

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 10, 2020	2020_704682_0014	011518-20, 019047- 20, 021891-20, 022159-20	Complaint

Licensee/Titulaire de permisThe Regional Municipality of Niagara
1815 Sir Isaac Brock Way Thorold ON L2V 4T7**Long-Term Care Home/Foyer de soins de longue durée**Linhaven
403 Ontario Street St Catherines ON L2N 1L5**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

AILEEN GRABA (682), CATHY FEDIASH (214)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 5, 6, 9, 10, 12, 13, 16, 17, 18, 19, 20, 23, 24, 25, 26, 27, 30, and December 1, 2, 2020.

The following Complaint inspections were conducted:

**011518-20 related to personal support services, continence, lifts and transfers
019047-20 related to falls prevention and hospitalization/change in condition
021891-20 related to infection prevention and control
022159-20 related to personal support services, housekeeping, medication
administration, infection prevention and control**

**The following Critical Incident inspections were conducted concurrently with this
Complaint inspection:**

**002686-20 related to prevention of abuse
010149-20 related to fall prevention
016855-20 related to fall prevention
017246-20 related to fall prevention
017631-20 related to fall prevention
020468-20 related to fall prevention
023590-20 related to fall prevention, lifts and transfers**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DRC), Associate Director of Care (ARDC), Manager of LTC Behaviour Support, Dietary Manager/Acting Environmental Manager, Resident and Community Programs Manager, the Associate Director of Clinical and Support Programs, Dietary Aids, Clinical Documentation and Informatics lead, Hairdresser, Housekeeping, Resident and Family Support worker, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents.

During the course of this inspection, the inspector(s) observed the provision of the care and reviewed clinical health records, complaint log binder, investigation notes, staffing schedules, meeting minutes, program evaluations, staff training records/content, policy and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Reporting and Complaints
Responsive Behaviours**

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

4 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. 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).

Findings/Faits saillants :

1. The licensee failed to ensure that staff participated in the implementation of the infection prevention and control program for the labelling of personal care items in a shared washroom.

A) An unlabelled personal item was observed on the sink counter in a resident's shared washroom. The resident identified that they did not use the personal item and that it belonged to the coresident that shared their room. The Director of Resident Care (DRC) was called to the shared washroom and confirmed that the personal item was not labelled and should not be stored on the sink counter as this was an infection prevention and control (IPAC) concern. The DRC, identified the expectation for residents personal care items in shared washrooms, were to be labelled by staff and not stored on the sink counter.

B) Two unlabelled personal items and an unlabelled plastic cup holding additional personal items were observed on the sink counter in a resident's shared washroom. PSW's confirmed that the personal items should have been labelled in the shared washroom. They identified that the personal items were to be labelled by PSW staff.

Sources: Observations of resident shared washroom, Interviews with PSW's, DRC and other staff. [s. 229. (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 all staff participate in the implementation of the infection prevention and control program, 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 failed to ensure that the plan of care set out clear directions to staff who provide direct care to a resident.

A resident's care plan directed staff to implement a fall prevention strategy. The registered nurse (RN) confirmed in an interview that the fall prevention strategy was included in the resident's care plan. Observations completed by the RN of the resident did not include the strategy. The DRC and ARDC stated that the specific fall prevention strategy had been discontinued and should not have been included in the resident's care plan. The Associate Director of Clinical and Support Programs (ADCSP) was interviewed and confirmed that the fall prevention policy was revised and that communication/training to inform staff of the revision was not done.

Sources: Resident care plan, Falls Prevention Program policy, Interviews with RN, ADRC and ADCSP. [s. 6. (1) (c)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that a documented record was kept in the home that included: the type of action taken to resolve the complaint, the date of the action, time frames for actions to be taken and any follow-up action required; the final resolution, if any; every date on which any response was provided to the complainant and a description of the response; and any response made in turn by the complainant.

Progress notes indicated a resident informed staff of some care related concerns. A review of the Complaint Process Policy indicated that a complaint log would track the nature of the complaint, the date of receipt of the complaint, the date(s) of subsequent follow up, actions taken to resolve complaint, date of action, time frames for action to be taken, follow up action to be taken and a summary of all communication with the complainant and the resolution (if reached). A review of the complaint log and the resident's progress notes did not include any documented record of the actions or communication with the resident related to their concerns. In an interview, the staff confirmed they followed up with resident concerns, but did not document the action. The ARDC also stated in an interview that they took action to resolve the resident's identified care concerns but that they did not maintain a documented record of the communication or of any follow up actions.

