

## Ministry of Health and Long Term Care: Inspection Reports Summary 2013

<b>Report Date /Type</b>	<b>Inspection Date(s)</b>	<b>Inspection Findings (summary)</b>	<b>Inspector(s)/Orders</b>
<p>1. January 30, 2013 Compliance Inspection</p>	<p>January 18 &amp; 20, 2013</p>	<p>Findings of non-compliance (infection prevention and control) (plan of care) (care conference) (administration of drugs)</p> <ol style="list-style-type: none"> <li>1. The licensee did not ensure that a resident was reassessed when the resident's care needs changed.</li> <li>2. The licensee did not ensure a care conference of the interdisciplinary team providing a resident's care was held within 6 weeks following the identified resident's admission.</li> <li>3. The licensee did not ensure that drugs were administered to two identified residents in accordance with the directions for use specified by the physician.</li> <li>4. The licensee did not ensure that on every shift symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.</li> <li>5. The licensee did not ensure that on every shift the symptoms (of infection) are recorded and that immediate action is taken as required.</li> </ol>	<p>Dianne Wilbee</p>

Report Date /Type	Inspection Date(s)	Inspection Findings (summary)	Inspector(s)/Orders
<p>2. February 12, 2013 Resident Quality Inspection</p>	<p>November 27, 28, 29 &amp; 30, 2012 December 4, 2012 January 7, 8, 9, 10, 11, 14, 15, 18 &amp; 21, 2013</p>	<p>Findings of non-compliance (menu planning) (infection prevention &amp; control) (policies) (accommodation services) (care conference) (general requirements) (dining &amp; snack service) (information for residents) (plan of care) (falls prevention &amp; management) (labelling and storage of hazardous substances) (medical directives &amp; orders – drugs) (safe storage of drugs) (posting of information)</p> <p>1. On November 30, 2012, during lunch service in a neighbourhood dining room, residents were not provided adequate nutrients and/or energy based on the current Dietary Reference Intakes (DRI) when it was observed the 5 of 7 (71.4%) of the menu items reviewed were the incorrect portion size as per the planned menu.</p> <p>2. A nutritional high risk resident was not provided the planned menu when menu items were not available.</p> <p>3. A pureed snack item was not not available as per the planned menu.</p> <p>4. There is no hand-hygiene program in accordance with evidence-based practices or prevailing practices in place currently in the home.</p>	<p>Sharon Perry Bonnie MacDonald June Osborn</p> <p><b>3 Compliance Orders</b> 1. menu planning 2. TB screening 3. Tetanus &amp; Diphtheria immunizations</p>

		<p>5. 3 out of 5 (60%) of residents reviewed were not screened for Tuberculosis (TB) within 14 days of admission.</p> <p>6. 5 out of 5 (100%) of residents reviewed were not offered tetanus and diphtheria immunizations in accordance with the publicly funded immunization schedules posted on the Ministry website.</p> <p>7. The pharmacy policy states that narcotic and controlled drugs must be stored in a double locked cabinet in the medication cart or in the medication room. The home did not comply with this policy.</p> <p>8. The home's policy for Food Temperature Control was not complied with. Food temperature checks must be conducted daily just prior to food leaving the kitchen, at point of service and end of service.</p> <p>9. The home's furnishings and equipment are to be kept clean and sanitary and in a safe condition and in a good state of repair. There were many examples of non-compliance.</p> <p>10. A resident's record showed no evidence of an annual care conference. Another's record showed no evidence of an admission care conference or an annual care conference.</p> <p>11. The home does not have a written record of evaluation for each organized program.</p> <p>12. The home did not ensure that the residents' responses to interventions were documented.</p>	
--	--	---	--

		<p>13. Dining and snack times have not been received for review by the Residents' Council membership.</p> <p>14. November 30, 2012 there was no diet list or snack menu on the snack cart to reference regarding residents' diets, special needs and preferences for snack service.</p> <p>15. During the inspection residents expressed their concerns that the food is not always hot enough and the milk products are often warm when served.</p> <p>16. The home's admission package did not include notification of the home's policy to promote zero tolerance of abuse and neglect.</p> <p>17. The home's admission package did not include notification of the home's policy to minimize the restraining of residents and how a copy of the policy can be obtained.</p> <p>18. The admission package did not include a statement of the maximum amount that a resident can be charged for each type of accommodation offered in the home.</p> <p>19. The home's admission package did not include a disclosure of any non-arm's length relationships that exist between the licensee and other providers who offer care, services, programs or goods to residents.</p>	
--	--	--	--

