



**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
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 16, 2015	2014_216144_0067	L-001600-14	Resident Quality Inspection

Licensee/Titulaire de permis

CORPORATION OF THE CITY OF WINDSOR
1881 Cabana Road West WINDSOR ON N9G 1C7

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

HURON LODGE LONG TERM CARE HOME
1881 CABANA ROAD WEST WINDSOR ON N9G 1C7

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

CAROLEE MILLINER (144), ALISON FALKINGHAM (518), PATRICIA VENTURA (517),
ROCHELLE SPICER (516)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**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): December 16, 17, 18, 19, 2014

During the course of the inspection, the inspector(s) spoke with 40 + residents, three family members, the Administrator, Director of Care, Director of Resident Services, Manager of Nutritional and Dietary Services, the Registered Dietitian, Housekeeping Supervisor, six Registered Nurses, five Registered Practical Nurses, seven Personal Services workers, one Dietary Aide and two Cooks.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Dignity, Choice and Privacy
Dining Observation
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Reporting and Complaints
Residents' Council
Skin and Wound Care**

During the course of this inspection, Non-Compliances were issued.

**4 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>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. (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 did not 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 the resident's care needs change or care set out in the plan is no longer necessary as evidenced by:

a) On December 16, 2014 at 1300 hours, in one identified dining room, Inspector #517 observed one Personal Service Worker (PSW) assisting resident #043 to eat [REDACTED].

b) The plan of care for the resident indicated they should be served [REDACTED].

c) The dietary binder available to dietary and nursing staff in the dining room, indicated the resident should be served [REDACTED] food.

d) When interviewed on the same date, the PSW assisting the resident with the lunch meal confirmed they were aware the plan of care indicated the resident should eat [REDACTED] food. The staff member further reported the resident had a change in condition approximately one week before which affected their ability to eat [REDACTED] food and the nursing staff since the change in condition, have been providing the resident with a [REDACTED] diet.

e) One Registered Nurse (RN) on the same date, confirmed resident #043 had a change in condition approximately one week before which affected their ability to eat [REDACTED].

f) Both the RN and PSW verified the expectation is for the resident to be reassessed by the Registered Dietitian (RD) and the plan of care reviewed and revised to reflect changes in their dietary needs [REDACTED]. The RN and PSW further confirmed an assessment has not been completed by the RD.

g) The Manager of Nutrition and Dietary Services and RD confirmed on the same date, that the resident should have been reassessed by the RD and the plan of care reviewed and revised to reflect their current dietary needs.

h) The Manager of Nutrition and Dietary Services and RD also verified that the resident has not been reassessed and the plan of care reviewed and revised to reflect their current dietary needs. [s. 6. (10) (b)]



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

Inspection Report under
the Long-Term Care
Homes Act, 2007

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 resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, 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 did not ensure that all staff participate in the implementation of the infection, prevention and control program as evidenced by:

- a) [REDACTED], the shared washroom of resident #062 contained the following unlabelled personal hygiene items: [REDACTED].
- b) [REDACTED], one urinal was observed on the floor in the corner behind the entrance door [REDACTED].
- c) An unlabelled denture cup and bottle of skin lotion was observed in the shared washroom of resident #064 [REDACTED].
- d) One unlabelled [REDACTED] cream and [REDACTED] deodorant were observed in the shared washroom of resident #065 on [REDACTED].
- e) The following unlabelled personal hygiene items were observed [REDACTED], in the shared washroom for resident #066: three cans of shaving cream, four bottles of [REDACTED] cleanser and two bottles of skin lotion.
- f) Two registered staff confirmed that personal hygiene items belonging to resident's sharing washrooms, should be labelled.
- g) One registered staff confirmed that personal hygiene items should not be stored on the floor.
- h) One manager advised it is the expectation of the home that personal hygiene items in shared washrooms are labelled & that hygiene items are not stored on the floor. [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 that 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. 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 did not ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise have put in place any plan, policy, protocol, procedure, strategy or system, the plan, policy, protocol, procedure, strategy or system was complied with as evidenced by:

- a) On December 16, 2014 at 1240 hours, Inspector #517 observed a DA in the servery of one identified dining room, placing food on plates and handing the plates to PSW staff to serve to residents.
- b) When approximately ten residents had been served, the Inspector requested to see the temperatures documented for the food being served. The food temperatures had not been recorded on the food temperature form.
- c) The DA confirmed they had not taken the food temperatures in the servery prior to serving the food and that it was the home's policy for the temperatures to be taken and recorded before food is served to residents.
- d) The home's policy titled: "Temperature Recording of All Food in Main Kitchen Serveries and Café" last reviewed in October 2014 states "The Food Service Workers/Dietary Aide must take and record the temperatures of all food products once all the food has been transferred from the cambro cart to the steam table/and or fridge. This must be completed prior to commencing meal service."
- e) On the same date, the Manager of Nutrition and Dietary Services confirmed the expectation was that all food temperatures were taken at the serveries prior to serving the food as required by the home's policy. [s. 8. (1) (b)]



WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records

Every licensee of a long-term care home shall ensure that,

- (a) a written record is created and maintained for each resident of the home; and**
- (b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.**

Findings/Faits saillants :

1. The licensee did not ensure that the resident's written record is kept up to date at all times as evidenced by:

a) The clinical record for resident #061 reveals their Activities of Daily Living (ADL) Performance Scale as 3/6 and includes that the resident requires assistance of one staff for personal hygiene.

b) [REDACTED]

c) Two nursing staff advised a PSW needs to set up the resident with their oral care items for them [REDACTED] and that staff also need to return to the room to check the resident during the process of oral care.

e) Between November 1, 2014 and December 18, 2014, oral care was not documented in the residents' clinical record as being completed independently, with assistance of staff or refused on 14/96 occasions or, 15% of the time.

f) The above identified nursing staff confirmed it is the practice of nursing personnel to document all care completed independently by residents as well as care provided to residents by staff and that in this instance, the resident's clinical record was not up to date. [s. 231. (b)]



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 16th day of January, 2015

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

Original report signed by the inspector.