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
Jul 28, 2014	2014_262523_0025	L-000684-14	Resident Quality Inspection

Licensee/Titulaire de permis

Oneida Nation of the Thames
2212 Elm Avenue, R. R.#2, SOUTHWOLD, ON, N0L-2G0

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

Oneida Nation of the Thames Long-Term Care Home (Tsi' Nu: yoyantle' Na' Tuhuwatisni)
2212 Elm Avenue, R. R.#2, SOUTHWOLD, ON, N0L-2G0

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

ALI NASSER (523), CAROLEE MILLINER (144), JOAN WOODLEY (172), MELODY GRAY (123)

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): July 14, 15, 17, 18, 21 and 22, 2014.

This inspection was completed concurrently with inspections for Log # 001030-14, 000645-14 & 002063-14.

During the course of the inspection, the inspector(s) spoke with the Manager of Activities & Acting Administrator, the Manager of Resident Care & Acting Director or Care, the President of Assured Care Consulting, the Manager of Dietary Services & Acting Manager of Environmental Services, Environmental Services Supervisor, Director of Contracted Dietitian Company, Registered Dietitian, 9 Registered Staff, 11 Personal Support Workers, 2 Housekeeping Staff, an Activation Aide, a Social Worker, a Nursing Consultant, the Resident Council President, Family members and Residents.

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

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
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. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The Licensee has failed to ensure that every Resident has the right to be afforded privacy in treatment and in caring for his or her personal needs, as evidenced by:

A Registered Staff was observed performing a testing procedure for 2 different Residents in a public area.

In an interview, the Registered Staff informed the inspector that it was a common practice to perform this procedure in this area and that they had never been directed not to do this.

The Acting Director of Care confirmed that the Home's expectation is to provide all treatments in the privacy of the Resident's room. [s. 3. (1) 8.]

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 every Resident has the right to be afforded privacy in treatment and in caring for his or her personal needs, to be implemented voluntarily.

WN #2: 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).

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 as evidenced by:

A Resident was observed sleeping in their bed with a specific intervention in use.

In an interview two staff members shared that the interventions are used daily to prevent falls and a third staff member advised that the interventions are used daily to assist with bed mobility and transfers.

The quarterly assessment identifies that the Resident requires a different intervention. This information was not reflected in the plan of care [s. 6. (1) (c)]

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, 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 has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, as evidenced by:

a) The Home's policy/Procedure: Menu Posting, Policy # A.2 indicated under procedure # 2:
The NM/FSS (Food Services Supervisor) ensures that the daily menu is posted in large print in all designated locations either before breakfast for all three meals of the day, or for each meal prior to service, depending on the type of menu board used in the Home, to inform Residents, visitors and staff of the menu choices for the day.

On July 14, 2014 the lunch meal service posted menu indicated that cupcakes were to be served. Chocolate pudding was served instead. This was confirmed by the FSS.

On July 18, 2014 the lunch meal service posted menu indicated that Corned Beef on Rye bread sandwiches were to be served. Corned beef hash was served instead. This was confirmed by the FSS.

In an interview the FSS confirmed that a substitution was made to the menu and the change was not posted as per the Home's policy.

b) On July 18, 2014 a review of the Home's food temperature logs with the FSS revealed that the food temperatures at the point of service were not recorded in the log. The FSS Confirmed in an interview that it is the Home's policy that the food temperatures are taken and recorded in the kitchen and at the point of service in the servery.

The FSS confirmed that the staff did not record the food temperatures at the point of service as per the home's policies and procedures. [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 to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (1) Every licensee of a long-term care home shall ensure that,
(a) there is an organized program of housekeeping for the home; 2007, c. 8, s. 15 (1).
(b) there is an organized program of laundry services for the home to meet the linen and personal clothing needs of the residents; and 2007, c. 8, s. 15 (1).
(c) there is an organized program of maintenance services for the home. 2007, c. 8, s. 15 (1).