		<p>20. A resident's family had not been invited to attend a care conference. The family expressed concern that the resident was expected to do too much for themselves. Some linens and clothing in the resident's room were found wet and soiled.</p> <p>21. A review of a resident's record revealed that when the resident fell in July 2012, there was no post-falls assessment conducted using a clinically appropriate assessment instrument that is specifically designed for falls.</p> <p>22. The licensee failed to ensure that all hazardous substances at the home are labelled properly and kept inaccessible to residents at all times. A tub room was open and unattended and a spray bottle of disinfectant was hanging on the table beside the tub.</p> <p>23. A review of 2 out of 3 residents' medical records revealed that their medical directives were not reviewed when their other medications were reassessed. (three month medication reviews)</p> <p>24. An inspection of the medication stored in the large storage room revealed some medications that were past their expiry dates.</p> <p>25. Any controlled substances given on a regular basis are in strip packages and are not double locked in the medication carts, as is required.</p> <p>26. The home's admission package did not include the resident's obligation to pay accommodation charges during a medical, psychiatric, vacation or casual absence from the home.</p>	
--	--	---	--

		<p>27. The admission package did not include how to apply for a reduction in the charge for basic accommodation and the supporting documentation required.</p> <p>28. The home did not have an audited report posted.</p>	
--	--	---	--

<b>Report Date /Type</b>	<b>Inspection Date(s)</b>	<b>Inspection Findings (summary)</b>	<b>Inspector(s)/Orders</b>
3. March 6, 2013 Complaint	February 26, 2013	No findings of non-compliance (Dignity, choice & privacy) (reporting & complaints)	Sharon Perry
4. March 14, 2013 Critical Incident System	March 12, 2013	No findings of non-compliance (falls prevention) (prevention of abuse, neglect & retaliation)	Carole Alexander
5. April 30, 2013 Follow up	April 30, 2013	No findings of non-compliance (food quality) (infection prevention and control)	Bonnie MacDonald
6. June 3, 2013 Critical incident System	May 7, 2013	No findings of non-compliance (prevention of abuse, neglect & retaliation)	Carole Alexander
7. July 11, 2013 Complaint	April 17, 2013 May 7 & 15, 2013	Findings of non-compliance (infection prevention & control) (Dealing with complaints) (outbreak management system)  1. The licensee has not ensured that the home's policies and procedures have been complied with i.e. "Infection Control – Outbreaks- Nov. 2012"  2. Management of the home was not able to provide documentation that included time frames and type of actions for resolution to some complaints.  3. The licensee failed to ensure that there was an outbreak management system to manage and control infectious disease outbreaks	Carole Alexander  <b>3 Compliance Orders</b> 1. Infection Control policy compliance 2. Records of Complaints and responses 3. Implement Outbreak Management System

<b>Report Date /Type</b>	<b>Inspection Date(s)</b>	<b>Inspection Findings (summary)</b>	<b>Inspector(s)/Orders</b>
8. July 24, 2013 Complaint	July 15, 2013	Findings of non-compliance (plan of care) 1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan. A resident was offered food that was not in keeping with his/her diet. PSWs were not aware of the planned menu on the snack cart. They had not been educated to ensure that each resident was offered food according to the planned menu and/or their plans of care.	Ruth Hildebrand
9. July 24, 2013 Critical Incident System	July 16, 2013	Findings of non-compliance (hazardous substances)  1. Hazardous chemicals were observed in the open and unattended hairdressing salon. There was also a hot curling iron in the room.	Ruth Hildebrand
10. September 10, 2013 Complaint	August 21 & 22, 2013	Findings of non-compliance (care conference) (policies) (plan of care) (falls prevention) 1. The licensee failed to ensure that every resident receives a care conference within 6 weeks of admission and annually thereafter.  2. The licensee has failed to ensure that the policy re: Falls Prevention and Management is complied with.  3. The licensee failed to ensure that the resident's plan of care was based on an interdisciplinary assessment with respect to the resident's risk for falls.	Carmen Priester  <b>1 Compliance Order</b> 1. Care Conferences with interdisciplinary team within 6 weeks of admission & annually



