



**Inspection Report
under the Long-Term
Care Homes Act, 2007**

**Rapport d'inspection
prévue le Loi de 2007
les foyers de soins de
longue durée**

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de
longue durée**

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 16 and 17, 2011	2011_192_2908_16Mar081812	Complaint H- 00459

Licensee/Titulaire
Regency LTC Operating LTC Partnership on behalf of Regency Operator GP Inc as General Partner
100 Milverton Dr. Suite 700, Mississauga, ON, L5R 4H1

Long-Term Care Home/Foyer de soins de longue durée
The Waterford, 2140 Baronwood Dr., Oakville ON L6M 4V6

Name of Inspector(s)/Nom de l'inspecteur(s)
Debora Saville Nursing Inspector #192

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: The Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers and the resident.

During the course of the inspection, the inspector: reviewed medical records, policy and procedure, and observed care of the resident.

The following Inspection Protocols were used during this inspection: Accommodation Services, Continence Care and Bowel Management, Critical Incident Response, Falls Prevention, Skin and Wound Care and Reporting and Complaints inspection protocols.

Findings of Non-Compliance were found during this inspection. The following action was taken:

9 WN
3 VPC
2 CO: CO # 001, 002

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s. 15(2)(b)

Every licensee of a long-term care home shall ensure that,
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered;

Findings:

The personal laundry for a specified resident is not consistently being collected, sorted, cleaned and delivered by the home.

1. A record review failed to find any documentation that the home was not to do a specified resident's personal laundry. There is no signage in the room indicating that the family wished to take responsibility for the personal laundry.
2. During interview with the Personal Support Workers on the home area, it was identified that "if there is a lot of linen in the basket they will do a load" in the washing machine on the floor.
3. A Registered Nurse indicated during interview that the family has made alternative arrangements for the completion of laundry for the resident.

Inspector ID #: Nursing Inspector #192

WN #2: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.6(1)(c)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident.

Findings:

A specified resident has been sustaining ongoing falls.

Staff interview with two Personal Support Workers (PSW's) identified that a specified resident uses a variety of safety devices. It was identified by the PSW's that the bed should be in its lowest position. There is no indication in the plan of care of the use of identified safety devices.

The plan of care indicates that the use of the call bell should be reinforced with a specified resident on a daily basis. The call bell was not accessible by the resident on March 16, 2011 as it was lying on the floor behind the recliner chair.

A specified resident is assessed as being at moderate risk for falls and has fallen several times during the specified shift. The plan of care only indicates to toilet the resident first thing in the morning and every 2-3

hours while awake. No toileting routine has been established for the specified shift. The plan of care for a specified resident does not provide direction to staff related to the care of personal laundry. PSW staff interviewed stated that if the laundry bin is full, the staff will do some of the laundry. The Registered Nurse interviewed indicated that alternative arrangements had been made for the residents laundry and the Power of Attorney indicated that the home has not been doing the resident's laundry.

Inspector ID #: Nursing Inspector #192

WN #3: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s. 6(11)(b)

When a resident is reassessed and the plan of care reviewed and revised,
 (b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care.

Findings:

1. There is documentation in the medical record that indicates there is a history of challenges related to a specified care device. The difficulty continues at the present time. Interventions on the plan of care have been reviewed but no new interventions have been added to decrease the resident's challenges with the device.

Inspector ID #: Nursing Inspector #192

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 ensuring that when a resident is reassessed, if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s. 6(7)

The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

1. The plan of care for a specified resident indicates that the resident is incontinent and requires assistance for toileting. The Continence Tracking Form maintained by the home indicates that the resident is not routinely toileted every 2-3 hours. The resident sustained an unwitnessed fall and required changing due to incontinence.
2. A specified resident has a specified care device - there are ongoing concerns that the device is not maintained. The resident is to be toileted every 2-3 hours - the continence monitoring record indicate that the resident goes for long periods well beyond 3 hours without care being provided. Registered staff is to check the specified device once per shift; this is signed as having been complete on the Treatment Administration Record, although the resident continues to experience episodes when the

designated device is not maintained appropriately.

