



**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**

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de
London
291, rue King, 4^{ième} étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 21, 2014	2014_181105_0004	L-000111-14	Resident Quality Inspection

Licensee/Titulaire de permis

LEAMINGTON UNITED MENNONITE HOME & APARTMENTS
22 Garrison Avenue, LEAMINGTON, ON, N8H-2P2

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

LEAMINGTON MENNONITE HOME LONG TERM CARE RESIDENCE
35 PICKWICK DRIVE, LEAMINGTON, ON, N8H-4X5

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

JUNE OSBORN (105), ALISON FALKINGHAM (518), CAROLEE MILLINER (144),
NANCY SINCLAIR (537)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): February 10, 11, 12, 13, 14, 18, 2014

In addition a complaint was inspected. L-000143-14

During the course of the inspection, the inspector(s) spoke with 42 Residents, 3 Family Members, the Family Council Chair, 1 Occupational Therapy Aide, 18 Personal Support Workers, 8 Registered Nurses, 2 Registered Practical Nurses, 1 Dietary Aide, 2 Housekeeping Aides, the Director of Administrative/Environmental Services, the Director of Nursing and Personal Care, and the Administrator.

During the course of the inspection, the inspector(s) completed medical record reviews, observed resident home areas including resident rooms, observed meal service and medication administration, observed resident/staff interactions, inspected medication storage areas as well as common areas i.e tub rooms, and reviewed policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Death
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care**



Findings of Non-Compliance were found during this inspection.

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>Legendé</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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care for resident #96748 sets out clear directions to staff and others who provide direct care to the resident.

The quarterly review, and the plan of care identify the presence of a language barrier. One staff shared that word sheets or word tags with specific translation are used to enhance communication with the resident.

A second staff shared that co-workers use hand gestures and have been taught key words to improve communication with the resident and that word sheets or word tags are not used.

Interventions on the written plan of care related to the language barrier indicates the resident is usually able to communicate her needs. The interventions do not include the methods required by staff, to ensure effective communication with the resident. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the plan of care, sets our clear directions for the staff and others who provide direct care to the resident.

E-notes for resident #96821, indicate the resident agreed with the Registered Dietitian



to switch from the in-house milkshake to Resource 2.0, 125 mls at lunch and supper, to provide an extra 240 calories a day.

The physician wrote an order for resource 2.0 twice daily due to low weight. The order does not include the amount of Resource the resident is to receive.

The in-house milkshake 125 mls with lunch and dinner has not been discontinued from the written plan of care.

The written plan of care includes a handwritten entry for the resident to be provided Resource 2.0 mls. The entry is not dated and does not include the amount of Resource the resident is to receive nor frequency it will be provided.

One staff confirmed the above stated issues. [s. 6. (1) (c)]

3. The licensee has failed to ensure that the staff and others involved in the different aspects of care of the resident collaborate with and compliment each other in the assessment of the resident and in the development and implementation of the plan of care.

The written plan of care for resident #96737 indicates the resident usually understands others.

Through interviews with 3 staff, it was revealed that the better way of communicating with the resident is through gestures which is not indicated in the plan of care.

The Director of Nursing and Personal Care acknowledged that the expectation is that the assessments and the plan of care are to be collaborative and consistent. [s. 6. (4) (a)]

4. The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A medical record review revealed that the plan of care for resident #400, was changed using the "Updates or Changes to Resident Care Form". The Registered Nurse shared that this form is placed in the report/communication book with the expectation that staff read it when they come on their shift.

A Personal Support Worker admitted to not reading the update and was not aware of the change, therefore did not provide care as required.

This was confirmed by the Administrator. [s. 6. (7)]



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

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 plan of care for a resident sets out clear direction to staff and others who provide care to the resident; to ensure that the staff and others involved in different aspects of care of the resident collaborate with and compliment each other in the assessment of the resident and in the development and implementation of the plan of care; to ensure that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration

Specifically failed to comply with the following:

s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident was provided with food and fluids that are safe, adequate in quantity, nutritious and varied.

There is an order for honey-thickened fluids for resident #96473.

The resident's current plan of care includes the intervention for honey-thickened fluids.

The resident was observed during the lunch meal drinking coffee and water that had not been thickened as prescribed.

Two staff confirmed the resident's fluids should be thickened to a honey-thick consistency. [s. 11. (2)]



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

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 residents are provided with food and fluids that are safe, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :



**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**

1. The licensee has failed to ensure that drugs are stored in compliance with manufacturer's instructions related to expiration dates. r.129(1)(a)(iv)

Medication Storage in "Medi Prep Room" 2nd floor outdated medications were discovered . 7 bottles of Swiss natural Multivitamins were found in the cupboard with an expiration date of January 2014.

