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

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

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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
Nov 14, 2018	2018_597655_0016	008022-18, 017453-18, 019825-18	Complaint

Licensee/Titulaire de permis

The Governing Council of the Salvation Army in Canada
2 Overlea Blvd TORONTO ON M4H 1P4

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

The Salvation Army Ottawa Grace Manor
1156 Wellington Street OTTAWA ON K1Y 2Z3

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

MICHELLE EDWARDS (655)

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): September 11, 12, 13, 14, and 17, 2018, on-site. The inspection was conducted off-site on the following dates: October 16, 23, and 24, 2018.

During the inspection, the following logs were inspected concurrently:
Log # 008022-18, related to plan of care related to continence care,
Log # 017453-18, related to plan of care, medication administration, training of staff, and dealing with complaints; and,
Log #019825-18, related to continence care, infection control, housekeeping, and medication administration.

During the course of the inspection, the inspector(s) spoke with residents and family, Environmental (Housekeeping) staff, Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RN's), the Assistant Director of Care (ADOC), and the Director of Care (DOC).

The inspector also observed the provision of care and services to residents, and reviewed resident health care records, relevant policies and procedures, and staff training records.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Continence Care and Bowel Management
Infection Prevention and Control
Medication
Reporting and Complaints

During the course of this inspection, Non-Compliances were issued.
- **4 WN(s)**
- **4 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	Légende 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. 21. Every licensee of a long-term care home shall ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints. 2007, c. 8, s. 21.

Findings/Faits saillants :

1. The licensee has failed to ensure that there were written procedures that complied with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints.

Over the course of the inspection, Inspector #655 reviewed the licensee's policy titled "Management of Complaints" (Policy #AM12, All Departments), revised January, 2017; and, the policy titled "Management of Complaints" (Policy #H1, Nursing Department), revised October, 2013.

On review of the identified policies, Inspector #655 found that they did not comply with the regulations for dealing with complaints as outlined in Ontario Regulation 79/10, section 101, and as described in WN #3. (Refer to WN #3 for additional information). Over the course of the inspection, neither DOC #101 nor ADOC #102 were able to demonstrate otherwise.

On October 24, 2018, ADOC #102 indicated to Inspector #655 that they were unable to provide any additional information with regards to the licensee's written procedures for dealing with complaints that would demonstrate that all of the above-noted regulations were addressed in the existing policies.

The licensee has failed to ensure that there were written procedures that complied with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints. [s. 21.]

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 written procedure for complaints complies with the regulations for how the licensee deals with complaints, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:
1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).
2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).
4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).
5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).
6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).
7. Fire prevention and safety. 2007, c. 8, s. 76. (2).
8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).
9. Infection prevention and control. 2007, c. 8, s. 76. (2).
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas of infection prevention and control; and, all policies of the licensee that are relevant to the person's responsibilities.

During the inspection, resident #001 recalled a specific incident when RPN #100 had been assigned to perform a specific procedure for them. According to resident #001, RPN #100, at that time, dropped specific supplies that were to be used for the procedure on the floor and then proceeded to rinse it off. Resident #001 indicated that RPN #100 then attempted to use the supplies that had fallen onto the floor, until the resident intervened. Resident #001 indicated to inspector #655 that they had told the RPN at the time that they could not use the product because it was no longer sterile. At the same time, resident #001 indicated to Inspector #655 that PSW #104 had witnessed the above-described incident.

During an interview, PSW #104 recalled an incident in which a nurse had dropped a

specific product that was to be used by resident #001 on the floor. PSW #104 indicated to Inspector #655 that the nurse then picked the product up from the floor. PSW #104 further indicated to Inspector #655 that they suspected that the nurse was going to use it after it had fallen on the floor, until resident #001 told the nurse that they were not supposed to use it from the floor. During the same interview, PSW #104 indicated to Inspector #655 that using an unclean product would present a risk to the resident; specifically, of infection.

During the inspection, Inspector #655 reviewed the policy related to the procedure described above. According to the policy, the product must be "sterile" is to be used.

During an interview, RN #103 described the procedure. According to RN #103, the procedure is a "sterile technique". At the same time, RN #103 indicated to Inspector #655 that when a nurse enters a resident's room to perform the procedure, they should always bring an extra supply with them in case the product comes into contact with a non-sterile surface. RN #103 indicated to Inspector #655 that in that case, the product would need to be discarded, and a new one would need to be used. RN #103 indicated to Inspector #655 that all staff would be expected to follow the procedure as they described it for reasons of infection prevention and control. At the same time, however, RN #103 indicated that their knowledge of the process was based on prior experiences; and that they had not yet been trained on the procedure since they started working in the home.

