

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

Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 8, 2020	2019_821640_0032	022113-19	Complaint

Licensee/Titulaire de permis

The Regional Municipality of Peel
10 Peel Centre Drive Suite B, 3rd Floor BRAMPTON ON L6T 4B9

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

Tall Pines Long Term Care Centre
1001 Peter Robertson Blvd. BRAMPTON ON L6R 2Y3

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

HEATHER PRESTON (640)

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): November 22, 25, 26 and December 10, 11, 12, 13, 16, 17 and 18, 2019.

During the course of the inspection, the LTCH Inspector toured the home, observed the provision of care, conducted interviews, reviewed clinical records and policy and procedures.

The following Complaint report was reviewed:

IL-72162-CW, Log #: 022113-19 related to concerns about continence care, staffing and falls prevention.

PLEASE NOTE: This inspection was conducted concurrently with Critical Incident Inspection #2019_821640_0031.

During the course of the inspection, the inspector(s) spoke with residents, families, Nursing Attendants (NA), Registered Practical Nurses (RPN), Registered Nurses (RN), Supervisors of Care (SOC), Fall Prevention Program Lead, Continence Care and Bowel Management Lead, Resident Assessment Instrument/Minimum Data Set (RAI/MDS) Coordinator and the Director of Care (DOC).

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Personal Support Services
Sufficient Staffing**

During the course of this inspection, Non-Compliances were issued.

**4 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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. (9) The licensee shall ensure that the following are documented:**
- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee failed to ensure that the provision of care set out in the plan of care for resident #011 was documented.

The Ministry Of Long-Term Care (MOLTC) received a complaint regarding odours of incontinence of identified residents at the home. The Long-Term Care Homes (LTCH) Inspector reviewed and observed residents related to the specific issues identified in the complaint report.

Resident #011 was assessed to be incontinent of bowel and bladder.

NA #112 said the resident was not toileted during the night but their brief would be changed.

NA #113 said that on the day shift, resident #011 was checked and changed in the morning, then they asked the resident before lunch if they needed to be changed or use the toilet. If it was not needed, then they would check the resident after lunch.

The plan of care directed staff that the resident was to be checked for wetness at specific times of the day and evening. No direction was given for the night shift.

The LTCH Inspector reviewed NA documentation for November and part of December 2019 and noted the scheduled toileting and/or check and changing of the resident was not included in the NA documentation.

NA #113 was asked by the LTCH Inspector to demonstrate the documentation of the toileting or changing of the brief, in their documentation tool. The NA was unable to identify where they would document the intervention.

The licensee failed to ensure that the care set out in the plan of care was documented.
[s. 6. (9) 1.]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 32. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis. O. Reg. 79/10, s. 32.

Findings/Faits saillants :

1. The licensee failed to ensure that resident #011 received individualized personal care, including hygiene care and grooming, on a daily basis.

The MOLTC received a complaint regarding cleanliness of identified residents at the home. The LTCH Inspector reviewed and observed residents related to the specific issues identified in the complaint report.

Resident #011 was observed to have facial hair on a large area of their face approximately one centimetre in length.

During an interview with the resident they said they did not want to have facial hair and wished it to be removed.

The licensee's policy "Personal Hygiene and Grooming - ADL General Statement", policy #LTC9-05.03.01 with a last reviewed date of November 4, 2010, directed staff to ensure that each resident's hygiene and grooming care met their needs and to consider their preferences.

NA #113 said they had attempted to shave the resident that morning and on the previous day but the resident had refused. They said that when care was refused, it was documented in POC as care refused.

NA #113 said that resident's preferences related to grooming were included in the plan of care but they were unable to locate this information for resident #011.

The LTCH Inspector reviewed the NA documentation for the month of November and December 2019 and was unable to locate any notes of care refusal as stated by NA #113.

RN #109 acknowledged the hair on the resident's face and stated it had been there for several days based on its' length. It was an expectation that residents receive grooming on bath days and when needed.

Supervisor Of Care (SOC) #104 said that staff were required to provide the grooming

and note when the care was refused.

The licensee failed to ensure that resident #011 received individualized grooming on a daily basis. [s. 32.]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids

Specifically failed to comply with the following:

s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,

(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).

(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that resident #011's wheelchair was cleaned as required.

The MOLTC received a complaint regarding cleanliness of identified residents at the home. The LTCH Inspector reviewed and observed residents related to the specific issues identified in the complaint report.

Resident #011 was observed sitting in their wheelchair, in the dining room, at the window. Their wheelchair was observed to have dark coloured and white debris on the headrest, armrests, seat cushion, seat and multiple areas of the frame.

The licensee's policy "Cleaning and Disinfection - Wheelchairs/Geri and Broda Chairs/Mobility Aids", policy #LTC9-07.19 with a last review date of November 8, 2017, directed staff to clean and disinfect wheelchairs weekly by the night shift NAs and all shifts and all staff were responsible for removing any food or soil from the resident's wheelchair as needed.

NA #113 said they had cleaned the wheelchair in the morning but had only paid attention to the cushion. RN #109 said that staff were expected to clean the wheelchair weekly on the night shift and at other times when needed.

NA #113 and RN #109 said that the chair cleanliness was not acceptable.

On further observations following the initial observation, the resident's wheelchair was noted to be clean.

The licensee failed to ensure that each resident had his or her personal items cleaned as required. [s. 37. (1) (b)]

WN #4: 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 failed to ensure that resident #011 received a continence assessment that included causal factors, patterns, type of incontinence using a clinically appropriate instrument specifically designed for the assessment of incontinence.

The MOLTC received a complaint regarding odours of incontinence of identified residents at the home. The LTCH Inspector reviewed and observed four residents related to the specific issues identified in the complaint report.

Resident #011 was noted by staff to be incontinent of bowel and bladder and used a brief.

The LTCH Inspector reviewed the assessments in PCC and found a “Nursing - Bladder & Bowel Continence Assessment Admission (Complete by day 7 of admission)” dated November 23, 2018, which had not been completed. There were no other completed bowel and bladder continence assessments for resident #011.

SOC #103 acknowledged that resident #011 was incontinent and did not have a continence assessment completed as required.

The licensee failed to ensure that each incontinent resident received an assessment to determine causal factors, patterns and type of incontinence. [s. 51. (2) (a)]

Issued on this 9th day of January, 2020

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

Original report signed by the inspector.