



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 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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Sep 12, 23, 26, 27, 28, 29, Oct 6, 2011; 2011_078193_0022; Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

EAGLE TERRACE
329 EAGLE STREET, NEWMARKET, ON, L3Y-1K3

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

MONICA NOURI (193), DIANE BROWN (110)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with resident, direct care staff, registered staff, food service workers, Registered Dietitian (RD), Food Service Manger (FSM), Director of Care and Executive Director.

During the course of the inspection, the inspector(s) reviewed health records, home's Pain management program, Nutrition, hydration and dining services program, other related home's policies and procedures, and observed provision of services.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Pain

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

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).

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

- (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and
- (b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

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).

s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised,

- (a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and

(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).

Findings/Faits saillants :

The identified resident is a resident identified by the home at high nutrition risk related to being severely underweight and presenting with physical signs of malnutrition/anorexia.

1. The resident's plan of care was not reviewed and revised when the resident began refusing her diet. Resident lost weight.[s. 6(10)(b)]

2. The resident was reassessed and the plan of care was revised quarterly, but no different approaches were considered to ensure resident's daily nutrition and hydration requirements were met when the resident started refusing her diet.[s. 6(11)(b)]

3. Resident's care set out in the plan of care was not provided to the resident as specified in the plan.

The Food and Fluid tracking Meal form for an identified period of time was not completed as specified in the plan of care on numerous identified days.

[s. 6(7)]

4. The resident was not reassessed and the plan of care not reviewed and revised when the resident's started refusing the diet and the fluid intake was reported as 525 ml-900 ml per day.[s. 6(10)(b)]

5. The resident was not given an opportunity to participate fully in the development and implementation of the plan of care. The resident was not informed of menu choices and the resident's food preferences were not assessed.[s. 6(5)]

6. Staff and others involved in the different aspects of care did not collaborate with each other in the development and implementation of the plan of care for an identified resident so that the different aspects of care are integrated, consistent with and complement each other.

a) The food and fluid tracking sheets were not consistent with Medication Administration Record (MAR) or with progress notes in recording all of the resident's food and fluid intake. Refused is identified on food and fluid tracking forms when it was given on the MARS on an identified date.

b) Progress notes indicated meals taken orally and tolerated well. Food and fluid tracking meals and snacks forms are blank for breakfast and lunch on an identified day and only indicates fluid intake for dinner and snacks on same day. On another day, the Food and fluid tracking form for meals and snacks does not identified food intake, just fluid intake.[s. 6(4)(b)]

7. The plan of care for the identified resident is not based on an assessment of the resident's needs and preferences.

a) There was no nutritional assessment when the resident preference to change the diet was expressed.

b) The plan of care did not include an assessment of the resident's food preferences. Resident expressed food preferences to inspectors.

c) The plan of care did not include an assessment of the resident's nutritional needs between identified days when the resident refused the diet received.[s. 6(2)]

8. The plan of care for the identified resident does not set out clear directions for staff and others who provide direct care to the resident.

a) the resident's "Care Plan" states contradictory interventions.[s. 6(1)(c)]

b) The home's Dining serving report indicates the resident's diet type/texture is regular, regular but also purred, minced and soft.

c) Resident's intolerance for an identified food is not mentioned in the Dining serving report.

d) The plan of care does not indicated food preferences. The resident expressed preferences to inspectors during interview.[s. 6(1)(c)]

9. Direct care staff and registered staff did not collaborate with the homes Dietitian when the resident was consistently refusing the diet for an identified period of time. [s. 6(4)(a)]

10. The resident's plan of care was reviewed quarterly but no different approaches have been considered in the revision of the plan of care to ensure that resident's pain is managed. All interventions noted in quarterly review are identical with the interventions noted in the admission plan of care. Resident continue to complain about pain.[s. 6(11)(b)]

11. The resident's plan of care was not reviewed and revised when the resident started complaining of pain. The pain is ongoing and is affecting other areas of her daily activities.[s. 6(10)(b)]

12. The resident's plan of care indicated for staff to document effectiveness of pain medication using the Pain Flow Sheet. The Pain Flow Sheet was not being used for documenting the effectiveness of the administered pain medication for this resident.[s. 6(7)]

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 by ensuring that for the identified resident and any other resident of the home

- a) the plan of care sets out clear directions to staff and others who provide direct care to the resident,*
- b) the care set out in the plan of care is provided to the resident as specified in the plan, and*
- c) are reassessed and the plan of care reviewed and revised at any time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.*

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records Specifically failed to comply with the following 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. LTCHA S.O. 2007, c. 8, s. 11. (1)(a)(b) requires the licensee to have an organized program of nutrition care and dietary services and a program of hydration to meet the nutrition and hydration needs of residents. The licensee failed to ensure that the policies and protocols instituted within the above mentioned programs were complied with as follows when applied to an identified resident:

