



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 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

Central East Service Area Office
419 King Street West Suite #303
OSHAWA ON L1J 2K5
Telephone: (905) 433-3013
Facsimile: (905) 433-3008

Bureau régional de services du
Centre-Est
419 rue King Ouest bureau 303
OSHAWA ON L1J 2K5
Téléphone: (905) 433-3013
Télécopieur: (905) 433-3008

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
May 10, 2019	2019_486653_0009	008535-17, 016732- 17, 028666-17, 029445-17, 005165- 18, 001996-19	Complaint

Licensee/Titulaire de permis

Vigour Limited Partnership on behalf of Vigour General Partner Inc.
302 Town Centre Blvd Suite 300 MARKHAM ON L3R 0E8

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

Rockcliffe Care Community
3015 Lawrence Avenue East SCARBOROUGH ON M1P 2V7

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

ROMELA VILLASPIR (653), AMANDEEP BHELIA (746)

Inspection Summary/Résumé de l'inspection



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

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

This inspection was conducted on the following date(s): March 12, 13, 14, 15, 18, 20, 27, 28, 29, April 1, 2, 3, 4, and 5, 2019.

During the course of the inspection, the following Complaint intakes had been inspected:

- Log #(s) 008535-17 and 029445-17 related to snacks and weight changes;**
- Log #(s) 016732-17 and 005165-18 related to an injury sustained from unknown cause, allegation of neglect, weight changes, and minimizing of restraints;**
- Log #(s) 028666-17 and 001996-19 related to physiotherapy services in the home, falls, and missing personal items.**

During the course of the inspection, the inspector conducted observations of resident care provision, reviewed the home's staffing schedule, the home's investigation notes, complaints and CIS binders, residents' clinical health records, and relevant home policies and procedures.

During the course of the inspection, the inspector(s) spoke with the Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), Registered Dietitian (RD), Physiotherapist (PT), Director of Resident Programs (DRP), Environmental Services Manager (ESM), Assistant Director of Care (ADOC), Director of Care (DOC), and the Executive Director (ED).

A Voluntary Plan of Correction related to s. 6 (5) of the Long-Term Care Homes Act, S.O. 2007, identified in this complaint inspection report #2019_486653_0009 (Log #s: 016732-17 and 005165-18) will be issued under concurrent complaint inspection report #2019_486653_0008 (Log #s: 021688-17, 022577-17).

A Compliance Order related to s. 6 (7) of the Long-Term Care Homes Act, S.O. 2007, identified in this complaint inspection report #2019_486653_0009 (Log #s: 008535-17, 029445-17, 028666-17, 001996-19) will be issued under concurrent CIS inspection report #2019_486653_0010 (Log #s: 001494-18, 027748-18).

The following Inspection Protocols were used during this inspection:



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

**Accommodation Services - Housekeeping
Falls Prevention
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation**

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: 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 had failed to ensure that any plan, policy, protocol, procedure, strategy, or system that the licensee was required by the Act or Regulation to have instituted or otherwise put in place had been complied with.

According to O. Reg. 79/10, s. 68 (1) This section and sections 69 to 78 apply to,
(a) the organized program of nutrition care and dietary services required under clause 11 (1) (a) of the Act; and
(b) the organized program of hydration required under clause 11 (1) (b)

According to O. Reg. 79/10, s. 68 (2) (e) (i) Every licensee of a long-term care home shall ensure that the programs include a weight monitoring system to measure and record with respect to each resident, weight on admission and monthly thereafter.

A review of the home's policy titled "Monitoring of Resident Weights" policy #VII-G-20.80 with current revision date of April 2016, indicated under procedure that the RN/RPN will:

-Ensure that monthly weights or re-weights are documented in the weights and vitals section of the electronic record by the 10th of every month.

-Ensure that the PSW reweighs the resident if there was a weight change (loss or gain) or 2Kg difference in resident's weight from the previous month.

The Ministry of Health and Long-Term Care (MOHLTC) received a complaint related to resident #003's weight change.

A review of resident #003's weight summary on PCC indicated the resident was weighed



on a specified date, and when weighed one month later, had an identified weight loss of a specified amount. There was no information obtained from resident #013's weight summary and progress notes on PCC to indicate that a re-weigh had been completed.

A telephone interview with PSW #127 indicated they could not recall doing a re-weigh on the resident, but stated they would have informed the nurse of the resident's weight.

A telephone interview with Registered Nurse (RN) #139 indicated PSWs take residents' weights and the registered staff determine the weight variance from previous month, and would ask the PSW to re-weigh if there was a 2Kg difference. The RN further indicated if resident #003 had been re-weighed, the weight should have been recorded on PCC, and if there was no documentation it meant the re-weigh was not done.