Inspector ID #: Nursing Inspector #192

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #5: The Licensee has failed to comply with O. Reg. 79/10 s. 101(1)1

Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

Findings:

1. A memo was sent from a Power of Attorney to the Director of Care identifying three concerns.
 - a. A resident was showered, and then dressed without addressing the specific care needs of the resident.
 - b. The home is using an incontinence report in the residents bathroom, that is not being completed by the Personal Support Worker's responsible for care.
 - c. Responsiveness of staff to a ringing bell.

This memo was not forwarded to the MOHLTC with a response within 10 days as required by the homes policy and by legislation.

Inspector ID #: Nursing Inspector # 192

WN #6: The Licensee has failed to comply with O. Reg. 79/10 s. 107(3)2

The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under section (4):

2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being for a period greater than six hours.

Findings:

During entrance to the home on March 16, 2011, it was noted that one elevator was not functioning.

The breakdown was confirmed during discussion the Director of Care.

A search on Itchomes.net Critical Incident System for the Critical Incident Report related to the elevator failure was unsuccessful in locating the critical incident. It was confirmed by the DOC that no critical incident report was completed on the breakdown of the elevator.

The elevator breakdown occurred on March 13, 2011.

Residents attempting to access other areas of the home, including the exterior for smoking were observed waiting for the available elevator for lengthy periods. Several residents and visitors voiced concern about the



long waits for elevator access.

Inspector ID #: Nursing Inspector #192

WN #7: The Licensee has failed to comply with O. Reg. 79/10 s. 49(2)

Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Findings:

A specified resident had a fall risk assessment (utilizing the RAI MDS Fall Risk Assessment) completed and was identified to be at moderate risk for falls.
The resident sustained a fall, no post fall assessment using a clinically appropriate assessment instrument was completed.
The resident sustained a subsequent fall; no post fall assessment was completed using a clinically appropriate assessment instrument.

Inspector ID #: Nursing Inspector #192

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #8: The Licensee has failed to comply with O. Reg. 79/10 s. 50 (2)(b)(iv)

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.
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

Findings:

A specified resident sustained an injury resulting in a wound. No investigation was conducted to determine the cause of the wound. This is the second such incident for this resident.
Quarterly wound assessments were completed for a specified resident. Weekly wound assessments were not completed using an appropriate assessment instrument specifically designed for skin and wound assessment. The homes policy (NUR-III-13) Skin Assessment and Care Planning requires reassessments at least weekly by a member of the registered nursing staff.

Inspector ID #: Nursing Inspector #192

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 ensuring residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receive 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 and that areas of altered skin integrity are reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O. Reg. 79/10 s. 8(1)(b)

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 all applicable requirements under the Act; and
- (b) is complied with.

Findings:

1. The homes policy NUR-V-66 Falls-Resident #4 (page4/5) indicates that the family should be notified following a fall. The substitute decision maker for a specified resident was not notified of the fall. The policy also indicates several interventions for the prevention of falls including toileting regularly as per continence routine. A specified resident was not toileted according to the specified toileting routine.
2. The homes policy NR-V-72 Head Injury Routine indicates that "when a cognitively impaired resident sustains an unwitnessed fall it should be assumed that the resident has hit their head and the head injury protocol should be followed." A specified resident sustained an unwitnessed fall, no head injury routine was initiated at this time.
A specified resident sustained an unwitnessed fall, head injury routine was initiated but the policy was not followed - neuro vitals and checks were not completed every 4 hours for 72 hours. Number 5 (page 2/3) indicates that the family or substitute decision maker will be notified of the incident. Progress notes do not include notification of the family of a specified resident after the resident had sustained a second fall in two days. The power of attorney indicates they were not notified of the fall.
3. The homes policy NUR-III-13 Skin Assessment and Care Planning indicates that residents exhibiting altered skin integrity will receive; reassessments at least weekly by a member of the registered nursing staff, if clinically indicated.
A specified resident sustained an injury resulting in a wound, assessments were not completed weekly.
4. The homes policy LTCE-RCA-E-009 Complaints indicates that "written complaints with the written response from the Administrator are copied to the Ministry of Health and Long Term Care (MOHLTC) Compliance Advisor". These complaints and the homes response were not forwarded to the MOHLTC.