- a) The registered staff did not comply with "72-Hour Food Intake Study" home policy number LTC-H-100 from September 2010 when the 72-Hour Food Intake Study completed on 2 identified occasion was not completed as required. "Specific Food Provided" and "Amount Eaten" was not documented using the following choices as required: all, 75%, 50%, or 25%- or by indicating the number of teaspoons consumed.
- b) The Registered Dietitian did not comply with "72-Hour Food Intake Study" home policy number LTC-H-100 from September 2010 when the above study was completed and the Registered Dietitian did not calculate pertinent nutrients and fluid intake.
- c) The direct care staff did not comply with the home's policy "Food and fluid intake monitoring" LTC-H-140, effective date May 2011, when they did not consistently documented the food and fluid intake at meal and nourishment passes in the Meal Food Fluids Intake Tracking Form and Snack Food Fluids Intake Tracking Form for an identified period of time.
- d) Nursing staff or designate did not comply with the home's policy "Food and fluid intake monitoring" LTC-H-140, effective date May 2011, when not calculating consistently total daily fluids consumed on an identified period of time.
- e) The nursing staff or designate did not comply with the home's policy "Food and fluid intake monitoring" LTC-H-140, effective date May 2011, when they did not report to the Registered staff when the identified resident's fluid intake was less than 1000ml/day for 3 consecutive days.[r. 8(1)(b)]

2. O. Reg 79/10 s. 48(1) requires the licensee to develop and implement a Pain management program. The licensee failed to ensure that the policies and protocols instituted within the Pain management program are complied with as follows:

The home's policy "Pain Assessment and Symptom Management - Implementation", LTC-N-50, revised on August 2010, required staff to complete the Pain monitoring flow sheet for an identified resident in following instances:

- a) upon admission,
- b) when new pain medication was ordered,
- c) a dosage decreased,
- d) discontinuation of a pain medication,
- e) prn medication used for more than 3 consecutive days, and
- f) when resident is exhibiting verbal/non verbal signs of pain.[r. 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 by ensuring that any plan, policy, protocol, procedure, strategy or system put in place by the licensee within Nutrition care, Dietary services, Hydration and Pain management programs are complied with, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following subsections:**

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

The planned menu items were not available and/or offered to an identified resident at each meal. On 4 identified days the resident was not offered and did not receive all planned menu items or received items that were not included on the resident's individual menu. No other alternatives were available and offered.[r. 71(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 by ensuring that the planned menu items are offered and available for the identified resident and any other resident of the home at each meal and snack, to be implemented voluntarily.

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes
Every licensee of a long-term care home shall ensure that,**

- (a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;**
 - (b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and**
 - (c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.**
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Findings/Faits saillants :

There was no monitoring and documentation of an identified resident response and the effectiveness of the drugs administered on numerous identified days.[r.134(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 by ensuring that when the identified resident and any other resident of the home is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs, to be implemented voluntarily.

WN #5: 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. For resident an identified resident the licensee did not ensure that:

- a) The 72 hour food intake study completed on two different occasions was assessed and the assessment documented by the Registered Dietitian as required by the home's program.
- b) Food and fluid tracking meals for an identified period of time were completed and documented as required by the home's program.
- c) Dietary tray requisition forms for an identified period of time were completed as required by the home's program (incomplete or missing).[30(2)]

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 by ensuring that any assessments, reassessments interventions and resident's responses are documented in the 72 hours food /fluid intake, Food and fluid tracking meals and Dietary tray requisitions for the identified resident and any other resident of the home, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes

Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
 2. A change of 7.5 per cent of body weight, or more, over three months.
 3. A change of 10 per cent of body weight, or more, over 6 months.
 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.
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Findings/Faits saillants :

An identified resident was not assessed when experienced weight change and the food and fluids received did not met the resident's nutrient requirements assessed by the home's Dietitian.[r 69.4]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

Drugs were not administered to an identified resident in accordance with the directions for use specified by the prescriber.

- a) The Dr. order for the identified resident indicated to continue an identified drug every 4 hours as required orally. On two identified days the resident received the prescribed dose less than 4 hours apart different from the directions for use specified by the prescriber.[r. 31(2)]
- b) The Dr. order for the identified resident indicated to administer an identified drug 2 times per day. On one identified day the resident received 3 doses as per records and Registered Nurse statement. Also, on 4 identified days the resident received just one dose instead of two doses per day.[r. 31(2)]

**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following subsections:**

**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
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).**

Findings/Faits saillants :

The Registered Dietitian did not assess an identified resident

- nutritional status, including height, weight and any risks related to nutrition care, and
- hydration status, and any risks related to hydration during the quarterly review assessment.

The oral food and fluid intake for the identified resident was not meeting resident's nutritional requirements as outlined in the Registered Dietitian's previous assessment.[r. 26(4)(b)]

**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management
Specifically failed to comply with the following subsections:**

**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 :

An identified resident complained of pain and the resident was not assessed using a clinically appropriate assessment instrument specifically designed for this purpose when the pain was not relieved by initial interventions.[r. 52(2)]

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 by ensuring that when the identified
resident's pain and any other resident's pain is not relieved by initial interventions, the resident is assessed
using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented
voluntarily.***

**WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and
hydration**

Specifically failed to comply with the following subsections:

**s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are
provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).**

Findings/Faits saillants :

An identified resident was not provided with food and fluids that are nutritious and varied.

Resident's nutritional needs identified in the admission nutrition assessment were not being met as evidenced below:

- a) The 72 hours food/fluid intake record for an identified period indicated no protein items taken at all 3 meals on one day or at breakfast and dinner on 2 days. Resident's protein needs were assessed at 62 grams per day.
- b) Resident expressed dissatisfaction with meals and was concerned about lack of protein intake.
- c) Resident's weight changed and the plan of care indicated as goal to maintain admission weigh and achieve a goal weight.[s. 11(2)]



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Issued on this 29th day of September, 2011

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

M. Woeber

