



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

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 2, 2013	2013_157210_0018	T-268-13	Complaint

Licensee/Titulaire de permis

ST. CLAIR O'CONNOR COMMUNITY INC
2701 St Clair Avenue East, East York, ON, M4B-3M3

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

ST. CLAIR O'CONNOR COMMUNITY NURSING HOME
2701 St Clair Avenue East, East York, ON, M4B-3M3

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

SLAVICA VUCKO (210)

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): July 15, 16, 17, 2013

During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSW), Registered Practical Nurse (RPN), Registered Nurse (RN), interim Administrator, Acting Director of Care, RAI MDS Coordinator, Physiotherapist (PT), Clinical Director

During the course of the inspection, the inspector(s) observed the provision of care to residents, reviewed clinical records,

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management**



Falls Prevention

Personal Support Services

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

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>Legendé</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. 33. Bathing



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Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that each resident of the home is bathed by method of his/her choice.

Interview with acting DOC indicated that the bath tub is not functional in a way that it can be offered as a choice to all residents but it can be safely used only by residents who are able to step into it.

Interview with Resident #2 indicated that she was not offered a choice of tub bath in the last two years but only shower. She has forgotten how it looks like to have a tub bath in order to decide what her preference is. The interview with Resident #1 confirmed that her preferred choice is shower. The review of the bath record, interviews with PSW and Resident #1 confirmed that in June and July 2013 resident received shower one time and sponge bed bath the rest of the time. [s. 33. (1)]

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 each resident of the home is bathed by method of his or her choice as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management



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Specifically failed to comply with the following:

s. 51. (1) The continence care and bowel management program must, at a minimum, provide for the following:

5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated. O. Reg. 79/10, s. 51 (1).

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :



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1. The licensee failed to ensure that annual evaluation of resident's satisfaction with the range of continence care products in consultation with residents, substitute decision makers and direct care staff is being taken into account by the licensee when making purchasing decisions.

Interview with the interim Administrator confirmed that the continence care program does not include an annual resident satisfaction evaluation of continence care products in consultation with residents, substitute decision makers and direct care staff. [s. 51. (1) 5.]

2. In June 2013 the condition of Resident #1 changed from continent to sometimes incontinent. The review of the resident chart and the interview with the Charge Nurse confirmed that Resident #1 did not receive an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions using a clinically appropriate assessment instrument. [s. 51. (2) (a)]

3. The licensee failed to ensure that Resident #1 who has been assessed as being potentially continent receives the assistance and support from staff to become continent or continent some of the time. The review of the RAI MDS assessment from May 15, 2013 and the plan of care for bladder continence indicate that Resident #1 is usually continent of bladder with incontinent episodes once a week or less. Further, the plan of care indicates to encourage resident to use bathroom or call for assistance when resident has the urge. The interview with PSW, Charge Nurse and acting Director of Care confirmed that Resident #1 is offered a bed pan at night and evening while in bed. The interview with Resident #1 confirmed that she would rather use the toilet than bed pan or continent product. [s. 51. (2) (d)]

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 care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident, and residents who have been assessed as being potentially continent receive the assistance and support from staff to become continent or continent some of the time, to be implemented voluntarily.



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**WN #3: 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).**

**s. 6. (2) The licensee shall ensure that the care set out in the plan of care is
based on an assessment of the resident and the needs and preferences of that
resident. 2007, c. 8, s. 6 (2).**

**s. 6. (4) The licensee shall ensure that the staff and others involved in the
different aspects of care of the resident collaborate with each other,**

**(a) in the assessment of the resident so that their assessments are integrated
and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).**

**(b) in the development and implementation of the plan of care so that the
different aspects of care are integrated and are consistent with and complement
each other. 2007, c. 8, s. 6 (4).**

**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 :



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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.

PT assessment from April 2013 for Resident #3 indicates resident to be transferred with total lift, two people assist. Care plan in relation to transfer for Resident #3 indicates that resident needs extensive assistance, physical assistance in weight bearing, by two persons. Further, it directs staff to lift resident mechanically, report any change in client's ability to transfer safely and use mechanical lift for transfers when resident is not able to stand. Interview with PSW, Charge Nurse, PT, RAI MDS Coordinator confirmed that PSW decide at the moment of transfer how Resident #3 to be transferred, either to use or not the mechanical lift. The plan of care does not set out clear direction to staff related to transferring Resident #3. [s. 6. (1) (c)]

2. The plan of care in relation to walking in the room and corridor for Resident #3 indicates that resident needs extensive assistance, physical help in weight bearing by one person. The interview with RPN confirms that resident did not walk for almost two months, and that she is in the wheelchair all the time.

The plan of care in relation to locomotion on and off unit for Resident #1 indicates staff to provide standby assistance for steadiness to client when she is leaving the unit, and staff to support client when walking on unit with her walker. The interview with the Charge Nurse and PSWs confirmed the resident is in wheelchair and does not walk.

