



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

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

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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
Jan 28, 2013	2013_170203_0001	L-000001-13	Resident Quality Inspection

Licensee/Titulaire de permis

S & R NURSING HOMES LTD.
265 NORTH FRONT STREET, SUITE 200, SARNIA, ON, N7T-7X1

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

TWIN LAKES TERRACE LONG TERM CARE COMMUNITY
1310 MURPHY ROAD, SARNIA, ON, N7S-6K5

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

CARMEN PRIESTER (203), ELISA WILSON (171), MARIAN MACDONALD (137),
RUTH HILDEBRAND (128)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 7, 8, 9, 10, 11, 14, and 15, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Services, the Food Service Manager, the Office Manager, the Manager of Environmental Services, the Life Enrichment Coordinator, 5 Registered Nurses, 5 Registered Practical Nurses, 18 Personal Care Workers, 4 Dietary Aides, 3 Housekeeping Aides, 1 Activation Aide, 1 Restorative Aide, 29 Residents, 3 Family Members and the Registered Dietitian.

During the course of the inspection, the inspector(s) toured the home, observed resident care, observed dining room service, observed medication administration, reviewed policies and procedures, reviewed resident records including documentation.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Critical Incident Response

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining



Nutrition and Hydration

Pain

Personal Support Services

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Skin and Wound Care

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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

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 :

The licensee failed to assess an identified resident when the resident's care needs changed.

The home's policy for falls with a head injury, stated that a head injury routine would be completed for 72 hours, that a physician would be consulted if resident was vomiting and that narcotics would be held until consultation with a physician had occurred.

There was no evidence to support that these specified changes to the resident's plan of care were implemented.

This was confirmed by the Manager of Resident Services. (203) [s. 6. (10) (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 the resident is reassessed and the plan of care reviewed when the resident's care needs change or care set out in the plan of care is no longer necessary, to be implemented voluntarily.

WN #2: 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 following policies were not complied with:

A skin assessment was not completed on an identified resident, following a fall, as set out in the Skin Care Assessment Policy #2.6.19.2, dated June 8, 2012.

There was no documented evidence to support that a head injury routine was completed on the resident for the required 72 hours as set out by the home's policy, Head Injury Policy #2.6.8.1, dated May 2010.

The Manager of Resident Services confirmed that neither a skin assessment, nor evidence to support a head injury routine were completed, related to the resident's fall. [s. 8. (1)]

2. A review of policy # 2.6.2.8 Bladder/Bowel Continence states: Each resident's bowel and bladder functioning, including individual routines and the resident's level of continence shall be reassessed when there is any change in a resident's health status that affects continence.

A review of clinical records revealed that two identified residents had not had continence assessments completed as per the policy.

This was confirmed by Registered Staff and the Manager of Resident Services. [s. 8. (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 the policies are in compliance with the LTCHA and regulations, and are complied with, to be implemented voluntarily.



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WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes

Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Findings/Faits saillants :

1. A review of the Medication Administration Records for a specified period, revealed that there was inconsistent monitoring and documentation of residents' response and effectiveness of drugs appropriate to the risk level of the drugs, in 16/30 or 53.3% of the records reviewed.

A review of the Medication Administration Records for another specified period, revealed that there was inconsistent monitoring and documentation of residents' response and effectiveness of drugs, appropriate to the risk level of the drugs, in 9/30 or 30% of the records reviewed.

This was confirmed by the Manager of Resident Services. [s. 134. (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 that the when a resident is taking any drug, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs, including psychotropic drugs, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. A Registered staff was observed not using hand sanitizer or washing hands between residents during medication administration, after direct resident contact. Manager of Resident Services confirmed that the expectation was that the Registered Staff were to use hand sanitizer or wash hands between residents during medication administration, especially if there was any direct resident contact. [s. 229. (4)]

2. On two identified days, the following unlabeled or improperly stored personal care items were observed in several identified areas:

- hairbrush and combs in resident's washrooms were observed to be to be dirty and embedded with hair.
- a bedpan and unlabeled urine collection hat were observed stored on the floor in the shared washroom.
- Urinals and bedpans were noted to be improperly stored and/or unlabeled.
- soiled linen was observed on the floor
- there was an unlabeled bar of soap in a shared washroom .
- unlabeled wash basins were observed in several resident's shared washrooms.
- a catheter bag and drainage tube were lying on the floor beside the toilet.

Registered staff and the Manager of Resident Services confirmed that the expectation was that all personal care items including hair and toothbrushes, combs and washbasins were labeled in shared washrooms and that Personal Care Workers were expected to clean personal care items on resident's bath days. Additionally, personal care items, including washbasins, k-basins and urinals were expected to be labeled and stored in drawers or night stands and not on the floor. (203) (171) (137) [s. 229. (4)]



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 all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. Hallway carpets throughout the home were observed, by 4 inspectors, to be visibly stained and scattered with debris, crumbs and a substance resembling dirt or sand. (203) (128) (171) [s. 15. (2) (a)]

2. Wooden legs on 10 lounge chairs and wooden legs and backs on 11 other chairs were observed to be damaged.
The majority of first floor door frames were observed damaged, with paint chipped off. An identified resident room had walls that were observed to be damaged and marked with a black substance.

Manager of Environmental Services confirmed that the home was developing an action plan to correct the above noted deficiencies. [s. 15. (2) (c)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management



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).

Findings/Faits saillants :

1. The licensee had not surveyed residents and families regarding their satisfaction with the incontinence product since early 2011.

This was confirmed by the Manager of Resident Services. [s. 51. (1) 5.]

2. Review of the clinical record confirmed that an identified resident had an increase in incontinence during a specified period, related to a disease process. Review of the clinical record confirmed continence assessments had not been completed in over a year.

This was confirmed by Registered Staff. [s. 51. (2) (a)]

3. An assessment indicated that an identified resident had experienced a change in continence status.

Review of the clinical record did not reveal any continence assessments completed related to this change.

A Registered Nurse confirmed that continence assessments were not completed on this resident. [s. 51. (2) (a)]



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WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. A housekeeping cart was noted to be unattended and unlocked. There was toilet bowl cleaner and disinfectant on the cart.

The staff member and the Manager of Resident Services confirmed that the expectation was that the cart would be locked when not attended by staff. [s. 91.]

Issued on this 31st day of January, 2013

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

A handwritten signature in cursive script, appearing to read "James Rust".