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
Feb 19, 2014	2014_293554_0005	000804	Complaint

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE PORT HOPE
360 Croft Street, PORT HOPE, ON, L1A-4K8

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

KELLY BURNS (554)

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 10, 2014

Complaint Inspection was completed for Log #O-000804-13

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care(DOC), RAI Coordinator, Registered Nurse(RN), Registered Practical Nurse(RPN), Personal Support Workers(PSW), Medical Director, and Residents

During the course of the inspection, the inspector(s) toured home, reviewed clinical health records, TENA usage and costing reports, schedules and staffing for a specified time period, Resident and Family Council meeting minutes, staff education relating to continence care, and program evaluation relating to Continence Care Program. Reviewed the home's policy Continence Care Program, and Care Planning.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Sufficient Staffing

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. 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).

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

Findings/Faits saillants :

1. Related to Log #000804 - Resident #001

The Licensee failed to 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.

The written care plan for Resident #001, for the period reviewed, indicated that the resident is "toileted using a commode at bedside after breakfast, after lunch, after dinner and before going to bed at bedtime".

The same care plan indicates Resident #001 as being incontinent, but does not indicate incontinence product being used for this resident.

Resident #001, during an interview, indicated "commode is not used for toileting" and further indicated "preference is to use bedpan or use of an incontinence brief". Resident indicated "commode is too uncomfortable for use".

Interviews with Personal Support Worker(PSW)(#111,#112,#113,#114) and Registered Practical Nurse(RPN)(#110) all indicated "care plan for Resident #001 needs to be updated, resident never uses the commode or bedpan, as resident refuses". Staff all indicated Resident #001 as being incontinent at all times. [s. 6. (2)]

2. Related to Log #000804

The Licensee failed to ensure that staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

In an interview with the Director of Care(DOC) and RPN's (#107,#108 and #110) all indicated that PSW's have access to resident care plan's in binders found at the nursing stations on each home unit. DOC and RPN's indicated that "PSW's do not have access to computerized resident clinical records".

PSW's (#113 and #114) indicated "care plan's are not always accessible to them, especially for new resident's admitted to the home". PSW's indicated "they have no access to computerized resident care plans".

During the time of this inspection, the care plan binder on one home unit did not contain care plans for Residents #008, #009, #010 and #111.

The care plan for Resident #001, located in one home unit's care plan binder, was not reflective of the current care needs of this resident.

DOC and RAI Coordinator were able to demonstrate that a current care plan reflective of Resident #001's care needs exists, and had been updated; the current care plan was on Point Click Care (electronic health records). DOC indicated "care plan reflective of resident care needs should be available on resident care areas for direct care staff's use".

The home's policy 'Care Planning'(#03-01-02) states "Each nursing unit or home area is to have a binder that contains all resident care plans for the unit. The paper care plan must be kept current to the care needs of the residents". [s. 6. (8)]

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 staff and others who provide direct care to a resident are kept aware of the contents of the resident's care plan and have convenient and immediate access to it, to be implemented voluntarily.

WN #2: 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. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. Related to Log #000804 - Resident #006

The Licensee failed to ensure that each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bladder and bowel continence based on the assessment and that the plan is implemented.

A review of the written care plan, for Resident #006, for the period reviewed, indicated that resident is incontinent and requires extensive assistance with toileting. The care plan does not include an individualized toileting plan for Resident #006.

PSW's (#112) indicated "Resident #006 is incontinent and does require extensive assistance of staff". When questioned as to Resident #006's toileting schedule, PSW indicated "staff will assist resident if they see resident wandering, but otherwise resident will use the shared bathroom near the dining room or a co-resident's toilet" and further stated "when we see Resident #006, staff will provide care".

RPN #110 and DOC indicated "all resident's who are incontinent or who are unable to toilet self require an toileting schedule".

The home's policy 'Continence Care Program' indicates 'all residents who are incontinent will have an interdisciplinary plan of care that is reflective of their current functional status, personal and health care needs and appropriate interventions such as scheduled toileting, and toileting routines'. [s. 51. (2) (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 each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bladder and bowel continence based on the assessment and that the plan is implemented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.

Findings/Faits saillants :

1. Related to Log #000804

The Licensee failed to ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

A random sampling of resident care plan's on two resident home units, demonstrated that six out of seven care plan's did not indicate individual resident sleep or bedtime routines.

Desired bedtime and rest routines were not indicated in the plan of care for Resident's #001, 004, 006, 007, 008, and 009.

Interview with PSW's (#111 and #112) demonstrated inconsistency in bedtime routines for unit resident's. PSW #111 indicated "resident's on one home unit's C Hall are put to bed first as they have responsive behaviours". PSW #112 stated "bedtime routines are different weekly so that every resident gets a chance to go to bed early", PSW #112 indicated "week one Hall A goes to bed first, then the next week Hall B and so on".

DOC indicated "awareness of resident care plan's not containing individualized bedtime routines or sleep patterns". [s. 41.]

Issued on this 19th day of February, 2014

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs
Kelly Burns (554)