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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 5, 2014	2014_228172_0017	L-001205-14	Resident Quality Inspection

Licensee/Titulaire de permis

THE WOMEN'S CHRISTIAN ASSOCIATION OF LONDON
2022 Kains Road, LONDON, ON, N6A-0A8

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

McCORMICK HOME
2022 Kains Road, LONDON, ON, N6K-0A8

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

JOAN WOODLEY (172), CAROLEE MILLINER (144), GORDANA KRSTEVSKA (600), JULIE LAMPMAN (522), KARYN WOOD (601), PEGGY SKIPPER (160), SYLVIE LAVICTOIRE (603), WENDY BROWN (602)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 14, 15,16, 17, 20, 21, 22, and 23, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC) , Assistant Director of Care (ADOC), Nutrition Manager, Dietary Supervisor, Life Enrichment Manager, Environmental Manager, 4 Registered Nurses, 9 Registered Practical Nurses, 16 Personal Support Workers (PSW's), 1 Dietary Aide, 1 Laundry Aide, 1 Physio Therapy Assistant, 1 Nursing Support Clerk, 2 Family members and Representative of Resident Council and Family Council.

During the course of the inspection, the inspector(s) toured the home, observed meal service, medication pass, medication storage, and care provided to residents, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, minutes relevant to the inspection and observed general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

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 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. (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 sets out clear directions to staff and others who provide direct care to the resident.

Chart review revealed:
a) The plan of care for a resident, identified this resident as high risk for falls due to an unsteady gait and poor judgment. The written plan of care further identified the resident transfers without assistance and requires staff to set-up the walker.
b) The annual assessment for this resident identified the resident uses a wheelchair as the primary mode of locomotion, balance while standing is unsteady and the resident requires the limited assistance of two plus persons for transfers.
c) A fall risk assessment for this resident identified the resident as high risk for falls as the resident overestimates/forgets limitations.
d) The transfer logo in this resident's room identified the resident uses a walker, gait is steady and that the resident can rise to a standing position independently. Fall prevention strategies are not checked off on the resident's transfer logo.

Resident interview revealed this resident uses a walker and staff help with transfers.

Resident Observations revealed this resident being transferred from a standing to a sitting position by two staff and again assisted by two staff to a sitting position after attempting to stand independently from a lounge chair.

Interviews with 2 members of the registered staff confirmed the resident's primary mode of locomotion is a walker, gait is unsteady and the resident requires assistance of one or more persons for transfers. [s. 6. (1) (c)]

2. Chart review for another Resident revealed no indication of bed side rails being used on the annual assessment.

Resident observations revealed two quarter length bed side rails were in use when the resident was in bed.

Interviews with two nursing personnel confirmed this resident requires the use of two quarter side rails when in bed.

Interview with a member of the registered staff confirmed the annual assessment should include the use of bed rails. [s. 6. (1) (c)]

3. 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.

Chart review revealed :
a) A fall assessment and written plan of care for a resident identified the resident at risk for falls.
b) Specific fall prevention strategies were identified as interventions on the care plan.

Observations at 2:00 pm on October 21, 2014, did not find the specific fall interventions in place when this resident was in bed .

Interview with a member of the registered staff confirmed the fall prevention strategies were a part of the resident's plan of care and should be used when this resident is in bed. [s. 6. (7)]

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 sets out clear directions to staff and others who provide direct care to the resident and 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 O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control program.

Observation of a shared bathroom, revealed an unlabeled urine collection hat and another personal care item lying on the floor.

Interview with a member of the registered staff confirmed that the urine collection hat should be labeled and stored on the shelf under the bathroom sink. As well, any personal care item should not be left on the floor. [s. 229. (4)]

2. Observation of another area revealed that there was no Infection Control Precaution signage.

Observations and Interviews with PSW's revealed a difference in what the infection control precautions meant to them and whether or not signage was required.

Interview with Assistant Director of Care (ADOC) revealed that the home's expectation is that precautions are posted outside a resident's room when required. [s. 229. (4)]

3. Observations made during dinner service, in a dining room revealed staff clearing dishes from residents' tables and then serving the next course and/ or feeding another resident without washing/ sanitizing hands.

Interview with the ADOC confirmed it is the home's expectation that all staff will practice proper hand hygiene at all times. [s. 229. (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 all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee has failed to ensure that all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

Observations on October 14, 2014 at 18:30 hours revealed unlocked and unsupervised doors on both 2nd and 3rd floor servery areas that resulted in access to service elevator, kitchen related equipment and supplies, as well as housekeeping supplies.

Interview with the ADOC confirmed that it has not been the home's expectation or practice to lock the non-residential servery doors when staff are not present and did confirmed this as a potential risk to residents. [s. 9. (1) 2.]

WN #4: 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 each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids.

Observation of a shared bathroom revealed a tube of unlabeled toothpaste and two unlabeled toothbrushes on the bathroom counter.

Interview with a member of the registered staff confirmed this observation and confirmed the expectation of the home is that all resident personal care items should be labeled when stored in a shared bathroom.

Interview with ADOC confirmed that the home's expectation is that all resident personal care items should be labeled when stored in a shared bathroom. [s. 37. (1)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a weight monitoring system is in place to measure and record each resident's weight monthly.

An audit was completed of 50 randomly selected residents' weight records covering the months between January and October 2014, and the result showed 46% of charts had weights missing.

Interviews with DOC and ADOC revealed the home had recently identified this concern and implemented an action plan as the home's expectation is that each resident will have their weight taken on admissions and thereafter monthly. [s. 68. (2) (e) (i)]

2. The licensee has failed to ensure that there is a weight monitoring system to measure and record each resident's body mass index and height on admission and annually thereafter.

A random audit of 30 resident's height records revealed 6 residents had heights recorded in 2014. 80% did not have an annual height recorded for 2014.

Interviews with DOC and ADOC revealed the home has identified this concern and implemented a change in practice as it is the home's expectation that each resident will have their annual height recorded. [s. 68. (2) (e) (ii)]

Issued on this 5th day of November, 2014

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