Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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
Mar 8, 2021	2021_751649_0001	022548-20, 022549-20, 022551-20, 022552-20, 023040-20, 025006-20, 025652-20	Critical Incident System

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

JULIEANN HING (649)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 20, 21, 22, 25, 26, 27, 28, 29, February 1, 2, and 3, 2021.

The following intakes were completed during this Critical Incident System Inspection:
Logs #022548-20 and #022549-20 related to the prevention of abuse and neglect.
Log #022551-20 related to staff training.
Logs #022552-20 and #025006-20 related to plan of care.
Log #023040-20 related to the home's skin and wound care program.
Log #025652-20 related to an outbreak in the home.

During the course of the inspection, the inspector(s) spoke with the Director of Nursing Care (DNC), Neighborhood Coordinator (NC), Kinesiologist, Resident Assessment Instrument-Minimum Data Set (RAI-MDS) Coordinators, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.

During the course of the inspection the inspector reviewed residents' health records, home's compliance plans, training records, audits, conducted observations related to the home's care processes, and staff to resident interactions.

The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition
Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **1 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 #005	2020_751649_0017	649
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #002	2020_751649_0017	649
LTCHA, 2007 S.O. 2007, c.8 s. 20. (1)	CO #003	2020_751649_0017	649
O.Reg 79/10 s. 48. (1)	CO #001	2020_833763_0014	649
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2020_751649_0017	649

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	Légende 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. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the staff and others involved in the different aspects of care of two residents, collaborated with each other.

The licensee was ordered to ensure that the care set out in five residents' plan of care was provided to the residents as specified.

Compliance Order (CO) #001 related to the use of a specific device from inspection report #2020_751649_0017 was issued to the licensee on October 9, 2020, with a compliance due date of December 31, 2020.

One of the residents was no longer in the home at the time of this inspection so another resident was substituted.

Observation conducted on January 21, 2021, at approximately 1440 hours, with a PSW, confirmed that the substituted resident was not wearing the specific device as was indicated in their plan of care.

A review of point of care (POC) documentation, indicated that day PSWs had not been putting the specific device on the resident, since the task was created in POC. Day shift PSWs told the inspector that they had not been putting the specific device on the resident prior to the creation of the task in POC as they were no longer ambulatory. An evening PSW had been documenting the removal of the specific device in POC despite day shift staff documentation of not putting it on the resident most days.

An RPN told the inspector that they had been aware that the resident had not been wearing the specific device for approximately three months. Another RPN indicated that

they were not aware that the resident had not been wearing the specific device. Both RPNs stated that the resident no longer required the specific device.

The inspector was informed by a nurse that the resident's care plan was updated by the Kinesiologist, to reflect the use of the specific device. As a result of the care plan update, a task was auto created in POC for PSWs to document the application of the specific device for the resident.

According to the Kinesiologist they were responsible for completing the quarterly assessment on the use of the resident's specific device, and updating the care plan. A quarterly assessment was completed for the resident however, there was no mention of the specific device in this assessment. The Kinesiologist acknowledged that they had not spoken with the PSWs about the resident's use of the specific device when they had completed their assessment. Therefore, they were unaware that the resident had been refusing the specific device prior to them updating the resident's care plan. An assessment related to the use of the specific device was completed during the inspection which indicated that the resident no longer required the device.

The above demonstrated a failure of collaboration among PSWs, RPNs, and Kinesiologist in the assessment and application of the resident's specific device. This non-compliance was brought to the DNC's attention.

Sources: Observation made by Inspector #649, review of the resident's health records, assessments, POC documentation, interviews with DNC, and other staff. [s. 6. (4)]

2. As a result of non-compliance identified for the above mentioned resident the sample was expanded to another resident.

Observation conducted on January 21, 2021, at approximately 1445 hours, with a PSW, confirmed that the resident was not wearing the specific device as was indicated in their plan of care.

According to POC documentation day shift PSWs were mostly documenting not applicable with regards to the application of the specific device; whereas evening PSWs had been documenting that the resident had been refusing the specific device, since the creation of this task in POC.

According to two days shift PSWs, who had been documenting not applicable for the

resident's specific device, they told the inspector that they had not seen the specific device in the resident's room. One of the PSWs stated that although the task was set up in POC for the specific device, they were not provided with any devices for this resident. The other PSW explained that they had once asked the nurse about it and was told to document not applicable as the resident always refused.

According to a evening shift PSW, the resident had been refusing the specific device since the task was created in POC. They explained that once they put the specific device on the resident and they removed it. They told the inspector that the nurse was aware of the resident’s refusal of the specific device.

An RPN told the inspector that the resident was ambulatory with an unsteady gait. They confirmed that they were aware that the resident had not been wearing the specific device for approximately six months. They stated that the resident would benefit from the specific device but was not compliant with keeping it on.

There was no documentation in the resident’s progress notes for the last six months related to their refusal or removal of the specific device.

According to another RPN, they recalled sometime ago being told that the resident had refused to wear the specific device. They told the inspector they spoke with the resident, and they complied with wearing the specific device. They were not aware that the resident had recently been refusing the specific device.

The inspector was informed by a nurse that resident’s care plan was updated by the Kinesiologist, to reflect the use of the specific device. As a result of the care plan update, a task was auto created in POC for PSWs to document the application of the specific device for the resident.

According to the Kinesiologist they were responsible for completing the quarterly assessment on the use of the resident's specific device, and updating the care plan. A quarterly assessment was completed for the resident, however there was no mention of the specific device in the assessment. The Kinesiologist acknowledged that they had not spoken with the PSWs about the resident's use of the specific device when they had completed their assessment. Therefore, they were unaware that the resident had been refusing the specific device for approximately six months. An assessment related to the use of the specific device was completed during the inspection which indicated that the resident still required the specific device due to an unsteady gait.

The above demonstrated a failure in collaboration among PSWs, RPNs, and Kinesiologist in the assessment and application of the resident's specific device. The DNC was made aware of the non-compliance.

Sources: Observation made by Inspector #649, review of the resident's health records, assessments, POC documentation, interviews with DNC, and other staff. [s. 6. (4)]

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 staff and others involved in the different aspects of care of the resident collaborate with each other, and in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other, to be implemented voluntarily.

WN #2: 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:

Conditions of licence
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 Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee has failed to comply with CO #005 from inspection report #2020_751649_0017 served on October 9, 2020 with a compliance due date of December 31, 2020, which required the licensee to do the following:

(a) Ensure all registered staff and personal support workers (PSWs) receive training/re-training on safe use of all mechanical lifts used in the home including a specified mechanical lift, and safe transferring and positioning of residents.
(b) Develop and implement an auditing tool to ensure that staff are assisting residents with transferring using safe transferring devices and techniques including use of a specified mechanical lift, according to the home's written policies. Maintain a written record of audits conducted of transferring techniques in the home. The written record must include the date and location of the audit, the resident's name, staff members audited, equipment utilized, the name of the person completing the audit and the outcome of the audit.

At the time of this inspection, the home failed to complete step (a).

A review of the home’s training records indicated that 6.81% of PSWs, and 11.1% of RPNs did not complete the lift training by the compliance due date, as required in inspection report #2020_751649_0017. The training numbers were confirmed during interview with the Kinesiologist.

Sources: CO #005 from #2020_751649_0017; review of the home’s lift training records; interviews with the Kinesiologist and other staff. [s. 101. (3)]

Issued on this 9th day of March, 2021

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

Original report signed by the inspector.