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

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 10, 2015	2014_282543_0029	S-000600-14	Critical Incident System

Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH CENTRE OF SUDBURY
1140 South Bay Road SUDBURY ON P3E 0B6

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

ST.GABRIEL'S VILLA OF SUDBURY
4690 Municipal Road 15 Chelmsford ON P0M 1L0

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

TIFFANY BOUCHER (543)

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): December 30, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Registered Staff (RNs and RPNs), RAI/MDS Coordinator, Personal Support Workers (PSW) and the Food Service Manager

The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition
Nutrition and Hydration

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **2 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. (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 failed to ensure that the plan of care set out clear directions to staff and others who provided direct care to resident #001.

Inspector #543 reviewed resident #001's care plan which identified this resident's eating and nutritional needs related to their health status. The goal identified was to have this resident's nutritional needs met, with interventions that included: supervision and help with set up and that staff will cut up food for resident. According to the care plan, this resident required much encouragement to remain seated for the entire meal. The staff were required to ensure that this resident received the prescribed diet type and texture. This care plan identified that the resident was on a diet of regular texture and type. Another intervention was added in hand writing on this resident's care plan indicating resident #001 required extensive feeding (the date of the change was not noted, nor was there a signature of who initiated the change).

Inspector #543 reviewed the home's diet list which indicated that this resident was to have a regular diet. The inspector reviewed resident #001's Nutritional Risk Assessments completed on Admission, and two subsequent assessments. It was noted that in the most recent assessment, this resident was identified as having chewing, swallowing difficulties and requiring a texture modified diet. This change differed from the previous assessments completed and was not included in resident #001's most recent care plan.

On December 30, 2014, #s-100 told the inspector the following regarding how the staff communicate changes in residents' condition and/or changes that need to be made to their care plans (specifically relating to resident #001):

- the RAI coordinator and the nursing staff should have been notified of the changes in this resident's condition, specifically related to diet
-typically the Dietitian is notified of the change in order to update the resident's care plan
-when MDS assessments are completed by nursing staff and there is any significant change, the changes are to be passed on to the appropriate staff/department (i.e. Dietary, RAI, Nursing, etc.).

Inspector #543 reviewed the home's policy-Care Planning. This policy identified that once the care plan is completed, it is reviewed and revised when completing the quarterly MDS assessment, a goal in the plan has been met; the resident's needs have changed; care set out in the plan is no longer necessary; care set out in the plan has not been effective and at any other time as deemed appropriate. This policy also indicated that the RN/RPN begins developing the plan of care by ensuring it includes (but not limited to) assistance required with ADLs including hygiene and grooming, nutritional status including height, weight, and any risks relating to nutrition and hydration. This policy indicated that the care plan individualizes/personalizes the foci, goals and interventions based on completed assessments, discussions with the resident/family, observations and also, ensures interventions provide clear direction to those providing care to the resident. [s. 6. (1) (c)]

2. The licensee failed to ensure that Resident #001's care plan was revised when their care needs changed.

Inspector #543 reviewed resident #001's care plan which identified this resident's eating and nutritional needs related to their health status. The goal identified was to have this resident's nutritional needs met, with interventions that included: supervision and help with set up and that staff will cut up food for resident. According to the care plan, this resident required much encouragement to remain seated for the entire meal. The staff were required to ensure that this resident received the prescribed diet type and texture. This care plan identified that the resident was on a diet of regular texture and type. Another intervention was added in hand writing on this resident's care plan indicating resident #001 required extensive feeding (the date of the change was not noted, nor was there a signature of who initiated the change).

Inspector #543 reviewed the home's diet list which indicated that this resident was to have a regular diet. The inspector reviewed resident #001's Nutritional Risk Assessment completed on Admission, and two subsequent assessments. It was noted that in the most recent assessment, this resident was identified as having chewing, swallowing difficulties and requiring a texture modified diet. This change differed from the previous assessments completed and was not included in resident #001's most recent care plan.