During an interview, the Registered Dietitian (RD) reviewed the weights and vitals exceptions report from an identified period, and the RD acknowledged that resident #003 was not re-weighed when there was a weight change of more than 2Kg from the previous month. The RD further acknowledged in this case the home's policy had not been complied with. [s. 8. (1) (b)]

2. According to O. Reg. 79/10, s. 89 (1) (a) (iv) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that, procedures are developed and implemented to ensure that, there is a process to report and locate residents' lost clothing and personal items.

A review of the home's policy titled "Missing Clothing & Items" policy #VII-C-10.12 with current revision date April 2016, indicated under procedure:

The PSW will:

- 1) Ensure that the Missing Clothing & Items Form (VII-C-10.12(a)) is made readily available to residents/ families in each Resident Home Area.
 - 2) Assist the resident/family in completion of this form when an item is reported missing.
 - 3) Conduct a search of resident room and area for lost clothing and lost item.
 - 4) Report the lost item by forwarding the Missing Clothing & Items Form to the Environmental Services department if the item is not found in the Resident Home Area.
- The Environmental Services Manager (ESM) will:
- 5) File a copy of the completed Missing Laundry & Items Form.

The MOHLTC ACTIONline received a complaint related to resident #002 losing their



personal items, not getting physiotherapy services and sustaining multiple falls in the home.

A telephone interview with the complainant conducted by Inspector #746 indicated resident #002's identified personal item had been missing.

A review of resident #002's progress note indicated a PSW reported they did not see the personal item during the evening shift, and another PSW reported that it was already missing from the day before.

An interview with the PSW #125 indicated PSWs have to report to the charge nurse when residents or families report of missing personal items. The charge nurse would then take over and instruct the PSWs on what to do.

An interview with RN #120 indicated when residents or families report of missing personal items, the registered staff would ask the PSWs when the personal item went missing and when it was last seen. The registered staff would tell the PSWs to search for the items, and the "Missing Laundry & Items Form" would be filled out and sent to the ESM. The registered staff would make a copy of the form and file it in the resident's chart under the miscellaneous area tab.

A separate review of the resident's chart by Inspector #653 and Assistant Director of Care (ADOC) #116 did not identify a completed "Missing Laundry & Items Form" for resident #002's missing personal item.

During an interview, the ESM stated they did not find a "Missing Laundry & Items Form" for resident #002's lost personal item from 2017. The ESM further indicated the nursing staff were supposed to send the form to their department, however, a lot of times they would just come down and verbally tell the laundry staff about the missing items. The ESM confirmed there was no filed copy of a completed "Missing Laundry & Items Form", and acknowledged in this case the home's policy had not been complied with.

The licensee had failed to ensure that any plan, policy, protocol, procedure, strategy, or system that the licensee was required by the Act or Regulation to have instituted or otherwise put in place had been complied with. [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 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, that the plan, policy, protocol, procedure, strategy or system is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 59. Therapy services

Every licensee of a long-term care home shall ensure that therapy services for residents of the home are arranged or provided under section 9 of the Act that include,

- (a) on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents' assessed care needs; and**
- (b) occupational therapy and speech-language therapy. O. Reg. 79/10, s. 59.**

Findings/Faits saillants :

1. The licensee had failed to ensure that the resident received on-site physiotherapy service on an individualized basis or in a group setting based on his or her assessed care needs.

The MOHLTC ACTIONline received a complaint related to resident #002 losing their personal items, not getting physiotherapy services and sustaining multiple falls in the home.

A telephone interview with the complainant conducted by Inspector #746 indicated resident #002 had not received physiotherapy services after the Physiotherapist (PT) had left the home in 2017.

A review of resident #002's written plan of care indicated they required physiotherapy



services from the Physiotherapy Assistant (PTA)

A review of resident #002's chart did not identify flow sheets for physiotherapy exercises from two identified months in 2017.

An interview with the home's current PT indicated they had worked in the home since December 2017, and had formally started the PT program in January 2018. The PT acknowledged there was a gap between them starting in the home and when the previous PT had left. The PT further indicated that PTAs were employees of the PT and worked under the PT's direction as per the College of Physiotherapist's mandate. The PT and their PTAs come to the home as a unit. The PT stated the previous PT would have had their own PTA employees who worked under them, and so if the PT had left, their PTAs would have left as well. When asked by the inspector if they had records of flow sheets indicating resident #002 had received on-site physiotherapy service during the two identified months in 2017, the PT could not find any documentation.

An interview with the Executive Director (ED) confirmed that the previous PT's last work day at the home was on October 26, 2017, and the current PT started on December 13, 2017. An interview with the Director of Resident Programs (DRP) acknowledged on-site physiotherapy service was not provided to resident #002 during two identified months in 2017, after the previous PT had left the home.

The licensee had failed to ensure that resident #002 received on-site physiotherapy service on an individualized basis or in a group setting based on their assessed care needs. [s. 59. (a)]



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

Issued on this 10th day of May, 2019

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

Original report signed by the inspector.