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The Licensee has failed to ensure that there is an organized program, schedules and procedures in place for routine, preventative and remedial maintenance in the Home as evidenced by:

a) A review of the preventative maintenance schedules revealed that there is no record of implementing and completing all the monthly, weekly and/or daily checks for the months of May, June and first week of July 2014.
This was confirmed by the Acting DOC and the Acting Environmental Manager.
They both confirmed that the Home's expectation is to have a preventative maintenance program that is fully implemented and monitored.

b) On July 21, 2014 an electrical outlet was observed with drywall cut out around it, no electrical cover on the outlet and only a piece of white paper taped over it.

Observation shown to the Acting Admin who confirmed that this was not acceptable and not the Home's expectation for maintenance.

Inspector observed maintenance staff dry walling area on July 21, 2014.

Observations made on July 22, 2014 revealed the wall has had new drywall applied and an electrical cover plate is over the outlet now. [s. 15. (1) (c)]

2. The Licensee has failed to ensure that the Home was kept in a good state of repair as evidenced by:

On July 21, 2014 at 1100 a tour of the Home revealed wall scrapes and chipped paint in several residents' rooms. Walls through out the hallways had scrapes and chipped paint.
This was confirmed by the Acting Manager of Maintenance Services and the Maintenance Supervisor.

The Acting Manager of Maintenance Services confirmed that the expectation is to have the Home be kept in a good state of repair. [s. 15. (2) (c)]

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 there is an organized program, schedule and procedures in place for routine, preventative and remedial maintenance; and to ensure that the Home is kept in a good state of repair, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(e) is approved by a registered dietitian who is a member of the staff of the home; O. Reg. 79/10, s. 71 (1).

Findings/Faits saillants :

1. The Licensee has failed to ensure the menu cycle is approved by a Registered Dietitian who is a member of the staff of the home as evidenced by:

In an interview with the Home's current Dietitian and Director from the Dietitian Contracted company it was revealed that the Dietitian who worked in the home up until 2 weeks ago had not approved the menu as there were still tools that needed to be refined to be more user friendly for the staff to follow.

The menus are from Compass, changes were requested from the residents to integrate some of their cultural specific foods into the menus and the subsequent tools have not been completed. Thus the Dietitian did not approve the menu cycle yet. [s. 71. (1) (e)]

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 menu cycle is approved by a Registered Dietitian who is a member of the staff of the Home, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The Licensee has failed to ensure that all hazardous substances at the Home are kept inaccessible to Residents at all times, as evidenced by:

On July 21, 2014 at 0920 it was observed that the housekeeping cart by the nursing station was left unlocked and unattended with one bottle of window and mirror cleanser on the outside of the cart and two bottles of cleansers inside the cart. The cart was in the hallway, unlocked, unattended and accessible to Residents.

This was confirmed by one Housekeeping Staff and one Registered Staff.

The Acting DOC confirmed that the Home's expectation is to have all hazardous substances inaccessible to Residents. [s. 91.]

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 hazardous substances at the Home are kept inaccessible to Residents at all times, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The Licensee has failed to ensure that drugs are stored in an area or a medication cart that is secure and locked at all times, as evidenced by:

On July 21, 2014 at 1345, observations revealed an unattended and unlocked treatment cart sitting in the hallway.

This observation was confirmed by an Assured Care Consulting company representative.

This representative confirmed that the Home's expectation is that a treatment cart when unattended would be locked. [s. 129. (1) (a)]

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 drugs stored in an area or a medication cart that is secure and locked at all times, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable. O. Reg. 79/10, s. 136 (6).

Findings/Faits saillants :

1. The Licensee has failed to ensure that when a drug is destroyed, the drug is altered or denatured to such an extent that its consumption is rendered impossible or improbable, as evidenced by

On July 21, 2014, inspector observed discontinued medications in the non-narcotic drug destruction box in the Resident Home Area medication room to be in their original state, not altered or denatured prior to removal from the Home by an external service provider

This was confirmed with one Registered Staff and the Acting Director of Care. [s. 136. (6)]

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 when a drug is destroyed, a drug is altered or denatured to such an extent that its consumption is rendered impossible or improbable, to be implemented voluntarily.