On December 30, 2014, #s-100 told the inspector the following regarding how the staff communicate changes in residents' condition and/or changes that need to be made to their care plans (specifically relating to resident #001):

- the RAI coordinator and the nursing staff should have been notified of the changes in this resident's condition, specifically related to diet
-typically the Dietitian is notified of the change in order to update the resident's care plan
-when MDS assessments are completed by nursing staff and there is any significant change, the changes are to be passed on to the appropriate staff/department (i.e. Dietary, RAI, Nursing, etc.). [s. 6. (10) (b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector". 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 reassessed and the plans of care reviewed and revised at least every six months and at any other time when the residents' care needs change, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Registered Dietitian completed a nutritional assessment for resident #001 when there was a significant change in the resident's health condition.

Inspector #543 reviewed resident #001's most recent care plan and identified the following in regards to this resident's Eating and Nutritional needs. Staff providing direct care were required to ensure that this resident received the prescribed diet type and texture. This resident's care plan identified that they were on a diet of regular texture and type. A handwritten change was initiated to this care plan, that indicated the resident required extensive feeding (the date of the change was not noted, nor was there a signature of who initiated the update).

Inspector #543 reviewed the home's diet list, which indicated that this resident was prescribed a regular diet. The Inspector reviewed the resident's Nutritional Risk Assessment, which identified that this resident had chewing, swallowing difficulties and required a texture modified diet.

Inspector #543 reviewed this resident's Nutritional Risk Assessments completed on Admission, this assessment did not identify who it was completed by, two subsequent assessments were completed by the Food Service Supervisor. The following was identified:

Admission assessment:
-staff are to cue and encourage increased fluids as well as cueing for eating as well as assistance at meals as they will accept
-this resident has a chronic disease or dementia affecting intake

-malnourished-physical signs
-difficulty feeding self, needs aids and/or assist

Second assessment:
-resident to have nutrition supplement daily
-chronic poor appetite or changed appetite
-eats independently or with minimal assistance

Third assessment:
-severely underweight or overweight/BMI < 19 or >29
-nutrition supplement daily
-chewing, swallowing difficulties and requiring a texture modified (*change identified from the two previous assessments*)
-chronic poor appetite or changed appetite
-eats independently or with minimal assistance

On December 30, 2014, #s-100 told the inspector the following regarding how the staff communicate changes in residents' conditions and/or changes that need to be made to their care plans (specifically relating to resident #001):

- the RAI coordinator and the nursing staff should have been notified of the changes in this resident's condition, specifically related to diet
-typically the Dietitian is notified of the change in order to update the resident's care plan
-when MDS assessments are completed by nursing staff and there is any significant change, the changes are to be passed on to the appropriate staff/department (i.e. Dietary, RAI, Nursing, etc.).

Inspector #543 reviewed the home's policy-Delivery of Clinical Nutrition Services. This policy identified that clinical nutrition services include a Clinical Nutrition assessment and identification of appropriate nutrition interventions, and documentation of these on Care Plans and reassessment of interventions and Care Plan based on resident needs and level of risk. This policy also stated that the Registered Dietitian will update the Resident Care Plan noting any changes in risk level or nutrition interventions.

Inspector #543 reviewed the home's policy-Nutrition Assessment and Risk Identification. This policy identified that the Nutrition Risk Indication will be updated by either the Registered Dietitian or Food Services Manager whenever there is any change in resident status indicators (quarterly at minimum). The Care Plan will be adjusted as required. This

policy also indicated that when intakes have declined or there is another health concern, a referral must be made to the Dietitian to assess for change of diet and/or use of supplement.

To summarize, resident #001's change in condition was not communicated to the Registered Dietitian and a nutritional assessment and update to the care plan was not completed as required. [s. 26. (4) (a),s. 26. (4) (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 a Registered Dietitian who is a member of the staff of the home completes a nutritional assessment for any resident whenever there is a significant change in a resident's health condition, to be implemented voluntarily.

