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

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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 8, 2014	2014_275536_0018	H-000966-14	Resident Quality Inspection

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

CATHIE ROBITAILLE (536), LEAH CURLE (585), MARILYN TONE (167)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): July 28, 29, 30, 31, August 5, 6, 7, 8, 2014

During the course of the inspection, the inspector(s) spoke with regulated an unregulated workers,food service workers, Registered Staff, Environmental Services Supervisor, Support Services Manager, Assistant Food Service Manager, Program Support Services Manager, Resident Assessment Instrument (RAI) Co-Ordinator, Assistant Director of Care (ADOC), Director of Care(DOC)and the Administrator.

During the course of the inspection, the inspector(s) toured the home, observed care and services, interviewed staff, managers, residents and families, reviewed clinical records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Continence Care and Bowel Management
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care

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.) 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 LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration

Specifically failed to comply with the following:

s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).

Findings/Faits saillants :

1. The licensee failed to ensure that resident #008 was provided with food that was safe.

On August 6, 2014, during lunch meal service in an identified dining room, resident #008 was observed eating their meal of pureed beans and wieners. A noticeable piece of aluminum foil was observed in the resident's meal. A Personal Support Worker (PSW) confirmed the presence of the foil and stated the food was not safe for the resident to eat. A Food Service Worker (FSW) confirmed the presence of the foil and that the food was not safe to eat. (585) [s. 11. (2)]

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 food provided is safe for residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee did not ensure that schedules and procedures were in place for the building interior which includes but is not limited to doors, walls, fixtures and equipment.

The licensee's policy [Audits/LQIP's-Policy #RCA-LTCE-H-05-revision date April 2013], states that as part of the quality assurance, the activities, systems and processes of the home will be systematically monitored for compliance, and analyzed for improvement opportunities, through the completion of audits and/or LQIP's.
On July 26, 2014 during a walk-through of the home it was noted that resident rooms had four single pole decorative light switches in one wall plate. Closer view of these switches revealed that many were warped and/or pulled away from their casing. It was also noted that the bathroom switches (with built in illumination) and the switches for the nightlight built in the wall were predominantly the ones affected. In total 60 residents rooms were viewed on July 31, 2014 and there were a number of damaged switches identified.

Inspector reviewed available audits,managers walk-through's and maintenance book. The homes audit[maintenance audit-resident room] was the only audit that identified to inspect "plug outlets/light switches-to ensure switches and outlets are functional, inspect covers for cracks." Review of the Environmental Audit Schedule as per policy identified "maintenance audit-resident room/common area" were to be done on a monthly basis. The last located audit was dated November 2013. The Administrator confirmed that no audits for 2014 could be located. [s. 90. (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 and ensuring that schedules and procedures are in place, to be implemented voluntarily.

WN #3: 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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

The licensee's policy [Falls-Resident Policy #LTCE-CNS-G-10-revision date of January 2013], was not followed. The policy states that ongoing assessment of the resident's condition for a minimum of 48 hours following all falls must be documented in the progress notes. A review of clinical records for resident #006 identified that six falls had occurred on identified dates in 2014. It was identified for five of these six falls, that an ongoing assessment of the resident's condition for a minimum of 48 hours was not documented in the progress note as evidenced by:

i)The fall which occurred on an identified date in 2014 on day shift did not have a progress note on the resident's condition completed on an identified date in 2014 on the evening shift
ii)The fall which occurred on an identified date in 2014 on day shift did not have a progress note on the resident's condition completed on an identified date in 2014 on the evening or night shift
iii)The fall that occurred on an identified date in 2014 on day shift did not have a progress note on the resident's condition completed on an identified date in 2014 on the evening shift
iv)The fall that occurred on an identified date in 2014 on day shift did not have a progress note on the resident's condition completed on an identified date in 2014 on the night shift
v)The fall that occurred on an identified date in 2014 on evening shift did not have a progress note on resident's condition completed on an identified date in 2014 on the night shift, or on an identified date in 2014 on the day or evening shift.