During an interview, RPN #100 indicated to Inspector #655 that they had started working in the home a number of months ago. During the interview, RPN #100 spoke about the training that was provided during orientation at the home. RPN #100 indicated to Inspector #655 that they had received some training related to infection prevention and control; but could not provide any details or otherwise elaborate on the training that was provided. At the same time, RPN #100 indicated to Inspector #655 that they had not received any training related to the above-described procedure as part of their orientation.

During an interview, ADOC #102 indicated to Inspector #655 that nursing staff are expected to complete two educational modules related to infection prevention and control as part of their orientation, and before working on resident home areas. According to ADOC #102, one of those infection prevention and control modules is titled "Infection Prevention and Control Refresher (October 2016)". During the same interview, ADOC #102 indicated to Inspector #655 that training on the policy related to the above-

described sterile procedure is typically done twice yearly. ADOC #102 indicated that neither RN #103 nor RPN #100 would have attended a training session related to this policy yet. ADOC #102 indicated to Inspector #655 that another related educational module was also expected to be completed as part of orientation and that it included information related to the product used for the described procedure. ADOC #102 was unable to elaborate further.

Inspector #655 was provided with training records for three recently hired staff members, including RN #103, RPN #100, and RPN #106. According to the training records, the "Infection Prevention and Control Refresher (October 2016)" module was "not taken" by RPN #100 or by RPN #106. On review of the training records, Inspector #655 was also unable to locate any record that would indicate that RPN #100 and RPN #106 had completed the above-noted module related to the product used for the described procedure.

During the inspection, DOC #101 indicated to Inspector #655 that staff who work on resident #001's resident home area would require training related to the procedure.

The licensee has failed to ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas of infection prevention and control; and, all policies (specifically, the policy related to above-described sterile procedure) of the licensee that are relevant to the person's responsibilities. [s. 76. (2)]

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 no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas of infection prevention and control and all policies of the licensee that are relevant to the person's responsibilities, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 100. Every licensee of a long-term care home shall ensure that the written procedures required under section 21 of the Act incorporate the requirements set out in section 101. O. Reg. 79/10, s. 100.

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written complaint procedure in place that incorporated the requirements set out in section 101 for dealing with complaints.

In accordance with Ontario Regulation 79/10, section 101, a complaint must be investigated and resolved where possible, and a response must be provided within 10 business days of the receipt of the complaint. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint must be provided within 10 business days of receipt of the complaint, including the day by which the complainant can reasonably expect a resolution, and a follow-up response must be provided as soon as possible. In accordance with section 101, the response to the person who made the complaint must indicate what the licensee has done to resolve the complaint; or, that the licensee believes the complaint to be unfounded and the reasons for the belief. In addition, the licensee is required to ensure that a documented record is kept in the home that includes:

a) The nature of each verbal or written complaint;
b) The date the complaint was received;
c) The type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
d) The final resolution, if any;
e) Every date on which any response was provided to the complainant and a description of the response; and,
f) Any response made in turn by the complainant.

As described in WN #3, resident #001 indicated to inspector #655 that they had not received any form of response (neither written nor verbal) from anyone in the home with regards to several complaints they had reported to the DOC and ADOC. During the inspection, Inspector #655 found that the written records kept with regards to resident #001's complaints were not consistent with the above-described legislative requirements.

During the inspection, Inspector #655 reviewed the following policies related to the management of complaints in the home:
- "Management of Complaints" (Policy # AM12, All Departments) revised January, 2017; and,
- "Management of Complaints" (Policy #H1, Nursing Department), revised October, 2013.

On review of the above-noted policies, Inspector #655 found that the policies did not incorporate the above-described requirements set out in section 101:

- Policy #AM12 contained no information related to the requirements for responding to a complainant; or, related to the requirement of acknowledging the receipt of the complaint within 10 days. In addition, there was no information in the policy related to what the response to the complainant must consist of; and, the policy did not outline the requirement to maintain a written record that includes the items identified in s. 101 (2), as described above.

- In Policy #H1, the requirement of acknowledging receipt of the complaint within 10 days was outlined; however, there was no direction contained in the policy as to what other information must be provided within 10 days. In addition, there was no information in the policy related to what the response to the complainant must consist of; and, the policy did not outline the requirement to maintain a written record that includes the items identified in s. 101 (2), as described above.

Over the course of the inspection, neither DOC #101 nor ADOC #102 were able to demonstrate otherwise. On October 24, 2018, ADOC #102 indicated to Inspector #655 that they were unable to provide any additional information with regards to the licensee's written procedures for dealing with complaints that would demonstrate that all of the above-noted regulations were addressed in the existing policies.

The licensee has failed to ensure that there was a written complaint procedure in place that incorporated the requirements set out in section 101 for dealing with complaints. [s. 100.]

