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
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 8, 2016	2016_418615_0004	001566-16	Complaint

Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH SYSTEM
574 Northcliffe Avenue DUNDAS ON L9H 7L9

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

ST JOSEPH'S HEALTH CENTRE, GUELPH
100 WESTMOUNT ROAD GUELPH ON N1H 5H8

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

HELENE DESABRAIS (615)

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): February 2 and 3, 2016.

The complaint inspection, Log#001566-16/IL-42314-LO, IL-42377-LO and IL42658-LO was related to plan of care, pain management, prevention of abuse, whistle blowing protection and hydration.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Assistant Director of Care, a Registered Nurse, a Personal Support Worker and the resident's Power of Attorney.

The inspector also made observations of the resident and staff interactions, reviewed the resident's clinical health record, complaints, policy and other relevant documentation.

The following Inspection Protocols were used during this inspection:
Nutrition and Hydration
Pain
Prevention of Abuse, Neglect and Retaliation

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **1 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	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 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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

A review of resident #001's Nutrition Assessment indicated that the resident required total feeding assistance at meals and daily fluid requirements of 1500-1800 milimeters (mls) per day.

A review of the resident's Nutrition Report revealed that on eight out of 15 days the resident's fluid intake was below the recommended daily fluid requirement as assessed by the Dietitian.

A review of the home's policy "Monitoring of Food and Fluid Intake" Process No. Clinical-006-3, reviewed October 2010, indicated "Steps in the process:
1. The dietitian will assess each resident's food and fluid intake goal
2. Personal Support Worker (PSW) is responsible for monitoring food and fluid intake daily for each resident and to document in Point of Care (POC) on intake
3.The PSW will send a standard alert through POC to the Team Leader to identify clients who have poor or changed fluid intake for that shift.
4. Team Leader will assess all clients identified by the POC alert for appropriateness for referral to dietitian.
5. Dietitian will provide an assessment and intervention for any referred clients."

A review of resident #001's clinical health record revealed no documented evidence that staff had sent a "standard alert through POC to the Team Leader to identify" that the resident had poor intake and no documented evidence that the resident was reassessed due to the poor intake.

An interview with Assistant Director of Care #101, Director of Care #100 and Administrator #102 on February 3, 2016, confirmed that the resident's fluid needs, as per the Dietitian assessment was 1500-1800 milimeters per day. Confirmed that the resident's fluid intake was below the recommended daily intake on eight occasions. The Assistant Director of Care #101, Director of Care #100 and Administrator #102 confirmed there was no documented evidence that staff sent a standard alert through Point Of Care (POC) to the Team Leader to identify that the resident had poor fluid intake for that shift as per the home's policy and confirmed that the home's expectation was that staff will follow the home's policy. [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 that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, 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. (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).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care was based on the needs of that resident.

A clinical record review of resident #001 revealed that the resident was assessed for pain using the home's Pain Assessment in Advanced Dementia (PAINAD) and was treated with analgesics accordingly.

A review of the resident's plan of care revealed no documented evidence of pain management, identified needs, goals or interventions.

An interview with Registered Nurse #104 confirmed that resident #001 was assessed for pain, treated with analgesics accordingly and, that the home's expectation was that the plan of care should reflect the resident's needs.

An interview with the Assistant Director of Care #101, the Director of Care #100 and the Administrator #102 confirmed that resident #001 was assessed for pain, treated with analgesics accordingly and, that the home's expectation was that the plan of care should reflect the resident's needs. [s. 6. (2)]

Issued on this 8th day of February, 2016

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

Original report signed by the inspector.