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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de London
291, rue King, 4iém étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 6, 2014	2014_262523_0008	L-000113-14	Resident Quality Inspection

Licensee/Titulaire de permis

SPRUCEDALE CARE CENTRE INC
96 KITTRIDGE AVENUE EAST, STRATHROY, ON, N7G-2A8

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

SPRUCEDALE CARE CENTRE
96 KITTRIDGE AVENUE EAST, STRATHROY, ON, N7G-2A8

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

ALI NASSER (523), DEIRDRE BOYLE (504), INA REYNOLDS (524)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): February 18-21, 24 and 25, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Director of Programs and Services, RAI-MDS Coordinator, Director of Nutritional Services, Registered Dietitian, 11 Registered Staff, 7 Personal Support Workers, 3 Dietary Aides, Family Council President, 3 Family members and 40 + Residents.

During the course of the inspection, the inspector(s) toured the home, reviewed resident clinical records, programs, relevant policies and procedures, relevant meeting minutes, and observed a meal service, medication pass, recreational activities, resident/staff interaction, infection prevention and control practices, and the home's general maintenance relating to upkeep and condition of the home including Resident equipment and supplies.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Food Quality
Infection Prevention and Control
Medication
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

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	Legendé 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. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,
(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).
(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).
(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The Licensee has failed to seek the advice of both the Residents' and Family Councils when developing and carrying out the home's satisfaction survey for 2013 as evidenced by:

a) A review of both the Residents' and Family Council meeting minutes from January 2013 to February 2014 did not reveal any discussions for advice/input for developing and carrying out a satisfaction survey. This was confirmed by the President of the Family Council, Resident Council Representative, the Director of Program Services and the Administrator. [s. 85. (3)]

2. The Licensee has not made available for both the Family and Residents' Councils the results of the satisfaction survey for 2013, in order to seek the advice of the Councils as evidenced by:

a) A review of both the Family and Residents' Council meeting minutes from January 2013 to February 2014 did not reveal that the home did sought any advice from the Residents and/or Family Council members about the results of the home's 2013 satisfaction survey. This was confirmed by the President of the Family Council, Resident Council Representative, the Director of Program Services and the Administrator [s. 85. (4) (a)]

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 the Licensee would seek the advice of the Residents' and the Family Councils in developing and carrying out satisfaction surveys and sharing their results, to be implemented voluntarily.

WN #2: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the Resident as evidenced by:

a) The Care Plan for Resident #003 provided staff with direction to monitor the Resident's urinary output. The Care Plan is not available to the Personal Support Workers in Point of Care. It is the home's expectation that direction to the Personal Support Workers is provided on the Kardex in Point of Care.
Through interview with the Director of Care and a Registered Practical Nurse, it was revealed that the Personal Support Workers are responsible for measuring urinary output and reporting the result to the Registered Staff as written in the Kardex.
Through observation, it was revealed that the Kardex did not include direction to monitor the Resident's urinary output.
This was confirmed by the Director of Care and the RAI MDS Coordinator. [s. 6. (1) (c)]

WN #3: 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 continence care and bowel management policy is being complied with as evidenced by:

The home's Continence Care and Bowel Management Program: Policy No. NS.08.063, issued January 2014 indicates that "Registered Nursing Staff will collaborate with the Resident/Substitute Decision Maker and family and interdisciplinary team to conduct a bowel and bladder continence assessment utilizing a clinically appropriate instrument: (Bladder and Bowel Continence Assessment):
-On admission
-Quarterly (according to the RAI-MDS 2.0 schedule)
-After any change in condition that may affect bladder or bowel continence.

A review of the assessments completed for Resident # 003 it was revealed that The Resident did not receive a quarterly bowel and bladder continence assessment.

Through interview with a Registered Practical Nurse and the Director of Care it was confirmed that a Bladder and Bowel Continence Assessment must be completed quarterly. [s. 8. (1) (a),s. 8. (1) (b)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 31 (4).

Findings/Faits saillants :

1. The Licensee failed to keep a written record of each annual evaluation of the staffing plan as evidenced by:

A review of the home's staffing plan, schedules and Continuous Quality Improvement documents revealed that the Licensee failed to keep a written record of the formal annual evaluation of the staffing plan.

This was confirmed by the Director of Care and the Administrator. [s. 31. (4)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The Licensee has failed to ensure that the height of the Residents is taken annually as evidenced by:

A review of Residents #011 and #012 records revealed that their height was not taken in 2013.
A review of Residents #013 and #010 records revealed that their height was not taken in 2012 and 2013.
This was confirmed by the Director of Care and the Administrator.
During an Interview with the Director of Care it was confirmed that the home's expectation is to have the Residents heights taken annually. [s. 68. (2) (e) (ii)]

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

Issued on this 6th day of March, 2014

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