The plan of care in relation to bed mobility for Resident #1 indicates that the resident is one person physical assist: to turn, use bed pan and to change the incontinent product. It states also to encourage client to grab onto the bed rail as staff assist her to turn over to encourage client to turn every 2 hours with prompting from staff. Further, it indicates the resident is totally dependent and staff perform full activity during the entire shift. The interview with staff confirms that resident is not able to participate in bed mobility and totally depends on staff. There are no clear direction to staff in relation to level of assistance to be given to resident for turning and repositioning in bed.

The plan of care in relation to dressing indicates that no setup or physical help from staff is needed for Resident #1. Staff to assist with underwear, stockings and shoes. Further the same section indicates that resident is totally dependent and needs full staff performance of activity during entire shift. The plan of care does not give clear



direction in regards to level of assistance with dressing.

The plan of care in relation to bladder continence for Resident #3 indicates that resident uses disposable /reusable briefs-small, medium, large. The interview with the Charge Nurse and the record for use of incontinent products indicate that resident #3 uses large incontinent product for day and nights. There is no clear direction which continence product to be used during day or night. [s. 6. (1) (c)]

3. The licensee failed to ensure that the plan of care is based on an assessment and the resident's needs and preferences.

The plan of care in relation to bathing for Resident #1 indicates to give sponge bath every morning and evening. The interview with RPN and Resident #1 confirmed that resident preference for bath is shower. [s. 6. (2)]

4. The licensee failed to ensure that staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other. The plan of care for Resident #1 indicates for staff to use disposable /reusable briefs-large. Review of the record for use of incontinent products completed on July 16, 2013 indicates use of a medium continent product for Resident #1. Interview with PSWs confirm that each staff uses different product during day or night for Resident #1 and they ask the resident each time which product to use. [s. 6. (4) (a)]

5. The licensee failed to ensure that Resident #1 was reassessed and the plan of care reviewed and revised when the resident's care needs related to continence care changed in June 2013.

Resident #1 was admitted to the home in February 2013. The initial continence assessment indicated that Resident #1 was continent of bowel and bladder. Review of the flow sheets in June and July 2013, interview with PSWs and the resident indicated that resident became incontinent of bladder at least 1-2 times per day. [s. 6. (10) (b)]

6. The licensee failed to ensure that Resident #1 was reassessed for transfer assistance when her health status changed on June 2013.

Interview with the Charge Nurse and Acting Director of Care indicate that with every status change of a resident the RPN or RN notifies PT for further assessment for transfer. The interview with PT and review of the health record confirmed that PT was not notified and she did not assess Resident #1 when her status changed . [s. 6. (10)]

direction in regards to level of assistance with dressing.

WN #4: 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 failed to ensure that the home's policy "Continence Care-Bladder" from March 2006 is complied with for Resident #1.

The policy states that there are 3 procedures that may help a resident potentially become continent. These 3 procedures are: bladder retraining, pelvic muscle exercise and scheduled /prompted voiding.

On June 2013 the health status of Resident #1 changed and she needed transfer with a mechanical lift. The plan of care in relation to bladder continence indicates resident to be offered urinal/bedpan at night only, toilet q2hours or ac, pc, hs, and PRN, check and change pads Q2 hours and PRN. The plan of care in relation to toileting indicates that staff to offer bedpan when in bed on rounds and as needed. The interview with Resident#1 and PSWs confirmed that PSWs offer to resident either a continent product or bed pan while she is in bed since resident started using the mechanical lift for transfer. The policy and procedures for continence care is not complied with for Resident#1 to potentially become continent. [s. 8. (1)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan



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Specifically failed to comply with the following:

s. 24. (4) The licensee shall ensure that the care set out in the care plan is based on an assessment of the resident and the needs and preferences of that resident and on the assessment, reassessments and information provided by the placement co-ordinator under section 44 of the Act. O. Reg. 79/10, s. 24 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that the the care set out in the 24-hour admission care plan is based on the resident's assessed needs and preferences and on the assessments, reassessments and information provided by the placement co-ordinator under section 44 of the Act.

The 24-hour admission care plan for Resident #1 was initiated on admission on February 01, 2013 but not completed for continence, skin problems, vision, devices required, mobility in bed, locomotion in home and outside the home, eating, toilet use, dressing, personal hygiene and bathing. [s. 24. (4)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care

Specifically failed to comply with the following:

s. 35. (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails. O. Reg. 79/10, s. 35 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that each resident of the home receives fingernail care, including the cutting of fingernails.

On July 15 and 16, 2013 Resident#3 was observed with fingernails approximately 4-5mm long and black matter under the nails. [s. 35. (2)]

WN #7: 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. (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).

(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).

(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that the home's documented complaints record is reviewed and analyzed for trends at least quarterly.

Interview with the Administrator on July 16 and 17, 2013 confirmed that the licensee did not review and analyze the documented complaint record for trends at least quarterly. [s. 101. (3)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

3. Continence care and bowel management. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that, for the purposes of paragraph 6 of subsection 76 (7) of the Act, continence care and bowel management training was provided to all staff who provide direct care to residents annually, as required. Interview with staff and review of the staff education records for 2012 confirmed the information. [s. 221. (1) 3.]



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

Uslawicz