Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
May 11, 14, 15, 16, 17, 18, 22, 23, 24, 25, 28, 30, 31, Jun 5, 6, 2012	2012_074171_0005	Resident Quality Inspection

Licensee/Titulaire de permis

RITZ LUTHERAN VILLA
R.R. #5, MITCHELL, ON, N0K-1N0

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

MITCHELL NURSING HOME
184 NAPIER STREET, S.S. #1, MITCHELL, ON, N0K-1N0

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

ELISA WILSON (171), CAROLE ALEXANDER (112), JOAN WOODLEY (172)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

During the course of the inspection, the inspector(s) spoke with the CEO and acting CEO, acting Director of Care (Michell Nursing Home), Director of Care (Ritz-Lutheran Villa), Nutrition Services Director, Campus Life Enrichment Director, Building Services Director, Human Resources Manager, Physician, Registered Dietitian, Resident Assessment Instrument Coordinator, Administrative Assistant, Restorative Care Lead, 2 Program Staff, 6 Registered Staff, Staffing Clerk, Receptionist, 6 Personal Support Workers, Cook, Dietary Aide, Housekeeper, 30 Residents, and 6 Family Members of Residents.

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

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following subsections:

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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee had not ensured that all policies related to pain management in the home were complied with. [O.Reg. 79/10, s.8(1)(b)]

The home's policy for pain: "Pain Assessment and Management. No: 202-68 Section: Nursing Procedures and Documentation" (revision date July 2008) was not complied with.

The process speaks to ensuring a "pain assessment is conducted on admission, quarterly, initiation of pain medication, resident behaviour for pain onset, severity of 4/10 or greater, diagnosis of painful disease" as well as other indicators.

The policy includes "Appendix A Pain Assessment Tool" & "Appendix B Pain Management Flow Record"

a) A review of the progress notes for an identified resident revealed that the resident verbalized pain on four specific days, however a pain assessment was not initiated according to the home's policy.

b) A review of the medical record revealed the physician ordered a change in pain medication, however a pain assessment was not initiated according to the home's policy.

c) A review of the resident's care plan revealed that the resident had pain in identified areas. A quarterly pain assessment, according to the home's policy, was not conducted regarding these areas of pain.

Registered staff confirmed that a pain assessment was not completed and should have been completed according to their policies.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following subsections:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

Findings/Faits saillants :

1. The licensee had not ensured the falls prevention and management program had been developed and implemented in the home. [O.Reg. 79/10, s.48(1)1]

A review of the home's nursing policy manual revealed there were some policies available regarding falls management, however a full program as described in the regulations was not included.

2. The licensee had not ensured the pain management program had been developed and implemented in the home. [O.Reg. 79/10, s.48(1)4]

A review of the home's nursing policy manual revealed there were some policies available regarding pain management, however a full program as described in the regulations was not included.

3. The licensee had not ensured the continence care and bowel program had been developed and implemented in the home. [O.Reg. 79/10, s.48(1)3]

A review of the home's nursing policy manual revealed there were some policies available regarding continence and bowel management, however a full program as described in the regulations was not included.

The acting Director of Care and acting CEO confirmed that all three of the above programs were still in development and were not yet completed or implemented in the home.

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: 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 subsections:

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;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee had not ensured that each resident was reassessed and the plan of care reviewed and revised when the resident's care needs changed. [LTCHA, 2007 S.O. 2007, s.8, s.6(10)(b)]

A review was completed of the computerized medical record for an identified resident. The Minimum Data Set (MDS) coding indicated a significant decline in bowel and bladder continence. There were no revisions in the description of continence frequency or new interventions to address the change in both bladder and bowel continence in the plan of care.

Registered staff confirmed there was a change in frequency of incontinence between the quarters and confirmed the documented care plan interventions regarding bladder and bowel continence had not changed.

