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 16, 2013	2013_105130_0022	H-000177-13	Complaint

Licensee/Titulaire de permis

REGENCY LTC OPERATING LP ON BEHALF OF REGENCY
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

THE WILLOWGROVE
1217 Old Mohawk Road, ANCASTER, ON, L9K-1P6

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

GILLIAN TRACEY (130)

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 31, August 1, 2, & 3, 2013

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care, Assistant Director of Care, RAI Coordinator, Registered Staff, personal support workers, housekeeping staff and residents related to H-000177-13.

During the course of the inspection, the inspector(s) Interviewed staff and residents, reviewed clinical records, applicable policies and procedures and observed resident care.

The following Inspection Protocols were used during this inspection:
Falls Prevention

Responsive Behaviours

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

Findings/Faits saillants :

1. The licensee did not ensure that there was a written plan of care for each resident that set out the planned care for the resident, the goals the care was intended to achieve and clear directions to staff and others who provided direct care to the resident.

a) According to assessments and progress notes reviewed, resident #005 required analgesics four times daily, antidepressants, anti-psychotics and anti-anxiety medications daily for management of depression, responsive behaviours and anxiety. The resident exhibited inappropriate sexual behaviours, agitation and had previously physically assaulted staff and an identified co-resident. Staff confirmed there was no plan in place with interventions and/or strategies to manage pain, depressive episodes, responsive behaviours - physical aggression nor sexual inappropriateness.

b) According to clinical records reviewed and staff interviewed, resident #004 required routine analgesics to manage pain, however there was no plan place with goals and interventions to manage pain.

c) According to the clinical record and staff interviewed, resident #002 exhibited responsive behaviours, sundowining/agitation, wandered in and out of other co-resident rooms, which had resulted in altercations between residents, displayed aggressive behaviour and resistiveness to care, required routine analgesics to manage pain, required regular anti-anxiety medication to manage anxiety, had a history of depression, a cardiac history and other medical needs which required monitoring. Staff confirmed that there was no plan in place, or strategies/interventions developed to manage these needs. [s. 6. (1)]

2. The licensee did not ensure that staff and others involved in the different aspects of care of the resident collaborated with each other, in the assessment of the resident so that their assessments were integrated and were consistent with and complement each other.

a) The Quarterly Minimum Data Set (MDS) Assessment completed 2013, for resident #004, was coded: 0, under section J2, indicating no pain. However, the Ont - Skin & Wound Assessment, completed within 7 days of the quarterly assessment, indicated the resident had daily pain. The Ont-Resident Assessment Protocol (RAP) Quarterly Supplement completed in 2013, and staff confirmed the resident had daily pain and required routine analegsics four times daily to manage pain.

b) A Non-triggered Clinical Problem for psychosocial needs, completed in 2013, indicated the resident "continued to be at ease when interacting with others", "does not have a strong identification with past roles/life status nor does resident perceive that daily routines different from past; does not express sadness/anger/emptiness over losing previous roles". However the assessments and progress notes reviewed since admission in 2013, indicated the resident was anxious, confused, expressed desires to go home to spouse, confused co-resident to be spouse and expressed anger towards family members for admission to the home. The resident required routine anti-anxiety medication to manage anxiousness and agitation and had been involved in altercations with a co-resident. [s. 6. (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 that there is a written plan of care for each resident that sets out the planned care for the resident, the goals the care is intended to achieve and clear directions to staff providing direct care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).
4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the pain management program to identify pain in residents and manage pain was consistently implemented. The home's policy: LTC-CNS-E-4 Palliative, Pain and Symptom Control indicated:
1. Registered staff will formally assess residents for the presence of pain on admission and quarterly thereafter at a minimum using the MDS assessment.
2. Other times when a resident may be assessed for pain include following a fall, new skin issue, return from hospital, new fracture, significant change in status, new cancer diagnosis, etc.
3. If either J2a or J2b are greater than 0, staff are to consider further investigation into the pain using the "Ont – Comprehensive Pain Assessment in PCC".
4. Ongoing Registered staff and all other members of the interdisciplinary care team are to be alert to signs that a resident may be experiencing pain. Team members observing any of these signs are to report these to Registered Staff immediately. Registered staff are to follow up verbal reports from care staff by assessing the resident for new or an exacerbation of current pain using the Pain Flow Sheet.
5. The interdisciplinary team will develop a resident specific care plan that outlines the interdisciplinary teams/ interventions for treating and addressing the resident's pain. The care plan will be evaluated at a minimum quarterly for effectiveness of addressing the resident's pain.
9. Each time a PRN (as needed) medication is given staff are to complete the Pain Flow Sheet prior to the administration of PRN pain medication and then again 30 minutes to 1 hour after medication administration. For cognitively well residents the numeric scale is to be used.

a)Resident #002 was admitted to the home in 2013. According to the medication administration record (MAR), the resident received a routine analgesic four times daily and a PRN (as needed) analgesic since an identified time period in 2013, The B.S.O. (Behaviour Support Outreach) discussion notes in 2013, indicated the resident had a history of pain and needed to be assessed for pain every shift for 72 hours. BSO follow-up notes on a later date in 2013, indicated the resident had stated they "would like to die due to pain"; Progress notes in 2013, indicated the resident complained of pain; BSO follow-up notes in 2013 indicated: "pain identified as an issue, c/o (complaints of) back pain, chest pain. Please consider breakthrough analgesics to supplement regular acetaminophen order". Staff interviewed and records confirmed that formal pain assessments were not completed on admission nor quarterly. Staff did not complete a non triggered pain rap (resident assessment protocol) despite recommendations made from BSO staff and other information that

identified pain as a problem. A pain assessment was not completed when a minimum data set (MDS) significant change assessment was completed in 2013. Flow sheets were not consistently completed when a prn had been administered; nor was there a plan in place with established goals and pharmacological and non pharmacological interventions developed to manage pain. [s. 48. (1) 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 the pain management program to identify pain in residents and manage pain is implemented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).
(b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

1. The licensee did not ensure for each resident demonstrating responsive behaviours that strategies were developed and implemented to respond to these behaviours. The home's policy LTCE-CNS-G-17 Responsive Behaviour Intervention Table indicated that pain was a possible cause for responsive behaviour, sundowning/agitation and that possible interventions included, completing a pain assessment and offering analgesics based on assessment outcome if ordered.

a) In 2013, the home reported an unwitnessed physical altercation involving two residents. According to the report, resident #002, pushed resident #001, which resulted in a fall. Resident #002 was known to exhibit responsive behaviours, sundowning/agitation, pre and post incident, however, a pain assessment was not completed. [s. 53. (4) (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 for each resident demonstrating responsive behaviours that strategies are developed and implemented to respond to these behaviours, to be implemented voluntarily.

Issued on this 16th day of August, 2013

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