The Director of Nursing and Personal Care confirmed the outdated medications, and removed them from the medication room. [s. 129. (1) (a)]

2. The licensee has failed to ensure that drugs stored in the medication cart is secure and locked.r. 129(1)(a)(ii)

On February 18, 2014 at 0940 a parked medication cart was observed outside a room and noted to be unlocked, the registered staff was in the room with the resident.

This was confirmed by the Registered Nurse when she came out of the room.

Feb 13, 2014 - 12:09 The Registered Nurse left the medication cart unlocked and walked down the hall into the north side of the dining room out of sight of the medication cart to administer a medication. The Registered Nurse confirmed this on return to the cart. [s. 129. (1) (a)]

3. The licensee has failed to ensure that controlled substances are stored in a separate, double locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

During the observation of the medication administration pass the following was noted:

1. A bottle of lorazepam 1mg tabs for resident #96775 was in the drawer with the routine medications.

2. Resident #401 had a lorazepam tablet in the cellophane packet with the other hs meds stored in the medication drawer with the routine medications.

This was confirmed by the Registered Nurse to be the home's practice. [s. 129. (1) (b)]



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

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 medications are stored in compliance with manufacturer's instructions, drugs stored in the medication cart are secure and locked, and that controlled substances are stored in a separate locked area within the locked medication cart, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

**s. 229. (2) The licensee shall ensure,
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (2).**

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with the prevailing practices.

Review of the policy and procedure manual revealed that most policies were reviewed in March 2013. The "Review Annually" sheet at the front of the infection control binder for recording the review dates of the Manual, is last dated May 9, 2012.

The Director of Nursing and Personal Care and the Infection Control Nurse confirmed that the Infection Control Policies are to be reviewed annually. [s. 229. (2) (d)]



2. The licensee has failed to ensure that all staff participate in the implementation of the program.

It was noted the call bell cord in a washroom was not a washable material and was heavily soiled.

The Director of Nursing and Personal Care shared that it is the expectation that the staff would have reported this soiled call bell cord and it would have been replaced. [s. 229. (4)]

3. The licensee has not ensured that staff participate in the implementation of the infection control program.

One unlabeled hair brush was observed, stored in an unlabeled wash basin in the sink in the second floor tub room.

Several bed linens and reusable incontinent pads were observed on the back of the toilet adjacent to the second floor tub room.

Unlabeled hair brushes and fingernail clippers were observed on the first shelf of the cupboard in the second floor tub room.

Observation of the second floor tub room revealed two plastic storage bins with the following unlabeled resident personal hygiene items: aerosol body sprays and deodorants, shaving creams, perfumed body lotions and creams, vaseline, hair brushes, nail clippers, hair sprays, mouth washes, body powders, razors and scissors. Two staff confirmed the unlabeled personal hygiene items are used for residents that do not have their own personal items and that the bed linens and reusable incontinent pads are usually stored in the linen closet.

One management personnel confirmed the expectation related to resident hygiene items is that personal hygiene items are not shared among residents and should be labeled with the residents names. [s. 229. (4)]

4. The licensee failed to ensure that the following immunization and screening measures are in place: Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

An interview with the Infection Control Nurse revealed that the home's immunization policy included pneumovax was being offered on admission, however tetanus and diphtheria vaccines were not offered to residents, nor are these included in the policies



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

and procedures.

This was confirmed by the Director of Nursing and Personal Care [s. 229. (10) 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 to ensure that the Infection Control Program is evaluated annually, staff participate in the program, and all residents are offered tetanus and diphtheria immunizations, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 87.

Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :



**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**

1. The licensee has failed to ensure that as part of the organized program of housekeeping, policies and procedures are developed and implemented for addressing incidents of lingering offensive odours.

Resident #96731's room was noted to have a lingering, strong odour of urine. The odour seemed to involve furnishings. A soiled incontinent product was also noted in the garbage pail and it remained there for 3.5 hours.

The Environmental Services Manager confirmed that the room smelled strongly of urine and a soiled brief was in garbage can. In addition she confirmed that it is the expectation that offensive odours would be reported by nursing or housekeeping staff to the housekeeping/laundry lead and an intensive cleaning would be done. She further confirmed that it is the expectation that all soiled incontinent products would be disposed of in the covered care carts or disposed of in the garbage pail in the washroom for a short period of time while the resident care is being completed then the plastic garbage bag with the soiled incontinent product would be disposed of in the covered care cart [s. 87. (2) (d)]

Issued on this 24th day of February, 2014

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

JUNE OSBORN