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 each resident is reassessed and the plan of care reviewed and revised when the resident's care needs change, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following subsections:

s. 85. (4) The licensee shall ensure that,
(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;
(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and
(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee had not ensured that actions taken to improve the long-term care home, care, services, programs and goods based on the results of the survey were documented and made available to Residents' Council. [LTCHA, 2007 S.O. 2007, c.8, s.85(4)(b)]

A review of the Residents' Council minutes and interviews with residents and management staff revealed not all actions taken to make improvements in the home based on the results of the survey were documented and made available to Residents' Council.

2. The licensee had not ensured that the results of the annual resident satisfaction survey were documented and made available to the Residents' Council. [LTCHA, 2007 S.O. 2007, c.8, s.85(4)(a)]

The satisfaction survey had been completed in November/December 2011. A review of the Residents' Council minutes and interviews with residents and management staff revealed that the satisfaction survey results had not been made available to the Residents' Council as of May 24, 2012.

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 results of the satisfaction survey and actions taken to make improvements to the home, care, services, programs and goods are documented and made available to the residents' council, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement
Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:
1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
i. the matters referred to in paragraph 3,
ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Findings/Faits saillants :

1. The home's quality improvement and utilization review system did not provide a written description of it's goals, objectives, policies, procedures and protocols, and a process to identify initiatives for review. [O.Reg. 79/10, s. 228.1].

The home had an interdisciplinary quality council formed with documented terms of reference. In an interview, the acting CEO described their process of identifying initiatives for review, however there was no written description of all policies, procedures and protocols and the process to identify initiatives for review for this council.

2. The home had not maintained for the Continuous Quality Improvement system a record of the names of the persons who participated in evaluations and the dates the improvements were implemented. [O.Reg. 79/10, s.228.4.ii]

This was confirmed in an interview with the acting CEO.

3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to residents had not been communicated to the Residents' Council on an on-going basis. [O.Reg. 79/10, s.228.3]

A review of the Residents' Council minutes for the past year, and interviews with residents and management staff confirm that this information had not been communicated on an on-going basis to the Residents' Council.

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 the quality improvement and utilization and review system includes all the requirements as listed in the regulations, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee had not ensured that any actions taken with respect to a resident under a program, including assessments and reassessments were documented. [O.Reg. s.30(2)]

Staff interviews revealed that a resident's toileting plan had been reassessed and a toileting routine implemented after an interdisciplinary assessment of specific resident needs. An interdisciplinary approach was used in developing the plan of care, however the assessment leading to this change was not documented. The restorative care aide confirmed that the assessment was not located in the resident's medical record.

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 actions taken with respect to a resident under a program, including assessments and reassessments are documented, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following subsections:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.
6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. The licensee had not provided training related to continence care and bowel management to all staff who provide direct care to residents on an annual basis or based on staff's assessed training needs. [O.Reg. 79/10, s.221(1)3]

The home provided the 2011 Training Listing which upon review did not include any sessions on continence and bowel management. A discussion with human resources revealed that only nine out of approximately 30 staff providing direct care to residents at the home were trained in continence care and bowel management within the past year.

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 training is provided regarding continence care and bowel management to all staff who provide direct care to residents, to be implemented voluntarily.

WN #8: 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 subsections:

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;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(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 had not ensured that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair. [LTCHA, 2007, S.O. 2007, c.8, s.15(2)(c)]

Observation made between May 14-16, 2012 by inspectors #171,112 and 172 revealed:
a) Bedroom and bathroom walls have numerous areas of disrepair and damage.
b) The toilet had "shifted" exposing old toilet setting on the floor; the baseboard and wall behind the toilet were in need of repair, the baseboard and wall under the bathroom sink were in need of repair; paint was chipped off the wooden bumper in the bathroom; the door frame was chipped; the side rail on the bed was rusted.
c) Tape was peeling up off the floor in the bathroom; the wall guards had paint chipped off and they were stained.
d) Chipped paint on walls; heater along baseboard scratched and chipped.

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 the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 29. Policy to minimize restraining of residents, etc.

Specifically failed to comply with the following subsections:

s. 29. (1) Every licensee of a long-term care home,
(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and
(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).

