

**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**

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015

Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015

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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
Sep 3, 2020	2020_781729_0014	013788-20, 015939-20	Complaint

Licensee/Titulaire de permis

Holland Christian Homes Inc.
7900 McLaughlin Road South BRAMPTON ON L6Y 5A7

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

Grace Manor
45 Kingknoll Drive BRAMPTON ON L6Y 5P2

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

KIM BYBERG (729), NUZHAT UDDIN (532)

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): August 17-21, 24-27, 2020.

The following intakes were completed within the Complaint inspection:

-Log #013788-20, related to visitation and end of life care;

-Log #015939-20, related to personal support services.

During the course of the inspection, the inspector(s) spoke with the Acting Administrator, Acting Director of Care (ADOC), Nurse Practitioner, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Residents and Families.

During this inspection, inspector(s) toured and observed resident care areas; and common areas, observed residents and the care provided to them, reviewed relevant clinical records, policies and procedures, schedules; and observed the general maintenance, cleanliness, safety and condition of the home.

**The following Inspection Protocols were used during this inspection:
Personal Support Services**

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

2 WN(s)

2 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 O.Reg 79/10, s. 29. Every licensee of a long-term care home shall ensure that when a resident is reassessed and the resident’s plan of care is reviewed and revised under subsection 6 (10) of the Act, any consent or directive with respect to “treatment” as defined in the Health Care Consent Act, 1996, including a consent or directive with respect to a “course of treatment” or a “plan of treatment” under that Act, that is relevant, including a regulated document under paragraph 2 of subsection 227 (1) of this Regulation, is reviewed and, if required, revised. O. Reg. 79/10, s. 29.

Findings/Faits saillants :

1. The licensee failed to ensure that consent was obtained when resident #009 and #010's plan of care was revised.

A) A complaint was received by the MLTC related to personal care and services provided to resident #010, specifically the complainant not being aware of medication changes for resident #010.

Medication was ordered by the physician for resident #010 for the duration of three days.

Review of the home's document titled "LTC Prescriber's Order Form" did not have a staff signature, initial, or check mark in the required section for documenting that consent was obtained. The progress notes did not show any communication between the power of attorney (POA), family, resident or staff members related to the new medication that was ordered.

RPN #119 shared that when a new or change in medication was received, they call the family, document on the physician order form and in the progress notes.

B) Review of resident #009's physician order form showed a change in medication was ordered by the physician. There was no consent documented on the physician order form or communication between the POA, family, resident or staff members related to the change in medication.

DOC #101 stated that the nurse who processed the new or changed order was to confirm with the POA, family, or resident if they are capable, and check the box for consent on the physician's order form. DOC #101 confirmed that consent was not documented for resident #009 and #010.

The licensee failed to ensure that consent was obtained when resident #010 and #009's plan of care was revised. [s. 29.]

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 when a resident is reassessed and the resident's plan of care is reviewed and revised under subsection 6 (10) of the Act, any consent or directive with respect to "treatment" as defined in the Health Care Consent Act, 1996, including a consent or directive with respect to a "course of treatment" or a "plan of treatment" under that Act, that is relevant, including a regulated document under paragraph 2 of subsection 227 (1) of this Regulation, is reviewed and, if required, revised, to be implemented voluntarily.

WN #2: 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 has failed to ensure that resident #009, #010 and #012 had their dentures labelled within 48 hours of admission or when new items were acquired.

A) A complaint was reported to the Ministry of Long-Term Care (MLTC) related to the care provided to resident #010, specifically their missing dentures.

The documentation stated that the dentures resident #010 was wearing were not the same dentures compared to a picture previously taken. As a result of the incorrect and missing dentures, the physician downgraded the resident's diet until resident #010's dentures were returned.

It was observed that the dentures in resident #010's bathroom were not labelled.

PSW #120 confirmed that the dentures in resident #010's cup were not labelled.

B) A complaint made to the MLTC stated that resident #009 returned from the hospital with a significant change in status and required new dentures.

Observation of resident #009's bathroom contained two sets of dentures. The denture cups were labelled with resident #009's name, however; the 2 pairs of dentures inside the cups were not labelled.

C) Observation of resident #012's bathroom cupboard showed that they had a denture cup with dentures inside that were not labelled.

PSW #122 confirmed that the dentures for resident #012 were not labelled.

PSW #120 and #121 stated that they thought all resident's dentures were to be labelled by the denturist and that staff did not label dentures.

DOC #101 stated that it was the responsibility of the PSW's to label residents' dentures and complete the admission checklist.

The licensee failed to ensure that the dentures for resident #009, #010 and #012 were labelled within 48 hours of admission and when acquiring new items. [s. 37. (1)]

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 of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids, labelled within 48 hours of admission and of acquiring, in the case of new items, to be implemented voluntarily.

Issued on this 8th day of September, 2020

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

Original report signed by the inspector.