

**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**London Service Area Office
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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
Jun 22, 2021	2021_790730_0022	005691-21, 006276- 21, 006291-21	Complaint

Licensee/Titulaire de permisThe Corporation of the Municipality of Chatham-Kent
519 King Street West Chatham ON N7M 1G8**Long-Term Care Home/Foyer de soins de longue durée**Riverview Gardens
519 King Street West Chatham ON N7M 1G8**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CHRISTINA LEGOUFFE (730), SAMANTHA PERRY (740)

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): June 8, 9, 10, 11, 14, 15, and 16, 2021.

The purpose of this inspection was to inspect the following:

-Logs #006291-21 and #006276-21/ Critical Incident System (CIS) M626-000017-21 related to falls prevention.

-Log #005691-21 related to a concern regarding staffing levels.

During the course of the inspection, the inspector(s) spoke with the Director of Senior Services (DSS), The Director of Nursing (DON), Nurse Managers (NMs), a Scheduler, a Physiotherapist (PT), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.

During the course of this inspection the Inspectors observed resident to staff interactions, resident rooms, reviewed relevant resident clinical records, reviewed relevant internal records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Falls Prevention

Infection Prevention and Control

Pain

Personal Support Services

Skin and Wound Care

Sufficient Staffing

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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that two resident plans of care were updated when their care needs related to transferring changed and when one resident's care needs changed related to mobility status.

A) A physiotherapy progress note stated that a resident was trialing a new mobility device. The resident's plan of care did not include that mobility device.

A Physiotherapist (PT) said that they had assessed the resident and recommended that they use the mobility device. They said that the resident's plan of care had not been updated as per their expectations.

B) A physiotherapy progress note stated that a resident was assessed for transfers and required a one to two person transfer out of bed and a passive mechanical lift out of their wheelchair. The resident's plan of care stated that the resident transferred independently.

The PT said that they had assessed the resident for transfers and that their plan of care had not been updated when their care needs changed.

C) A lift and transfer assessment in Point Click Care (PCC) for another resident stated that the resident required a two-person transfer with a passive mechanical lift.

The resident's plan of care stated that they required a two-person transfer with extensive assistance. The transfer logo in the resident's room also indicated that they required a two-person transfer. A Registered Practical Nurse (RPN) said that the resident's care needs for transferring had recently changed and that their plan of care and transfer logo had not been updated to reflect the change.

The was increased risk to two residents as a result of their plans of care not being updated when their care needs changed.

Sources: Resident clinical records, observations of a resident room, and interviews with a PT, RPN, and other staff. [s. 6. (10) (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 resident plans of care are updated, when a resident's care needs change, related to mobility and transferring, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident was bathed, at a minimum, twice a week by the method of their choice.

A complaint was reported to the Ministry of Long Term Care (MLTC) related to resident bathing concerns.

The resident's bathing schedule was twice per week and the resident preferred a bath. A Personal Support Worker (PSW) documented "activity did not occur" for the resident's bathing task. An "alert note" in the progress notes documented, that the resident did not receive their bath because they were on isolation.

The Director of Nursing (DON) confirmed that although the resident was on a 14-day isolation, management's expectation was that any resident, including this resident, received a bed bath on their scheduled bath days. At no time had management directed staff not to bathe any resident, while they were completing their isolation period.

The risk of impaired skin integrity for the resident increased when their baths were not completed as per their plan of care and legislative requirements.

Sources: Observations, staff interviews, including the DON and review of resident clinical records including plan of care and Point of Care documentation. [s. 33. (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 residents are bathed, at minimum twice weekly, by the method of their choice, to be implemented voluntarily.

Issued on this 22nd day of June, 2021

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

Original report signed by the inspector.