Findings/Faits saillants :

1. The licensee had not ensured that the policy to minimize restraining of residents was complied with. [LTCHA, 2007 S.O. 2007, c.8, s.29(1)(b)]

The home's policy # 2003-49 "Minimizing Restraining of Residents: Use of Restraints" defined restraints according to "Appendix F- Definitions of Restraint".

An identified resident was observed using a potential restraint. Registered staff, non-registered staff and family confirmed that this was being used as a restraint. The use of the restraint and the resident's related care for using a restraint were not identified on the resident's plan of care.

"Appendix C - Restraint Monitoring" had also not been implemented for this resident as per the home's policy.

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 the policy to minimize restraining of residents is complied with, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following subsections:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee had not ensured the organized maintenance services program included schedules and procedures for routine, preventive and remedial maintenance. [O.Reg. 79/10, s.90(1)]

An interview with the Building Services Director revealed the department was planning to set up a repainting log identifying what date painting and touch ups were completed, however there were no procedures in place at the time of this inspection.

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 the organized program of maintenance services includes schedules and procedures for routine, preventive and remedial maintenance, to be implemented voluntarily.

WN #11: 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 subsections:

s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;
(b) set out the organization and scheduling of staff shifts;
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. The licensee had not ensured that the staffing plan was evaluated and updated at least annually. [O.Reg. 79/10, s.31 (3)(e)]

An interview with the acting Director of Care revealed no knowledge of an evaluation of the staffing plan having been completed since she started this position in January 2012.

The Director of Care from the Ritz Lutheran Villa (that shares a staffing responsibility with Mitchell Nursing Home) was unable to provide a copy of the annual evaluation of the staffing plan.

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 staffing plan is evaluated and updated at least annually, to be implemented voluntarily.

WN #12: 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 subsections:

s. 229. (2) The licensee shall ensure,
(a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;
(b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly;
(c) that the local medical officer of health is invited to the meetings;
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
(e) that a written record is kept relating to each evaluation under clause (d) 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. 229 (2).

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 had not ensured that all staff participate in the implementation of the Infection Prevention and Control program. [O.Reg. 79/10, s.229(4)]

Observations made throughout the inspection revealed unlabeled toothbrushes, hair brushes, nail clippers and combs in shared bathrooms.

An interview with the acting Director of Care revealed the home's expectation that all personal care items were to be labeled when left in a shared washroom. (172)

2. The licensee had not ensured that there is an interdisciplinary team approach in the co-ordination and implementation of the Infection Prevention and Control Program. [O.Reg.79/10, s.229(2)(a)]

An interview with the acting Director of Care revealed the home does not have an interdisciplinary team approach to the Infection Prevention and Control program as of May 28, 2012 and has not had one in place since January 2012. It was noted that should an outbreak occur, a team would be called together to establish and manage the outbreak.

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 control program as related to the labeling of personal care items, to be implemented voluntarily.

WN #13: 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 had not ensured that all hazardous substances at the home were kept inaccessible to residents at all times. [O. Reg. 79/10, s. 91]

Observations made during the initial tour on May 14, 2012 at 1119 hours revealed many hazardous chemicals left unlocked in a janitor's room on the north hallway.

Registered staff confirmed the room was open and made arrangements to have the door lock mechanism checked by maintenance staff.

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following subsections:

s. 72. (2) The food production system must, at a minimum, provide for,
(a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;
(b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;
(c) standardized recipes and production sheets for all menus;
(d) preparation of all menu items according to the planned menu;
(e) menu substitutions that are comparable to the planned menu;
(f) communication to residents and staff of any menu substitutions; and
(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(a) preserve taste, nutritive value, appearance and food quality; and
(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

1. The licensee had not ensured that all menu items were prepared according to the planned menu. [O.Reg. 79/10, s.72 (2)(d)]

Diet puddings were not prepared according to the planned menu. On May 28, 2012 the therapeutic menus and recipes for banana pudding were reviewed. The menu showed a #8 scoop of diet pudding would be served on the diabetic diet. The recipe indicated that a lite version of the pudding would be used in preparation. However, the cook indicated that the home does not purchase the lite versions of the puddings but will serve the regular pudding in a smaller portion size for the diabetic diets.