Sources: The licensee's policy; Complaint Process, resident's progress notes, interviews with staff, ADRC. [s. 101. (2)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101. (4).

Findings/Faits saillants :

1. The licensee did not comply with the practice requirements under the Long-Term Care Home Service Accountability Agreement (LSSA), for a resident.

The Long-Term Care Home Service Accountability Agreement (LSSA) with the Local Health Integration Network (LHIN), under the Local Health Systems Integration Act, 2006, required the licensee to meet the practice requirements of the RAI-MDS (Resident Assessment Instrument - Minimum Data Set) system.

“Each resident’s care and service needs shall be reassessed using the MDS 2.0 Quarterly or Full Assessment by the interdisciplinary team within 92 days of the ARD of the previous assessment and will ensure that RAI-MDS tools are used correctly to produce an accurate assessment of the Health Care Service Provider’s (HSP) residents and, RAPs(Resident Assessment Protocols) to be generated and reviewed and RAP assessment summaries completed for triggered RAPs and non-triggered clinical conditions within 7 days maximum of the Assessment Reference Date (ARD). (RAI-MDS Data) – 8.1(c)(ii).”

On March 27, 2020, in response to the COVID-19 pandemic, an Emergency Order under the Emergency Management and Civil Protection Act was made.

The Order under subsection 7.0.2 (4) of the Act- Streamlining Requirements for Long-Term Care Homes, identified the following with respect to documentation:

A. “Licensees are not required to document information unless it involves an incident of a significant nature or is required to ensure the proper care and safety of a resident.

B. Licensees are not required to immediately document changes to a residents plan of care required under the Long Term Care Homes Act (LTCHA) unless they involve changes of a significant nature or unless there are changes that staff members and

others need to be aware of immediately.”

On July 17, 2020, amendments to the Emergency Order were made and communicated through the Long-Term Care Homes portal. The amendments identified the following: “Reporting and documentation provisions and reverting to requirements under the LTCHA/Regulation are also being removed to:

- Ensure that the ministry receives adequate and necessary information regarding the operation of LTC homes, including resident safety issues
- Ensure changes to a resident’s plan of care are more thoroughly documented and that residents receive appropriate care
- Support continuous improvement and compliance of LTC homes with the LTCHA and regulation.”

On August 24, 2020, a Health Data Branch Service Announcement in relation to an update for the Resident Assessment Instrument- Minimum Data Set (RAI-MDS), was communicated through the Long-Term Care Homes portal and identified the following:

“As the long-term care home sector stabilized, the ministry is gradually removing emergency orders and amendments to Regulation 79/10. As part of this gradual approach, the ministry is now removing the temporary provisions under the emergency order (O.Reg. 95/20) and reverting to requirements under the Long-Term Care Homes Act and Regulation.

This will:

- Ensure the ministry receives adequate and necessary information regarding the operation of long-term care homes, including resident safety issues
- Ensure changes to residents’ plans of care are more thoroughly documented
- Support continuous improvement

Timely, regular submissions on care assessments and COVID-19 related data collections are important for supporting ongoing funding, planning and capacity efforts. This information is used for public reporting, and it is essential that the information presented is as accurate and complete as possible. Please complete assessments and submit data to CCRS as per the timelines outlined.”

During a review of a resident's MDS RAPS for a quarterly assessment, documentation

indicating the triggered RAPS had not been completed at this time. Progress notes indicated the RAPS had not been completed at this current time related to the current pandemic outbreak. Registered staff indicated RAPS were not being completed due to the pandemic and instruction provided was to copy and paste the general statement. Registered staff indicated that MDS coding was completed for all residents throughout the pandemic. Staff indicated the home continued to complete RAPS for residents who had a significant change in status; new admissions and residents with a gastrostomy tube. The practice requirements under the LSSA, in relation to the MDS-RAI system, had not been met for a resident.

Sources: Resident plan of care and interviews with RPN and other staff. [s. 101. (4)]

Issued on this 14th day of December, 2020

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

Original report signed by the inspector.