Inspection Report under the *Long-Term Care Homes Act, 2007*

Rapport d'inspection prevue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et dés Soins de longue durée
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'insptection
August 23, 2010	2010_132_1021_23Aug095331	Complaint T0585

Licensee/Titulaire

ATK Care Inc.

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

River Glen Haven Nursing Home

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

Rosemary Lam, Tiina Tralman, Diane Brown

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector(s) spoke with:

- Acting Director of Care, MDS Coordinator,
- Personal Support Workers,
- Charge nurse,
- 2nd floor unit Food Service Workers,
- Resident

The following Inspection Protocols were used in part or in whole during this inspection:
- Nutrition and Hydration Inspection Protocol

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

4 WN
1 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoye
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activitiés

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the LTCHA 2007, S.O. 2007, c. 8, s. 6 (4) (b).The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, (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:

1. Pharmacist's suggestion regarding the need for reassessment of Insulin and Glucometer orders were not implemented for an identified resident.
2. There is conflicting information on identified resident's plan of care between disciplines.
3. There was no collaboration between Nursing and Dietary for diet assessment regarding an identified resident's elevated blood sugar levels.

Inspector ID #:	#132, #110, #162

Additional Required Actions:
None

WN #2: The Licensee has failed to comply with the O. Reg. 79/10 s. 26 (3) 14. A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: (14) Hydration status and any risks relating to hydration.

Findings:

1. There was no assessment of decrease in fluid intake before identified resident was hospitalized. (#132)
2. Nursing's referral to the Registered Dietitian did not include information regarding an identified resident's poor fluid intake.
3. Assessment of an identified resident did not address hydration status including estimation of fluid requirements and determination if needs was met.
4. Identified resident's plan of care was not updated to reflect risks.

Inspector ID #:	#132, #110, #162

Additional Required Actions:
None

WN #3: The Licensee has failed to comply with the O. Reg. 79/10 s. 68 (2) (b). Every licensee of a long-term care home shall ensure that the programs include, (b) the identification of any risks related to nutrition care and dietary services and hydration.

Findings:

1. Identified resident's fluid intake record intake was not documented accurately.
2. Based on information provided, identified resident record of decrease in fluid intake would have met the criterion of "poor fluid intake" and necessitated a referral to the Registered Dietitian. Referral was not initiated related to poor fluid intake.
3. The criterion for referring "poor fluid intake" to the Registered Dietitian is based on "less than 250mls taken, at or between meals". However, the fluid intake recorded in percentage of fluids taken at meals/nourishment time. There is no direction to guide staff as to what percentage would be considered "poor fluid intake…" or "less than 250mls taken at or between meals".

Additional Required Actions:

Pursuant to LTCHA, 2007, S.O.2007, c.8, s.152(2), the licensee is hereby requested to prepare a written plan of correction for achieving compliance with O. Reg. 79/10 s. 68 (2) (b). in respect to i) ensuring staff documents accurately relating to food and fluid intake and ii) staff refers all residents with poor food & fluid intakes to the registered dietitian in accordance to the home's policy. This is implemented voluntarily.

Inspector ID #:	#132, #110, #162

WN #4: The Licensee has failed to comply with the LTCHA 2007, S.O. 2007, c. 8, s. 6 (10) (b). 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, (b) the resident's care needs change or care set out in the plan is no longer necessary. 2007, c. 8, s. 6 (10) (b).

Findings:

1. Registered staff did not identify risk related to poor fluid intake when the identified resident experienced a change in health condition.
2. There was no action taken by nursing to reassess identified resident's increased blood sugar level (#132)
3. There was no assessment of the impact of nutrition interventions on identified resident's elevated blood sugars.

Inspector ID #:	#132, #110, #162

Additional Required Actions:
None

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Karen Ryan	Rosemary Lam *Rosemary Lam* Tiina Tralman *Tiina Tralman* Diane Brown *D Brown*
Title: *Administrator* Date: *Sept 8/10*	Date of Report (if different from date(s) of inspection). *September 8, 2010*