



**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 prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Public Copy/Copie du public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Jun 18, 2019 | 2019_575214_0019 | 033766-18, 005912-19 | Complaint |

Licensee/Titulaire de permis

859530 Ontario Inc. (operating as Jarlette Health Services)
c/o Jarlette Health Services 711 Yonge Street MIDLAND ON L4R 2E1

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

Royal Rose Place
635 Prince Charles Drive North WELLAND ON L3C 0C7

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

CATHY FEDIASH (214), KELLY CHUCKRY (611)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): June 6, 7, 11, 12, 13, 2019.

Please note: This inspection was conducted concurrently with Director Order Follow Up Inspection 2019_575214_0018/007243-19, related to skin and wound.

During the course of the inspection, the inspector(s) spoke with the Administrator; Director of Care (DOC); Physician; Registered Staff; Personal Support Workers (PSW) and family members.

During the course of the inspection, the inspector(s) reviewed complaints; resident clinical records and maintenance documents.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Infection Prevention and Control
Nutrition and Hydration
Personal Support Services**

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

1 WN(s)

1 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>Légende</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 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 and Regulation required the licensee of a long-term care home to have, institute or otherwise put any procedure in place, the procedure was complied with.

In accordance with the Act, s. 11(1)(b), and in reference to O.Reg. s. 68 (2)(d), the licensee was required to have a nutrition and hydration program that included a system to monitor and evaluate fluid intake of residents with identified risks related to hydration.

Specifically, staff did not comply with the licensee's procedure "Hydration Assessment and Monitoring" (dated March 2018), which was part of the licensee's "Resident Rights, Care and Services-Nutrition Care and Hydration Programs", and described the procedure to ensure adequate daily fluids to meet the individual needs of the residents and avoid the risk of dehydration.

A review of the licensee's procedure indicated the following:

The Food Service Manager (FSM)/Registered Dietitian will:

-Ensure each resident's individual fluid needs will be assessed and calculated by the Dietician with admission assessment and by the FSM/ or Dietician thereafter on a quarterly, annually and if a significant change affecting fluids needs occurs.

-Complete an identified assessment form in Point Click Care (PCC) to determine each resident's individual fluid needs. An automatic progress note will be generated when this assessment is signed and locked.



-Document each resident's fluids needs in an identified Task Tab in PCC.

The Registered Staff will:

-Daily on the Night shift, compare the fluid intake as recorded on an identified report in Point of Care (POC) to the resident's fluid needs using an identified Task Report.

-Put the resident on a specialized program if the resident's fluid intake is below their fluid needs for 3 consecutive days.

When a resident is deemed to be on the identified specialized program, the following procedure will be implemented:

If the fluid goal is NOT met for 3 consecutive days:

The Registered Staff will:

-Ensure on the Night shift that an identified, specialized task on POC is activated to alert PSW's of the need for increased fluids, prompting extra fluids to be offered throughout the day (a specified amount per shift)

-Ensure an identified referral form is sent to the FSM/Dietician to communicate that the specialized task had been started.

-Ensure on the Night shift that an identified assessment form is initiated to assess for signs or symptoms of dehydration.

A review of complaint intake #005912-19, indicated that on an identified date, resident #001 had been transferred to a specified location with an identified condition.

A review of the resident's most current Resident Assessment Protocol (RAP), for an identified area of care, indicated that the resident was assessed to require an identified quantity of fluid per day.

A review of an identified assessment in PCC, dated with an identified date and observed to be the most current assessment, indicated that the resident was assessed to require an identified quantity of fluid per day.



A review of the resident's care plan, in place prior to their transfer to an identified location, indicated under a specified focus, to refer to a specified task in the POC documentation system, for the resident's individualized daily fluid goal.

A review of the specified task, for this time period, indicated that the resident was assessed to require an identified quantity of fluid per day, which was the same amount identified in the assessments and care plan noted above.

A review of an identified report in the POC documentation system was reviewed for a specified period of 13 consecutive days. This documentation indicated that the resident consumed identified quantities of fluid, which were less than their assessed quantities, for four consecutive days.

A review of the resident's POC tasks, indicated that the identified specialized task, had not been initiated when the resident consumed less than their identified assessed needs of fluid per day, for a specified period of four consecutive days. A review of their clinical records indicated that an identified referral form and an identified assessment form, were unable to be located for this time period.

During an interview with the Administrator on an identified date, they confirmed that the identified specialized task in POC had not been initiated and an identified referral form and assessment form, had not been completed for resident #001, when they consumed less than their identified, assessed needs of fluid per day, for over three consecutive days, as per the licensee's procedure. [s. 8. (1) (a),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 where the Act and Regulation requires the licensee of a long-term care home to have, institute or otherwise put any procedure in place, the procedure is complied with, to be implemented voluntarily.



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Issued on this 19th day of June, 2019

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

Original report signed by the inspector.