Inspector ID #: Nursing Inspector #192

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 ensuring that any required plan policy, protocol, procedure, strategy or system is complied with, to be implemented voluntarily.



Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. <i>Debra Sewell</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). <i>May 10, 2011</i>



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Debora Saville	Inspector ID # 192
Log #:	H - 00459	
Inspection Report #:	2011_192_2908_16Mar081812	
Type of Inspection:	Complaint	
Date of Inspection:	March 16 and 17, 2011	
Licensee:	Regency LTC Operating LTC Partnership on behalf of Regency Operator GP Inc as General Partner 100 Milverton Dr., Suite 700, Mississauga, ON L5R 4H1	
LTC Home:	The Waterford, 2140 Baronwood Dr., Oakville ON L6M 4V6	
Name of Administrator:	Eileen Trevors	

To Regency LTC Operating LTC Partnership, you are hereby required to comply with the following orders by the dates set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: <i>Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s. 6(7)</i>			
The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.			
Order:			
The licensee shall provide the specified resident personal care related to continence care and as defined in the plan of care (giving consideration to needs on all shifts), and ensure that the specified care device is monitored and identified interventions are initiated as necessary.			
Grounds:			
The plan of care for a specified resident indicates that there is incontinence and a need for assistance for toileting. "Staff to toilet first thing in the morning and then every 2-3 hours while awake."			



The Continence Tracking Form maintained by the home indicates that the resident is not routinely provided care every 2-3 hours.

A specified resident has a care device - there are ongoing concerns that the specified device is not maintained.

Registered staff are to check the specified device once per shift, this is signed as being complete on the Treatment Administration Record, although the resident continues to experience difficulty with the device.

The home is not providing care to the specified resident as set out in the plan of care

This order must be complied with by: Immediately

Order #:	002	Order Type:	Compliance Order, Section 153 (1)(a)
-----------------	-----	--------------------	--------------------------------------

Pursuant to: O. Reg. 79/10 s. 49(2)

Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Order:

The licensee shall immediately complete a fall assessment using a clinically appropriate assessment tool specifically designed for falls for a specified resident, reviewing the history of falls, influencing factors and ensuring that interventions appropriate to needs are implemented and are communicated to staff of the home.

The licensee shall ensure that all other residents of the home sustaining a fall and where the condition or circumstances of the resident requires, will have a comprehensive post-fall assessment completed using a clinically appropriate assessment instrument that is specifically designed for falls, immediately following a fall.

Grounds:

The specified resident had a fall risk assessment (utilizing the RAI MDS Fall Risk Assessment) completed. At this time the resident was identified to be at moderate risk for falls.

The resident sustained a fall, the status of the resident was reviewed including vital signs and range of motion, no post fall assessment using a clinically appropriate assessment instrument was completed.

The resident sustained a subsequent fall; no post fall assessment was completed using a clinically appropriate assessment instrument.

	Immediately
--	-------------

REVIEW/APPEAL INFORMATION

TAKE NOTICE:



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

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

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

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

Issued on this 10th day of May, 2010.	
Signature of Inspector:	<i>Deborah Saville</i>
Name of Inspector:	Debora Saville
Service Area Office:	Hamilton Service Area Office Ministry of Health and Long Term Care Performance Improvement and Compliance Branch 119 King St. West, 11 th Floor Hamilton, ON, L8P 4Y7