

**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
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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
Oct 15, 2020	2020_520622_0017	003683-20, 005742- 20, 013912-20, 017210-20, 018381- 20, 019708-20	Critical Incident System

Licensee/Titulaire de permisAXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 MISSISSAUGA ON
L4W 0E4**Long-Term Care Home/Foyer de soins de longue durée**Arbour Heights
564 Tanner Drive KINGSTON ON K7M 0C3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

HEATH HEFFERNAN (622)

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): September 22, 23, 24, 25, 29, 30, 2020 and October 1, 2, 5, 6, 7, 8, 9, 2020.

The following intakes were completed in this Critical Incident System (CIS) inspection:

Log #013912-20, log #003683-20, log #017210-20 were related to alleged abuse/neglect.

Log #005742, log #019708-20 were related to falls prevention and management; and Log #018381-20 was related to care and services.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), Assistant Director of Care (ADOC), the Clinical Resource Nurse, the Main Receptionist, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs).

During the course of the inspection, the inspectors observed resident and staff interactions, resident care and services, reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

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

3 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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. (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 when reassessment, revision was required, that the resident was reassessed and the plan of care related to their oral care needs was reviewed and revised when the resident's care needs changed.

The Licensee's Investigation documentation indicated that the resident's poor oral status was due to an extended absence of cleaning and care.

Personal Support Workers (PSWs) stated that the resident would often refuse staff help and due to their gradual decline in abilities to perform their own care they required more assistance than they were receiving.

The care plan stated that the resident required limited assistance with mouth care and 1 staff. The care plan did not address the resident's refusals of oral care or any interventions to achieve the level of oral care the resident required if the resident refused staff assistance.

Sources: The resident health records including the licensee's investigation notes, the care plan, and interview of PSWs 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 the resident is reassessed and the plan of care for oral care is reviewed and revised at least every six months and at any other time when, the resident's care needs change, to be implemented voluntarily.

WN #2: 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 has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

ONTARIO REGULATION 79/10, s. 48 (1). states that every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

The licensee's policy - Continence Care Program stated the following:

Policy: The Continence Care Program involves an interdisciplinary approach that respects and preserves each resident dignity, comfort and independence.

Standard: Residents have individualized plans of care that maintain their dignity, promote and manage bladder and bowel continence. Residents are clean, dry and comfortable while using incontinent products.

A critical incident system report (CIS), alleged that a PSW had performed improper continence care/neglected seven residents.

The Director of Care (DOC) said that the licensee's Continence Care Program policy stated that the residents were to be kept clean, dry and comfortable while using incontinent products. When seven residents were not given proper continence care, the PSW had not followed the licensee's Continence Care Program policy.

Sources: Critical Incident report, the licensee's policy and procedure - Continence Care Program, and interview of the Director of care and other staff. [s. 8. (1) (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 that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy or procedure, the licensee is required to ensure that the policy and procedure is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. The licensee has failed to ensure that a PSW used safe transferring techniques when assisting a resident.

The licensee's Procedure - Arbour Heights Safe Resident Handling Program, stated that two staff must always be present while the mechanical device was in operation.

The PSW stated that they had independently performed a mechanical ceiling lift on the resident without assistance of a second staff.

Source: The Licensee's Procedure Safe Resident Handling – Arbour Heights Safe Resident Handling Program, and interviews with the PSW and other staff. [s. 36.]

Issued on this 23rd day of October, 2020

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

Original report signed by the inspector.