WN #9: 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).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:
1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:
3. Residents must be offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The Licensee has failed to ensure all staff participate in the implementation of the infection prevention and control program, as evidenced by:

a) Observations of a suction machine in the dining room revealed that the suction machine was covered with dust and a plastic tennis racket. The garbage pail and recycling bin were sitting beside the suction machine and on the other side a laundry hamper with soiled cover ups was positioned.

b) A dirty/soiled nebulizer face mask was observed sitting on the bedside table uncovered in a Resident room .

c) Staff interview with an RN revealed a nebulizer mask should be washed with soap and water after every use and covered. The suction machine should be accessible, cleaned and tested at least monthly. It should be located away from the garbage pail

and recycling box.

d) Policy review for Suctioning 4.11 Residents with special Needs Dated Nov.2011. reviewed .
10. states once you have completed the suctioning procedure ensure the resident is comfortable and the area is tidied.
No reference to the positioning of the suction machine in the dining room or the cleaning of the equipment on a regular basis was included. [s. 229. (4)]

2. The Licensee has failed to ensure residents admitted to the home are screened for tuberculosis within 14 days of admission, as evidenced by:

A clinical record review for a Resident revealed that this Resident did not get screened withn 14 days of admission [s. 229. (10) 1.]

3. The Licensee has failed to ensure Residents are offered immunization against pneumoccocus, tetanus, and diptheria, as evidenced by:

A clinical record review for 2 Residents revealed that these Residents were not offered pneumoccocus, tetanus, and diptheria after their admission.

An interview with the RN revealed that the Home had problems with the vaccine fridge and lost their serum. It took time to get a fridge and then to obtain serum from Public Health. The RN verified the Home currently has the serums on site. [s. 229. (10) 3.]

4. The Licensee has failed to ensure that staff are screened for tuberculosis, as evidenced by:

A record review of 3/3 employee files who were hired in the Nursing Department did not reveal any documentation of Tuberculosis testing.

This was confirmed by the Acting Director of Care who was unable to find any documentation on these employees' files related to Tuberculosis screening. [s. 229. (10) 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 implementing of the infection prevention and control program, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 31 (4).

Findings/Faits saillants :

1. The Licensee has failed to ensure that there is a written record of each annual evaluation of the staffing plan, as evidenced by:

A review of the Home's staffing plan revealed that there is no documented evidence of a written record of an annual evaluation of the staffing plan. The Acting Director of Care confirmed that there was no written record of an annual evaluation of the staffing plan. [s. 31. (4)]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The Licensee has failed to ensure that a Resident experiencing pain that is not relieved by initial interventions, has an assessment using a clinically appropriate assessment instrument specifically designed for this purpose, as evidenced by:

A clinical record review revealed a Resident required the use of a narcotic PRN analgesic several times in one day, over and above the Resident's routine narcotic analgesic. RAI-MDS information codes this Resident as having daily mild pain. A clinical record review revealed that no pain assessments had been completed on this Resident since September, 2013.

In an interview with the RN it was confirmed that there had been no pain assessment completed since September 2013 and that it should have been completed and documented in the clinical record.

Policy review of 4.14.0 Pain Management Program reviewed Nov, 2011 under Procedure states" the interdisciplinary Team shall conduct and document a pain assessment : c. quarterly. [s. 52. (2)]

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 133. Drug record (ordering and receiving)
Every licensee of a long-term care home shall ensure that a drug record is established, maintained and kept in the home for at least two years, in which is recorded the following information, in respect of every drug that is ordered and received in the home:

1. The date the drug is ordered.
2. The signature of the person placing the order.
3. The name, strength and quantity of the drug.
4. The name of the place from which the drug is ordered.
5. The name of the resident for whom the drug is prescribed, where applicable.
6. The prescription number, where applicable.
7. The date the drug is received in the home.
8. The signature of the person acknowledging receipt of the drug on behalf of the home.
9. Where applicable, the information required under subsection 136 (4). O. Reg. 79/10, s. 133.

Findings/Faits saillants :

1. The Licensee has failed to ensure that a drug record is established in respect of every drug that is ordered and received in the home as evidenced by:

Between May 13, 2014 and July 7, 2014, the Home's drug record book does not include the dates ten (10) drugs were received in the Home for six (6) Residents and the signature of the person acknowledging receipt of the drugs on behalf of the Home.

This was confirmed by one Registered Staff and the Acting Director of Care [s. 133.]

Issued on this 28th day of July, 2014

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