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 there is a written complaint procedure in place that incorporates the requirements set out in section 101 for dealing with complaints, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).
(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).
(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).
(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).
(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a documented record was kept in the home that included: c) the type of action taken to resolve the resident's complaint, including the date of action, times frames for actions to be taken and any follow-up action required, d) the final resolution, if any, e) every date on which any response was provided to the complainant and a description of the response; and, f) any response made by the complainant.

On September 11, 2018, resident #001 indicated to Inspector #655 that they had reported several concerns to the home via electronic communication (email); but, that they had not received any form of response from anyone in the home.

Inspector #655 reviewed copies of the electronic correspondence (email) which had been addressed to various recipients including both the DOC and the ADOC, on five different specified dates. Each of the emails was sent by resident #001 and outlined one or more concerns related to the resident's care and/or the operation of the home:

- In one email, resident #001 wrote in an email that they were concerned about a "recurring problem" with a specified procedure. In the same email, resident #001 requested that a certain type of staff member be available on a specified shift to ensure that the procedure could be done.

- In another email, resident #001 expressed concern related to the care provided by RPN #100. In the email, resident #001 made reference to a medication error that had occurred the week prior; and, another incident that had occurred a specified date, in which RPN #100 was described as have dropped a specific product on the floor and had considered still using it until resident #001 intervened. In the same email, resident #001 also reported a housekeeping concern. The email sent on July 14, 2018, outlined the same concerns related to the care provided by RPN #100.

- In another email, resident #001 reported via email that a certain nurse had been working every second weekend, and that on those days, a required procedure was not being performed. Resident #001 again identified that the required staff member had not be scheduled.

-In the last email, resident #001 made reference to the above-identified concerns related to RPN #100 and a previous request about the same nurse. In the same email, resident #001 expressed concern that about which staff members were working on their unit, and suggested that that staff member could swap places with another staff member on another unit.

During an interview, DOC #101 indicated to Inspector #655 that as part of the licensee's formal complaints process, a "Concern/Suggestion" form is normally filled out any time there is a concern reported, unless the concern is a critical incident or a medication incident in which case a critical incident report or medication incident report form would be completed. With regards to resident #001 concerns, however, DOC #101 indicated that the resident "had just sent an email, and we followed up on it". At the time of the interview, DOC #101 suggested that Inspector #655 speak with ADOC #102 to determine whether there was a written record with regards to the actions taken in response to

resident #001's concerns, as outlined above.

During an interview, ADOC #102 indicated to Inspector #655 that each time resident #001 sends an email, they go speak to the resident. At the same time, ADOC #102 indicated to Inspector #655 that they also receive emails from resident #001 stating that no-one has followed up on their concerns. ADOC #102 indicated to Inspector #655 that they follow-up, but that it is not written on a form. During the interview, ADOC #102 demonstrated to Inspector #655 that the following information was documented related to resident #001 concerns:

- In ADOC #102's agenda, there was a note written on a specified date which indicated that there had been follow-up with resident #001 with regards to their concerns about RPN #100. There were no additional details documented.

- On an electronic spreadsheet which ADOC #102 referred to as a "Counseling Log", an entry was made on a specified date, indicating that RPN #100 had been counseled with regards to the concerns identified by resident #001.

- On a printed copy of one of the above-identified emails, there were hand written notes which indicated that ADOC #102 had spoken with resident #001. According to the note, resident #001 told ADOC #102 at that time that they did not want to train the staff members; and that they preferred to have regular staff only. It further indicated that resident #001 expressed concern related to RPN #100, complained about the laundry service in the home; and concern that "different" staff having been working on the floor. In the same note, it is indicated that at that time, ADOC #102 provided resident #001 with an overview of the staff training and orientation process. There was no additional information related to the actions taken with regards to the specific concerns outlined in the resident's emails. There was also no record of the final resolution, if any.

Over the course of the inspection, DOC #101 and ADOC #102 reviewed several strategies used to address resident #001's concerns related to the availability of specified staff to perform a specific procedure for resident #001. However, there was no written record of the actions taken and no written record that would demonstrate that this information had been provided to resident #001.

The licensee has failed to ensure that a documented record was kept in the home that included: c) the type of action taken to resolve the resident's complaint, including the date of action, times frames for actions to be taken and any follow-up action required, d)

the final resolution, if any, e) every date on which any response was provided to the complainant and a description of the response; and, f) any response made by the complainant. [s. 101. (2)]

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 a documented record is kept in the home that includes: c) the type of action taken to resolve the resident's complaint, including the date of action, times frames for actions to be taken and any follow-up action required, d) the final resolution, if any, e) every date on which any response was provided to the complainant and a description of the response; and, f) any response made by the complainant, to be implemented voluntarily.

Issued on this 16th day of November, 2018

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

Original report signed by the inspector.