

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
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
Apr 22, 2021	2021_520622_0009	024120-20	Complaint

Licensee/Titulaire de permis

0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

2020 Fisher Drive Suite 1 Peterborough ON K9J 6X6

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

Rosebridge Manor
131 Roses Bridge Road, R.R. #2 Jasper ON K0G 1G0

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

HEATH HEFFERNAN (622)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): March 25, 26, 29, 30, 31, 2021, April 1, 2021

**The following intake was completed during this complaint inspection:
Log # 024120-20, related to resident care and services.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), RAI Coordinator, NASM, Nutritional Care Manager, Office Manager, Nurse Practitioner (NP), Registered Dietitian (RD), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and a housekeeper.

Also during the course of the inspection, the inspector reviewed the complaint documents, resident health records, licensee policies specific to: Hydration Status and Potential Treatment Options # OTP-HP-3.1 dated June 26, 2020 and made observations of resident care and services.

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

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

<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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

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 has failed to ensure that the provision of the care set out in the plan of care for two residents related to fluid intake were documented.

One resident's dietary report related to fluid intake for the month of November 2020 indicated that fluid intake documentation was omitted six times in seventeen days.

A second resident's dietary report related to fluid intake for the month of March 2021 indicated that fluid intake documentation was omitted four times in ten days.

Progress notes for both residents did not include fluid intake values for the specific dates that fluid documentation was omitted.

Sources: Review of two residents health records. [s. 6. (9) 1.]

2. The licensee has failed to ensure that the provision of the care set out in the plan of care for two resident's specific assessment values were documented.

The Nurse Practitioner (NP) ordered a specific assessment daily x one week for a resident.

Documentation on MedeCare indicated that during the one-week period, three of the assessment values were not documented.

Progress notes did not include any of the assessment values during the one-week period.

A second resident's physician orders stated that a specific assessment was requested before meals and at bedtime for a one-week period.

Documented during the one-week period on MedeCare for the resident indicated that four of the specific assessment values were not documented.

Sources: review of two resident's health records, interview with Director of Care (DOC) and other staff. [s. 6. (9) 1.]

3. The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised when the care set out in the plan was not effective.

A resident was transferred to the hospital and admitted with elevated assessed values.

The NP ordered a specific assessment daily x one week.

The Assessment values documented on MedeCare for the resident indicated that for 21 days the specific assessment values were elevated.

On the sixteenth day the physician was notified and changed the resident's specific medication.

There were no progress notes documented for 16 days related to the resident's elevating assessment values or whether the resident was reassessed, and the plan of care revised.

The Director of Care (DOC) stated that when the resident's daily assessment values were elevated, the charge nurse should have reported to the physician and care adjustments made.

Sources: review of health records and interview of DOC and other staff [s. 6. (10) (b)]

4. The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised when the care set out in the hydration plan of care was not effective.

The annual nutrition and hydration assessment stated that the resident was at nutritional risk with a specific intervention planned.

The dietary report for fluid intake on MedeCare indicated that the resident's daily fluid intake was significantly less than the daily goal for twelve days.

Progress notes indicated that the resident displayed symptoms of dehydration during the twelve day period.

There were no progress notes or other health records for the twelve days related to the reassessment of the resident or the hydration plan of care being reviewed and revised.

The Director of Care (DOC) indicated that the resident's hydration plan of care had not been reassessed and revised until the Registered Dietitian (RD) and the NP assessed the resident on the twelfth day.

Sources: review of health records and interview of DOC and other staff. [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 any time when care set out in the plan has not been effective, 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 the Hydration Status and Potential Treatment Options policies and procedures included in the required Nutrition Care and Hydration programs were complied with, for a resident.

LTCHA s.11 (1)(b) requires an organized program of hydration for the home to meet the hydration needs of residents.

O. Reg. 79/10, s. 68 (1)(b) and O. Reg. 79/10, s. 68 (2) requires that the program includes the development and implementation of policies and procedures related to nutrition care and dietary services and hydration.

Specifically, staff did not comply with the home's policy and procedure Hydration Status and Potential Treatment Options # OTP-HP-3.1 dated June 26, 2020.

A resident was identified by the Registered Dietitian (RD) as a nutritional risk. The resident was not meeting their targeted fluid goals daily for 12 days. Staff did not comply with the policy and procedure for the resident during this time. Specifically:

- Registered staff did not review the actual total fluid intake on the electronic software for a 24-hour period as an e-report and review the Registered Dietitian hydration needs e-report on the electronic clinical software.
- Registered staff did not review both fluid reports, the actual and the assessed requirements to ensure the resident's fluid intake was above the daily 24 hour required amount.
- Registered staff did not use the same actual fluid report for 72 hours and with a simple calculation for the Registered Dietitian assessed fluid requirement (fluid amount in 24 hr

x 3 days) and then compare the two fluid amounts.

- Registered staff did not complete a hydration assessment when the actual fluid intake was below the 72-hour assessed need of fluids.
- Registered staff did not assess for new or updated treatment options.

Electronic and hard copy health records were reviewed, there were no assessments completed as outlined in policy and procedure; Hydration Status and Potential Treatment Options # OTP-HP-3.1 regarding the resident's decreased fluid intake.

Sources: review of resident's health records, the licensee's policy and procedure Hydration Status and Potential Treatment Options # OTP-HP-3.1 dated June 26, 2020, interview of the Director of Care and other staff. [s. 8. (1) (a),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 policy, procedure, the licensee is required to ensure that the policy, procedure is complied with, to be implemented voluntarily.

Issued on this 13th day of May, 2021

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

Original report signed by the inspector.