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

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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130 Dufferin Avenue 4th floor
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 11, 2015	2015_226192_0062	023170-15	Complaint

Licensee/Titulaire de permis

STEEVES & ROZEMA ENTERPRISES LIMITED
265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

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

ST ANDREW'S TERRACE LONG TERM CARE COMMUNITY
255 St. Andrew's Street CAMBRIDGE ON N1S 1P1

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

DEBORA SAVILLE (192)

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): Novmeber 17, 18, 19, 20, 23, 24, 25 and 26, 2015.

This Compliant Inspection related to IL-40238-LO was conducted concurrently with the Resident Quality Inspection 2015_258519_0036.

PLEASE NOTE: A Written Notification and Compliance Order related to O. Reg 79/10, s. 51(2)a, findings A. and B. identified in report #2015_258519_0036 (Log#026857-15) will be issued in this report.

During the course of the inspection, the inspector(s) spoke with the Administrator, Manager of Resident Care and Assistant Manager of Resident Care.

The inspector reviewed medical records, including assessments and medication administration record and policy and procedures.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Pain

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **2 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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 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,
(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 has failed to ensure that each resident who was incontinent received an assessment that included 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 was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

A. Documentation review revealed that in 2015, resident #002 had an Admission Continence Assessment that stated they were continent of urine. The Minimum Data Set (MDS) assessment completed in a specified month in 2015, indicated that the Resident was continent of bladder.

The progress notes indicated that resident #002 became incontinent of urine. The MDS Assessment completed in a specified month indicated that resident #002 was incontinent of bladder.

The progress notes indicated that resident #002 continued to be incontinent of bladder.

Interview with a Registered Practical Nurse (RPN) confirmed that resident #002 did not have a Continence Assessment completed when their bladder continence status deteriorated from continent to incontinent.

B. Documentation review for resident #003 indicated that they were hospitalized in 2015. The resident returned to the home and a Continence Record was initiated, as the resident was incontinent of urine. The Continence Record showed daily episodes of bowel and bladder incontinence. Personal Support Workers interviewed confirmed a change in the resident's continence status on return from hospital.

Interview with the Manager of Resident Care (MRC) confirmed that it was the home's expectation that a Continence Assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions would have been done for resident #003 when they returned from the hospital and were having episodes of bladder and bowel incontinence. She stated that a Continence Record was done to determine what type of product resident #003 required due to their episodes of incontinence. (519)

C. Resident #047 had a continence assessment completed at the time of admission that identified the resident to be continent of urine.

Resident #047 sustained a change in condition including a change in continence.

Resident #047 was described by staff of the home to have been ambulatory, compliant with care, continent and independent with toileting. Following a change in condition, the resident became incontinent of bladder requiring use of a continence product and assistance with all transfers for toileting.

Interview with the Manager of Resident Care and the Assistant Manager of Resident Care confirmed that resident #047 sustained a change in condition and that no Continence Assessment had been completed in relation to this change.

The home's policy titled, Bladder and Bowel Continence, Policy Number: RCM 10-01-02, dated as revised August 4, 2014, stated that each residents bowel and bladder functioning, including individual routines and the resident's level of continence, shall be reassessed if H4 Change in Urinary and/or Bowel Continence is coded as "deteriorated" during quarterly MDS or a change of status and reassessed when there was any change of resident's health status that affected continence.

The licensee has failed to ensure that each resident who was incontinent received an assessment that included 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 was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence. [s. 51. (2) (a)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when the resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Resident #047 was assessed to have a CPS score of one and was identified to have pain that was controlled with routine analgesic. In 2015, resident #047 sustained a fall that resulted in injury and the resident started to complain of pain that was treated effectively.

Resident #047 sustained a subsequent fall that resulted in a transfer to hospital. The resident was assessed and returned to the home with a prescription for analgesic which the resident continued to receive.

The home's policy related to Pain and Symptom Management RCM 10-04-01 indicated that pain monitoring and assessment would be completed (at a minimum), with a change in medical condition, observation of a change in responsive behaviours, upon the resident reporting unrelieved pain, and upon a team member reporting observed pain that was not relieved by initial interventions.

The home's policy indicated that the resident's pain would be measured using validated and clinically appropriate pain assessment instruments, specifically identifying a Pain Assessment Tool for resident's with a CPS of two or under and the Abbey Pain Scale for residents with a CPS of three or over.

Record review identified that the resident's mobility and care needs changed in relation to the pain.

Interview with the Manager of Resident Care and the Assistant Manager of Resident Care confirmed that resident #047 had not had a pain assessment completed. It was noted that pain monitoring was completed.

The licensee failed to ensure that when resident #047's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose. [s. 52. (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 when the resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

s.101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).

Findings/Faits saillants :

1. The licensee failed to ensure that as a condition of every license that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every order made or agreement entered into under this Act and those Acts.

The Long-Term Care Home Service Accountability Agreement (LSAA) entered into by the home indicated under 8.1 (c) that the home would conduct quarterly assessments of Residents, and all other assessments of Residents required by the Resident Assessment Instrument/Minimum Data Set Tools, using the RAI/MDS Tools.