The Nutrition Services Director confirmed the home had not been purchasing diet pudding powder and were therefore not following the recipes or therapeutic menu for diet puddings.

2. The licensee had not ensured that all food and fluids were served using methods to prevent adulteration, contamination and food borne illness. [O.Reg. 72(3)(b)]

Observations of lunch tray service on May 14, 2012 revealed a registered staff person obtaining a lunch tray from the transportation cart and walking down the north hall with only the supplement covered. The entree and other fluids were not covered during the delivery of the tray.

WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following subsections:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
(e) continence care products are not used as an alternative to providing assistance to a person to toilet;
(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee had not ensured that the residents were provided with a range of continence products based on their individual assessed needs. [O.Reg. 79/10, s.51(2)(h)(i)]

a) A review of the Resident Assessment Protocol (RAP) for an identified resident revealed the resident was receptive to wearing a specific continence product to manage incontinence episodes. Interviews with the staff indicated the resident did not like wearing other products which were tried previously.

b)A review of the RAP for a second resident revealed the resident was comfortable wearing a specific continence product during the day and night. Will continue to care plan with the goal of maintaining the use the continence product as it is keeping the resident clean, dry and odour free. Interviews with staff indicated the resident did not like wearing other products which were tried previously.

Interviews with staff confirm the home did not provide this specific continence product for the residents from their supplier, despite the assessments that this product would meet the residents' individual assessed needs.

WN #16: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,
(a) the Residents' Bill of Rights;
(b) the long-term care home's mission statement;
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
(d) an explanation of the duty under section 24 to make mandatory reports;
(e) the long-term care home's procedure for initiating complaints to the licensee;
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
(g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
(h) the name and telephone number of the licensee;
(i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home;
(j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
(k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
(l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
(m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
(n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
(q) an explanation of the protections afforded by section 26; and
(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :

1. The licensee had not ensured the admission package provided to residents included an explanation of the duty to make mandatory reports related to incidents resulting in harm or risk of harm to the residents. [LTCHA, 2007 S.O. 2007, c.8, s.78(2)(d)]

A review of the admission package revealed that the information regarding the duty to make mandatory reports was not included in the package. This missing information was confirmed by the administrative assistant.

WN #17: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following subsections:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
(a) the Residents' Bill of Rights;
(b) the long-term care home's mission statement;
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
(d) an explanation of the duty under section 24 to make mandatory reports;
(e) the long-term care home's procedure for initiating complaints to the licensee;
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
(h) the name and telephone number of the licensee;
(i) an explanation of the measures to be taken in case of fire;
(j) an explanation of evacuation procedures;
(k) copies of the inspection reports from the past two years for the long-term care home;
(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
(p) an explanation of the protections afforded under section 26; and
(q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)

Findings/Faits saillants :

1. The licensee had not ensured all the required information, including an explanation of evacuation procedures, was posted in the home, in a conspicuous and easily accessible location. [LTCHA, 2007 S.O. 2007, c.8, s.79(3)(j)]

An observation of the posting board in the front lobby of the home on May 18, 2012 revealed the explanation of evacuation procedures was not posted in a conspicuous location. It was confirmed by the Building Services Director that the evacuation procedures were not posted in this location or any other location in the home.

2. The licensee had not ensured all the required information, including an explanation of the measures to be taken in case of fire, was posted in the home, in a conspicuous and easily accessible location. [LTCHA, 2007 S.O. 2007, c.8, s.79(3)(i)]

An observation of the posting board in the front lobby of the home on May 18, 2012 revealed the explanation of the measure to be taken in case of a fire were not posted in a conspicuous location. It was confirmed by the Building Services Director that the fire procedures were not posted in this location or any other conspicuous location in the home.