This information was confirmed by the Resident Assessment Instrument Co-Ordinator

(RAI) Co-Ordinator. [s. 8. (1) (a),s. 8. (1) (b)]

2. The licensee failed to ensure that the home's policy and procedure for in-service education was complied with.

On August 6, 2014, during lunch meal service, on Old Mill, second floor, food temperatures were taken and found to be below the home's expectations as per their food temperature log form. The Food Service Worker (FSW) present did not know the home's expectations for holding of hot and cold foods. The licensee's policy [In-service Education-Policy
#RCA-LTCE-A-11-revision date of April 2013] stated that "Each year in the last quarter the Department Managers or designate will distribute to department staff an Education Needs Assessment form", "Department managers or designates will review the needs assessment to determine common trends in education requests", and "Annually the Department Manager or designate will establish an education plan for the department". The Support Services Manager stated that the Needs Assessment form was provided to staff in November 2013 to January 2, 2014, but was not reviewed to determine trends, and an education plan was not established for the department. The Support Services Manager confirmed that in-service training had not been provided to dietary staff since June 13, 2013. [s. 8. (1) (b)]

WN #4: 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. The licensee did not ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

The licensee's policy [Audits/LQIP's-Policy #RCA-LTCE-H-05-revision date April 2013], states that as part of the quality assurance, the activities, systems and processes of the home will be systematically monitored for compliance, and analyzed for improvement opportunities, through the completion of audits and/or LQIP's.

On July 26, 2014 Oak Mills lounge room 2080, there was an area of missing flooring 12 inches by 23 inches by the door leading to the balcony. Also noted where the flooring was missing were thin loose pieces of concrete ranging from one to two inches in diameter. Inspector reviewed available audits, management walk-through's and maintenance book documentation and located a Health and Safety Workplace Inspection dated May 13, 2014 identifying the area of flooring as being torn. The Health and Safety Workplace Inspection had been signed off by the Administrator May 21, 2014 however, the disrepair was not fixed. This was confirmed by the Administrator. [s. 15. (2) (c)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
15. Skin condition, including altered skin integrity and foot conditions. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee did not ensure that the plan of care for resident #009 was based on an interdisciplinary assessment with respect to the resident's skin condition related to their risk for pressure ulcer on their right hip.

A) Resident #009 developed a stage 2 pressure ulcer on their right trochanter on an identified date in 2014. This wound did not heal until an identified date in 2014. The progress notes for the resident indicated that the resident had a previous stage 1 pressure ulcer in the same area on an identified date in 2013.
i) The Resident Assessment Protocol (RAP) completed on an identified date in 2014 indicated that the wound on the resident's right trochanter had healed but the bone was slightly protruding at the site, increasing the resident's risk of developing pressure ulcer.
ii) It was noted that the resident was incontinent of urine and wore a brief.
iii) It was noted that throughout this review, whenever the resident was observed, they were noted to be lying in their bed. Staff interviewed indicated that the resident does get up for meals and occasional activities but tends to remain in their room lying on their bed much of the time.
iv) The assessment completed by the Registered Dietitian on an identified date in 2014, indicated that registered staff had told them that the side of the resident that had the wound was the side that the resident predominantly slept on and it was difficult to keep the resident off of that side to prevent pressure. The Dietitian ordered protein powder to be given three times per day to promote wound healing.
v) On an identified date in 2014 the Nurse Practitioner saw the resident and noted that the resident's right hip bone was very prominent and ordered a hip X-Ray to rule out and disturbance to the resident's hip/appliance due to previous hip surgery.
vi) During a review of the document that the home refers to as the care plan, it was confirmed that there was no care plan in place for resident #009 to address prevention of recurring pressure wounds to their right hip. [s. 26. (3) 15.]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that all foods were stored and served using methods to prevent contamination.

On August 6, 2014, during lunch meal service in an identified dining room, food inserts in the steam table were observed to have aluminum foil ripped and pushed back to the edges of each insert. During the course of service, the Food Service Worker (FSW) picked one piece of aluminum foil from pureed beans and wieners, and one piece of foil from the minced cauliflower with their fingers, and did not wash their hands prior to and after removing them. The FSW stated the aluminum foil should have been removed from the inserts prior to service, and they should not have removed foil pieces with fingers. The Assistant Food Service Manager (AFSM) stated the foil covering the food should have been removed at the beginning of meal service, and the FSW should not have removed the foil with their fingers. (585) [s. 72. (3) (b)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that foods were served at a temperature that was safe and palatable to the residents.

During Stage 1 of the Resident Quality Inspection, resident #003 reported that most hot foods were regularly served below an ideal temperature, and found vegetables in particular were served cold.

On August 6, 2014, during lunch meal service in an identified dining room, food temperatures were taken and regular texture cauliflower was 54.4 degrees Celcius, and regular texture garlic bread was 58.1 degrees Celcius. One resident who received the regular texture cauliflower and garlic bread found their meal to be cold. The Food Service Worker (FSW) serving the meal was unsure of the home's expectations for hot food temperatures. The home had a food temperatures log in the servery which stated "holding temperatures for hot production: Food must have a temperature reading of 60 C and above." (585) [s. 73. (1) 6.]

Issued on this 15th day of August, 2014

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