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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 12, 2017	2017_524500_0006	025605-17	Resident Quality Inspection

Licensee/Titulaire de permis

Schlegel Villages Inc
325 Max Becker Drive Suite 201 KITCHENER ON N2E 4H5

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

THE VILLAGE OF HUMBER HEIGHTS
2245 Lawrence Avenue West ETOBICOKE ON M9P 3W3

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

NITAL SHETH (500), SLAVICA VUCKO (210)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 14, 15, 16, 17, 21, 22, 23, 27, 2017.

The follow-up intake #014330-17 was inspected with this RQI concurrently.

During the course of the inspection, the inspector(s) spoke with Assistant General Manager (AGM), Director of Care (DOC), Resident Instrument Assessment (RAI) Coordinator, Director of Food Service, Director of Recreation, Registered Dietitian (RD), Kinesiologist, Pharmacy Consultant, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Care Aids (PCAs), Presidents of the Residents' and Family Council, Residents and Family Members.

During the course of the inspection, the inspector(s) observed resident home areas, medication administration, staff to resident interactions, reviewed staff schedule, clinical health records, and relevant home policies and procedures.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Residents' Council
Skin and Wound Care

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

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 101. (3)	CO #001	2017_656596_0007	500

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. 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 has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

A review of resident #004's clinical record revealed he/she presently had impaired skin integrity and had been acquired and present for two years.

A review of the home's policy Skin and Wound care program, dated October 2016, indicated the identified program is an inter- professional quality improvement initiative. Nursing staff (RN and RPN) makes referral to inter-professional team members. The team membership is comprised of: the program lead, registered team members, PSWs, Director of food services/registered dietitian, Kinesiologist; and consultation services: Physician, nurse practitioner/ET nurse, Physiotherapy, Occupational Therapy, recreation, Pharamacy, infection control lead. The Kinesiologist assesses and advises team members to assesses and develop treatment plan and communicates plan to inter-professional team, communicates with families on equipment recommendations.

A review of the clinical record of resident #004 revealed no assessment by the Kinesiologist was completed in the last two years. An interview with the home's Kinesiologist revealed he/she did not receive a referral to assess resident #004 and he/she was not aware that resident #004 had an impaired skin integrity. Interview with registered staff RPN #104 revealed he/she was aware to send a referral to the identified program leader but he w/she was not aware that a referral to Kinesiologist should be sent for residents with impaired skin integrity.

Interview with DOC and Registered Staff RPN #100, the lead of the identified program, revealed the team lead/registered staff on units are responsible to send referrals to the Kinesiologist who is part of the inter-professional team members and confirmed a referral was not sent for resident #004. [s. 8. (1) (a),s. 8. (1) (b)]

2. A review of resident #008's clinical record revealed the resident sustained an impaired skin integrity two months before and it was still present at the moment of the inspection. According to the written plan of care he/she was dependent on a specified care and care device. A referral for assessment to the Kinesiologist was not located in the resident chart.

Interview with registered staff RPN #100 confirmed resident #008 was not assessed by the Kinesiologist and RD once he/she developed impaired skin integrity. [s. 8. (1) (a),s. 8. (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 to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds has been assessed by a registered dietitian who is a member of the staff of the home, and had any changes made to the plan of care related to nutrition and hydration been implemented.

A review of resident #008's clinical record revealed the resident sustained an impaired skin integrity two months before, and it was still present at the moment of the inspection. According to the written plan of care he/she was dependent on a specified care and care device. A referral for assessment to the Registered Dietitian was not located in the resident chart.

Interview with registered staff RPN #100 confirmed resident #008 was not assessed by RD once she/he developed impaired skin integrity. [s. 50. (2) (b) (iii)]

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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds has been assessed by a registered dietitian who is a member of the staff of the home, and had any changes made to the plan of care related to nutrition and hydration been implemented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
(a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
(b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
(h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
(i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
(j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
(k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
(p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
(q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :

1. The licensee has failed to ensure that the copy of the inspection report for the past two years for the long-term care home was posted in the home.

During the tour of the home on November 14, 2017, the inspector reviewed the Inspection Reports located on the board on the main floor near the activity room.

It was noted that Inspection Reports:

#2017_656596_0007, dated, June 20, 2017, pages 1 and 2 were missing,
#2017_637500_0008, dated, June 12, 2017, not posted,
#2017_637500_0007, dated, June 6, 2017, not posted,
2016_210169_0003, dated, April 14, 2016, pages 1-25 were missing,
2015_405189_0019, dated, January 4, 2016, not posted on the board.

During an interview, the DOC acknowledged that the above mentioned inspection reports were was not posted the board as required. [s. 79. (3) (k)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee has failed to seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results.

Interview with the President of the Residents' Council and the Family Council revealed that the home did not seek the advice of the Residents' Council in developing and carrying out the annual satisfaction survey and acting on its results in 2016.

A review of the Family Council Questionnaire submitted by the President of the Family Council revealed that the home did not seek the advice of the Family Council in developing and carrying out the satisfaction survey and acting on its results.

Interview with the assistant of the Residents' and Family Council (Director of Recreation) revealed the home did not seek the advice of the Residents' Council in developing and carrying out the satisfaction survey and acting on its results since he/she started working with the home from last one and half years. [s. 85. (3)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (3) Every licensee shall ensure that,
(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; O. Reg. 79/10, s. 135 (3).
(b) any changes and improvements identified in the review are implemented; and O. Reg. 79/10, s. 135 (3).
(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions, (b) any changes and improvements identified in the review are implemented, and (c) a written record is kept of everything provided for in clause (a) and (b).

A review of the medication incidents record for the period from July until September 2017, revealed nine medication incidents that were discussed during the Professional Advisory Committee (PAC) meeting on October 23, 2017. From January until July 2017, there were 30 medication incidents that were reviewed during the PAC meeting on July 17, 2017. All medication incidents were reviewed by the DOC and faxed to pharmacy. The Pharmacy consultant was present during the PAC meeting on July 17, 2017, but not on October 23, 2017.

An interview with the Pharmacy consultant revealed the pharmacy reviews all of the incidents and implements appropriate changes and improvements from the pharmacy perspective. Some of the improvements related to nursing or pharmacy were discussed by phone with the home's registered staff.

Interviews with the Pharmacy consultant and DOC confirmed there was no written record that pharmacy reviewed the medication incidents and implemented changes and improvements in order to reduce and prevent medication incidents. [s. 135. (3)]

Issued on this 12th day of December, 2017

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

Original report signed by the inspector.