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

CORRECTED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	**TYPE OF ACTION/ GENRE DE MESURE**	**INSPECTION # / NO DE L'INSPECTION**	**INSPECTOR ID #/ NO DE L'INSPECTEUR**
LTCHA, 2007 S.O. 2007, c.8 s. 8.	CO #001	2011_092121_0030	172

Issued on this 6th day of June, 2012

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

Elisa Wilson

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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) :	ELISA WILSON (171), CAROLE ALEXANDER (112), JOAN WOODLEY (172)
Inspection No. / No de l'inspection :	2012_074171_0005
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Date of Inspection / Date de l'inspection :	May 11, 14, 15, 16, 17, 18, 22, 23, 24, 25, 28, 30, 31, Jun 5, 6, 2012
Licensee / Titulaire de permis :	RITZ LUTHERAN VILLA R.R. #5, MITCHELL, ON, N0K-1N0
LTC Home / Foyer de SLD :	MITCHELL NURSING HOME 184 NAPIER STREET, S.S. #1, MITCHELL, ON, N0K-1N0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	BOB PETRUSHEWSKY

To RITZ LUTHERAN VILLA, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Order # / Ordre no : 001

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

Pursuant to / Aux termes de :

O.Reg 79/10, 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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee shall ensure that the home's policies are complied with.

Specifically the licensee shall ensure that the home's policy for pain, which specifies instances when a clinically appropriate pain assessment tool must be used, is complied with for all residents who meet the criteria as specified in the policy.

Grounds / Motifs :

1. The licensee had not ensured that all policies related to pain management in the home were complied with. [O.Reg. 79/10, s.8(1)(b)]

The home's policy for pain: "Pain Assessment and Management. No: 202-68 Section: Nursing Procedures and Documentation" (revision date July 2008) was not complied with.

The process speaks to ensuring a "pain assessment is conducted on admission, quarterly, initiation of pain medication, resident behaviour for pain onset, severity of 4/10 or greater, diagnosis of painful disease" as well as other indicators.

The policy includes "Appendix A Pain Assessment Tool" & "Appendix B Pain Management Flow Record"

a) A review of the progress notes for an identified resident revealed that the resident verbalized pain on four specific days, however a pain assessment was not initiated according to the home's policy.

b) A review of the medical record revealed the physician ordered a change in pain medication, however a pain assessment was not initiated according to the home's policy.

c) A review of the resident's care plan revealed that the resident had pain in identified areas. A quarterly pain assessment, according to the home's policy, was not conducted regarding these areas of pain.

Registered staff confirmed that a pain assessment was not completed and should have been completed according to their policies. (112)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Jun 08, 2012

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

Order # / Ordre no : 002

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain.

This plan must specifically, but not inclusively, address:
a) time frames for completion of each of the programs
b) time frames and plans for staff education on each of the programs

The plan is to be submitted to inspector Elisa Wilson by email at elisa.wilson@ontario.ca by June 22, 2012.

Grounds / Motifs :

1. The licensee had not ensured the continence care and bowel program had been developed and implemented in the home. [O.Reg. 79/10, s.48(1)3]

A review of the home's nursing policy manual revealed there were some policies available regarding ontinence and bowel management, however a full program as described in the regulations was not included. (171)
2. The licensee had not ensured the pain management program had been developed and implemented in the home. [O.Reg. 79/10, s.48(1)4]

A review of the home's nursing policy manual revealed there were some policies available regarding pain management, however a full program as described in the regulations was not included. (112)
3. The licensee had not ensured the falls prevention and management program had been developed and implemented in the home. [O.Reg. 79/10, s.48(1)1]

A review of the home's nursing policy manual revealed there were some policies available regarding falls management, however a full program as described in the regulations was not included.

The acting Director of Care and acting CEO confirmed that all three of the above programs were still in development and were not yet completed or implemented in the home. (112)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Oct 01, 2012

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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

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

and the

Director

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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.

Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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 6th day of June, 2012

Signature of Inspector / Signature de l'inspecteur : Elisa Wilson

Name of Inspector / Nom de l'inspecteur : ELISA WILSON

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