The Resident Assessment Instrument (RAI) MDS 2.0 and RAPs Canadian Version User's Manual, Second Edition, March 2005, indicated that a Significant Change Assessment must be completed by the 14th day following the determination that a significant change had occurred.

The Resident Assessment Instrument (RAI) MDS 2.0 and RAPs Canadian Version

User's Manual, Second Edition, March 2005, defined a Significant Change as a major change in the resident's health status that was not self-limiting, impacts on more than one area of the resident's health status; and required interdisciplinary review and/or revision of the care plan.

Resident #047 was identified in the plan of care and through interview with the Manager of Resident Care and the Assistant Manager of Resident Care to have a Cognitive Performance Scale of one, be independent with transferring, to be continent of bladder.

Resident #047 sustained a change in condition over a specified period in 2015.

Revision of the plan of care was completed following this change in condition.

Review of the MDS Assessments completed for resident #047 identified that the resident had not had a Significant Change Assessment completed with evidence of a progressive decline, changes in more than one area of the resident's health status and following an interdisciplinary review/revision of the plan of care.

Interview with the Manager of Resident Care and the Assistant Manager of Resident Care confirmed that the resident had sustained a change in condition and that a Significant Change Assessment should have been completed for resident #047. [s. 101. (3)]

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 the licensee complies with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every order made or agreement entered into under this Act and those Acts, to be implemented voluntarily.

Issued on this 23rd day of December, 2015

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	DEBORA SAVILLE (192)
Inspection No. / No de l'inspection :	2015_226192_0062
Log No. / Registre no:	023170-15
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Dec 11, 2015
Licensee / Titulaire de permis :	STEEVES & ROZEMA ENTERPRISES LIMITED 265 NORTH FRONT STREET, SUITE 200, SARNIA, ON, N7T-7X1
LTC Home / Foyer de SLD :	ST ANDREW'S TERRACE LONG TERM CARE COMMUNITY 255 St. Andrew's Street, CAMBRIDGE, ON, N1S-1P1
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	MARK VAN DYKE

To STEEVES & ROZEMA ENTERPRISES LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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;

(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;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Order / Ordre :

The Licensee shall ensure that Continence Assessments are completed for residents #002 and #003 and all other incontinent residents in the home, including residents who were continent and as a result of a change in condition, become incontinent.

Grounds / Motifs :

1. The licensee has failed to ensure that each resident who was incontinent received an assessment that included 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 was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

A. Documentation review revealed that in 2015, resident #002 had an Admission Continence Assessment that stated they were continent of urine. The Minimum Data Set (MDS) assessment completed in a specified month in 2015, indicated that the Resident was continent of bladder.

The progress notes indicated that resident #002 became incontinent of urine. The MDS Assessment completed in a specified month indicated that resident #002 was incontinent of bladder.

The progress notes indicated that resident #002 continued to be incontinent of bladder.

Interview with a Registered Practical Nurse (RPN) confirmed that resident #002 did not have a Continence Assessment completed when their bladder continence status deteriorated from continent to incontinent.

B. Documentation review for resident #003 indicated that they were hospitalized in 2015. The resident returned to the home and a Continence Record was initiated, as the resident was incontinent of urine. The Continence Record showed daily episodes of bowel and bladder incontinence. Personal Support Workers interviewed confirmed a change in the resident's continence status on return from hospital.

Interview with the Manager of Resident Care (MRC) confirmed that it was the home's expectation that a Continence Assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function

with specific interventions would have been done for resident #003 when they returned from the hospital and were having episodes of bladder and bowel incontinence. She stated that a Continence Record was done to determine what type of product resident #003 required due to their episodes of incontinence. (519)

C. Resident #047 had a continence assessment completed at the time of admission that identified the resident to be continent of urine.

Resident #047 sustained a change in condition including a change in continence.

Resident #047 was described by staff of the home to have been ambulatory, compliant with care, continent and independent with toileting. Following a change in condition, the resident became incontinent of bladder requiring use of a continence product and assistance with all transfers for toileting.

Interview with the Manager of Resident Care and the Assistant Manager of Resident Care confirmed that resident #047 sustained a change in condition and that no Continence Assessment had been completed in relation to this change.

The home's policy titled, Bladder and Bowel Continence, Policy Number: RCM 10-01-02, dated as revised August 4, 2014, stated that each residents bowel and bladder functioning, including individual routines and the resident's level of continence, shall be reassessed if H4 Change in Urinary and/or Bowel Continence is coded as "deteriorated" during quarterly MDS or a change of status and reassessed when there was any change of resident's health status that affected continence.

The licensee has failed to ensure that each resident who was incontinent received an assessment that included 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 was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

This area of non-compliance was previously issued as a VPC during the inspection initiated on April 8, 2014. Three of three residents reviewed failed to have continence assessments completed with a change from continent to

incontinent. The severity is identified to be a level 2 - minimal harm or potential for actual harm. (192)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2015

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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 services for the Licensee.

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 11th day of December, 2015

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : DEBORA SAVILLE

Service Area Office /
Bureau régional de services : London Service Area Office