSW)/Registered Practical Nurse (RPN) responsibilities include monitoring and reporting intake and output and specifically, as outlined under HYDRATION, the PSW/dietary aide/Registered Dietitian (RD) are to: provide each resident with a minimum of 1500 ml of fluid per twenty-four (24) hour period, assess any variations in intake, and document intake on the resident care plan.

A review of Resident Care Oral /Nutritional Status Flow Sheets covering a specified period revealed only one (1) percent of day shift and twelve (12) percent of evening shift sections were fully completed, disallowing calculation of average daily food/ fluid intake. The RD was interviewed and confirmed that current policy/practice is for PSW staff to monitor and document fluid intake on the resident care flow sheets. PSWs are to report any concerns or changes to registered staff, who would then assess and refer to RD and/or the home's physician as appropriate. The RD indicated that she regularly reviews flow sheets during her monthly assessments and/or on referral and has noted that they are poorly completed. The Dietitian advised that she has discussed completion concerns with Nursing staff, the RAI coordinator and the Director of Care (DOC). The RD indicated that a reminder note was recently posted by management for staff regarding the importance of flow sheet completion and intake monitoring, however, completion has not improved. During an interview on a specified date both the Administrator and the DOC acknowledged the poor completion of resident care flow sheets and acknowledged that this is not in line with current practice/policy expectations specific to Nutrition and Hydration.

The home failed to ensure that interventions to mitigate and manage identified risks related to nutrition and hydration for resident #004 as outlined in their nutrition hydration program were implemented despite policy directing staff to monitor and document fluid intake and to report variations to allow identification, mitigation and management of risk (s) to resident nutrition/hydration. [s. 68. (2) (c)]



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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 fluid intake is monitored, documented and reported by/to responsible staff as outlined in the Nutrition and Hydration Resident Care Policy, to be implemented voluntarily.

Issued on this 8th day of February, 2018

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

Original report signed by the inspector.