

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

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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 22, 2019	2019_830752_0001	018648-19	Other

Licensee/Titulaire de permis

Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

Sara Vista
27 Simcoe Street ELMVALE ON L0L 1P0

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

LUCIA KWOK (752), KIM BYBERG (729)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): November 4, 5, 6, 7, 13, and 14, 2019.

Log #018648-19, related to a Service Area Office Initiated Inspection (SAOII).

During the course of the inspection, the inspector(s) spoke with residents, the Executive Director (ED)/Director of Care (DOC), the Assistant Director of Care (ADOC), Office Manager, Activation Manager, Food Service Manager (FSM), Physiotherapist, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Cooks, Housekeeping Staff, and Dietary Aide.

The inspector(s) also toured and observed resident care areas and common areas, observed meal services, medication administration pass, observed resident and staff interactions, reviewed pertinent clinical records, relevant home policies and procedures, and residents' council meeting minutes.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Medication

Nutrition and Hydration

Reporting and Complaints

Residents' Council

Skin and Wound Care

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

3 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. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).

Findings/Faits saillants :

1. The licensee has failed to ensure that no resident administered a drug to themselves unless the administration had been approved by the prescriber in consultation with the resident.

Review of resident #002's electronic medication administration record (eMAR) indicated that Registered Practical Nurse (RPN) #102 and #108 documented that resident #002 self administered their medication on identified dates. Resident #002 stated that either the nurse gave them their medication, or they administered their own medication.

RPN #109 shared that at times the nurses administered resident #002's medication, and at other times resident #002 administered their own medication.

The home's policy index CARE 13-010.06 titled "LTC Self-Administration of Medications" stated that an assessment would be completed by the interdisciplinary team to determine if the resident was capable of self-medication administration. The Physician or Nurse Practitioner would provide approval and an order would be obtained for self administration of medication, and a self-administration of medication agreement would be completed.

Executive Director (ED) #100 shared that they were not aware that resident #002 self administered their medication. They shared that a self medication administration assessment, physician's order and revision of the plan of care should all have been completed.

The licensee failed to ensure that resident #002, who administered a drug to themselves, had been approved by the prescriber to do so, in consultation with the resident. [s. 131. (5)]

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 resident administers a drug to themselves unless the administration has been approved by the prescriber in consultation with the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

**s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure resident #011's altered skin integrity was reassessed at least weekly by a member of the registered staff.

Resident #011 was identified by the home to currently exhibit areas of altered skin integrity. Review of resident #011's Point Click Care (PCC) assessments showed that weekly skin and wound reassessments were missing on identified weeks for the areas of altered skin integrity. In addition, the reassessment of one of resident #011's areas of altered skin integrity was completed two days late.

In an interview, Assistant Director of Care (ADOC) #118 and RPN #119 stated that bruising, pressure ulcers, redness, moisture associated skin damage and any skin issues outside of normal skin were considered altered skin integrity. The ED stated that registered staff were to complete weekly reassessments for residents exhibiting altered skin integrity.

The licensee has failed to ensure that weekly skin reassessments were completed by registered staff for resident #011. [s. 50. (2) (b) (iv)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**Specifically failed to comply with the following:**

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure foods and fluids temperatures were recorded at the end of meal production and prior to meal service.

Inspector #752 completed lunch observation in the main dining room on a specified date. The inspector did not observe temperatures being taken before the meal service. At the end of the meal service, the inspector observed Cook #110 taking and recording food temperatures. The Cook stated that they took the temperatures after meal service to ensure foods were hot in case residents voiced concerns.

The home's procedure index CARE17-O20.02 titled, "LTC- Food Temperature Checklist", last reviewed March 31, 2019, specified that meal production temperatures were taken at the end of the cooking process and recorded under cooking temperatures on the Cook's "Meal Production Daily Temperature Record". The policy further specified that meal service temperatures of menu items were recorded at the server or steam table at the point of service on the "Meal Service Daily Temperature Record". The temperatures of menu items for all diet types and textures were to be recorded.

In an interview, Cook #112 stated that staff only used the form titled, "Daily Meal

Production Temperature Record', to record food temperatures.

Food Service Manager (FSM) #111, confirmed in an interview, that dietary staff were responsible to record food temperatures at the end of production and prior to meal service at the steam table. FSM #111 clarified that on the "Daily Meal Production Temperature Record" form, the pre-temperature was recorded when the food was made, in the kitchen, and the post-temperature was recorded before point of service, at the steam table.

Review of the Daily Meal Production Temperature Record showed missing pre and post temperatures on specified dates and meal services.

FSM #111 acknowledged that food and fluid temperature records were incomplete on the specified dates.

The licensee has failed to ensure that food and fluid temperatures were recorded at the end of food production and before meal service to ensure they were safe and palatable to residents. [s. 73. (1) 6.]

2. The licensee has failed to ensure that resident #007 was provided with an assistive device during meals.

Review of resident #007's plan of care indicated that they used an identified assistive device at meals. During meal observation on a specified date, resident #007 was not provided with the identified assistive device.

Cook #110 stated in an interview that resident #007's electronic dietary profile did not show the identified assistive device as one of their dietary interventions at the time of meal service. They acknowledged that resident #007 was not provided with the identified assistive device on the specified date at the specified meal service.

The licensee has failed to ensure that resident #007 was provided with an assistive device to allow them to eat as comfortably and independently as possible. [s. 73. (1) 9.]

Issued on this 11th day of December, 2019

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

Original report signed by the inspector.