Issued on this 10th day of March, 2015

[redacted]

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

Tiffany Bucher

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007* S.O. 2007 c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007 chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	TIFFANY BOUCHER (543)
Inspection No. / No de l'inspection :	2014_282543_0029
Log No. / Registre no:	S-000600-14
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Mar 10, 2015
Licensee / Titulaire de permis :	ST. JOSEPH'S HEALTH CENTRE OF SUDBURY 1140 South Bay Road, SUDBURY, ON, P3E-0B6
LTC Home / Foyer de SLD :	ST.GABRIEL'S VILLA OF SUDBURY 4690 Municipal Road 15, , Chelmsford, ON, P0M-1L0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	

To ST. JOSEPH'S HEALTH CENTRE OF SUDBURY, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident.
2007, c. 8, s. 6 (1).

Order / Ordre :

The licensee shall ensure that there is a written plan of care for each resident that sets out, (c) clear directions to staff and others who provide direct care to residents.

Grounds / Motifs :

1. Previous of non-compliance relating to s. 6. (1) (c) was issued as part of a Resident Quality Inspection, inspection #2014_332575_0014.

Inspector #543 reviewed resident #001's care plan which identified this resident's eating and nutritional needs related to their health status. A goal that was identified, was to have this resident's nutritional needs met, with interventions that included; supervision and help with set up and that staff are required to cut up food for resident.

According to the care plan, this resident required much encouragement to remain seated for the entire meal. The staff were required to ensure that this resident received the prescribed diet type and texture. This care plan identified that the resident was on a diet of regular texture and type. Another intervention was added in hand writing on this resident's care plan indicating resident #001 required extensive feeding (the date of the change was not noted, nor was there a signature of who initiated the change).

Inspector #543 reviewed the home's diet list which indicated that this resident was to have a regular diet. The inspector reviewed resident #001's Nutritional

Risk Assessments completed on Admission, and two subsequent assessments. The resident's admission assessment indicated requiring assistance with eating and feeding. In the following assessment, the resident was identified as being able to eat independently or with minimal assist. This resident's most recent assessment identified chewing, swallowing difficulties and required a texture modified diet and ate independently or with minimal assistance. This change differed from the previous assessments, and was not included in resident #001's most recent care plan.

On December 30, 2014, #s-100 told the inspector the following; regarding how staff will communicate changes in residents' condition and/or changes that are required to their care plans (specifically relating to resident #001):

-the RAI coordinator and the nursing staff should have been notified of the changes in this resident's condition, specifically related to diet
-typically the Dietitian is notified of the change in order to update the resident's care plan
-when MDS assessments are completed by nursing staff and when there is any significant change, these changes are to be passed on to the appropriate staff/department (i.e. Dietary, RAI, Nursing, etc.).

Inspector #543 reviewed the home's policy-Care Planning. This policy identified that once the care plan is completed it is reviewed and revised when completing the quarterly MDS assessment, a goal in the plan has been met, the resident's needs have changed or care set out in the plan is no longer necessary, care set out in the plan has not been effective and at any other time as deemed appropriate. This policy also indicated that the RN/RPN begins developing the plan of care by ensuring it includes (but not limited to) assistance required with ADLs including hygiene and grooming and nutritional status including height, weight, and any risks relating to nutrition and hydration. This policy indicated that the care plan individualizes/personalizes the foci, goals and interventions based on completed assessments, discussions with the resident/family, and observations and also, ensures interventions provide clear direction to those providing care to the resident.

In summary, resident #001 had several nutrition assessments that identified a change in their condition, staff confirmed the process regarding how they communicate change; and the home's Care Planning policy stated foci, goals and interventions based on completed assessments, shall ensure interventions

provide clear direction to those providing care to the resident. This resident's most recent care plan did not provide clear direction to direct care staff. (543)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : May 1, 2015 ~~Mar 27, 2015~~ 10-3-15

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 10th day of March, 2015

Signature of Inspector / Signature de l'inspecteur : Tiffany Boucher

Name of Inspector / Nom de l'inspecteur : Tiffany Boucher

Service Area Office / Bureau régional de services : Sudbury Service Area Office