<b>Report Date /Type</b>	<b>Inspection Date(s)</b>	<b>Inspection Findings (summary)</b>	<b>Inspector(s)/Orders</b>
11. September 19, 2013 Complaint	September 12 & 18, 2013	Findings of non- compliance (Residents' Bill of Rights)  1. The licensee has not ensured that the residents' right to live in a safe environment has been promoted and respected.	Carmen Priester
12. September 19, 2013 Critical Incident System	September 18, 2013	No findings of non-compliance (falls prevention)	Carmen Priester
13. September 19, 2013 Complaint	September 18, 2013	No findings of non-compliance (continence care and bowel management)	Carmen Priester
14. October 22, 2013 Critical Incident System	October 16, 2013	Findings of non-compliance (plan of care) (falls prevention) (general requirements)  1. The licensee failed to ensure that there was a written plan of care for a resident that provided clear directions to staff and others who provide direct care to the resident.  2. The licensee has failed to ensure that the resident's Substitute Decision Maker was given the opportunity to participate fully in the development and implementation of the plan of care.  3. The licensee failed to ensure that care set out in the plan of care was provided to the resident.	Bonnie MacDonald

		<p>4. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised, when the resident's care needs changed.</p> <p>5. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions (resident's plan of care for Physiotherapy)</p>	
15. December 3, 2013 Complaint	October 17 & 21, 2013 November 7, 2013	<p>Findings of non-compliance (plan of care) (policies) (falls prevention and management) (reporting certain matters to the Director)</p> <p>1. The licensee failed to ensure that the resident is reassessed and the plan of care reviewed and revised at least every 6 months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary.</p> <p>2. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, care set out in the plan had not been effective.</p> <p>3. The licensee failed to ensure that the Fall Prevention and Management policy was complied with.</p> <p>4. No incident report was submitted notifying the Director of two incidents of abuse.</p>	<p>Debora Saville</p> <p><b>1 Compliance Order</b> 1. Plan of Care review and revision every 6 months or when care needs change.</p>

Report Date /Type	Inspection Date(s)	Inspection Findings (summary)	Inspector(s)/Orders
16. October 24, 2013 Complaint	October 17 &21, 2013	<p>Findings of non-compliance (Nutrition and hydration) (Plan of care) (Policies &amp; records)</p> <p>1. The licensee did not ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and resident's responses to interventions were documented. -Nutrition and Hydration flow sheets not completed for up to 2 months, multiple residents, one resident transferred to hospital</p> <p>2. The licensee did not ensure that a resident was reassessed and the plan of care reviewed and revised when the resident's care needs change.</p> <p>3. The licensee did not ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with -the home did not comply with their Nutrition and Hydration policy. -a resident did not consume adequate fluids for 16 out of 17 days, no referral was made to the registered dietician, no assessment for signs and symptoms of dehydration, the resident was admitted to hospital for IV fluids to treat for dehydration.</p>	<p>Tammy Szymanowski</p> <p><b>1 Compliance Order</b></p>

		<p>4. The licensee did not ensure that a medical directive or order was used with respect to a resident unless it was individualized to the resident's condition and needs.</p> <p>-Oxygen for a resident was not individualized</p>	
<b>Report Date /Type</b>	<b>Inspection Date(s)</b>	<b>Inspection Findings (summary)</b>	<b>Inspector(s)/Orders</b>
17. August 30, 2013 Complaint	August 29, 2013	No findings of non-compliance (Accommodation services- Maintenance)	Carmen Priester
18. October 8, 2013 Follow-up	September 4, 2013	No findings of non-compliance (Infection prevention & control)	Carol Alexander
19. November 5, 2013 Complaint	October 17, 2013	<p>Findings of non-compliance (Continence care &amp; bowel management) (Personal support services) WN#1 Plan of care WN#2 Policies</p> <p>1. The licensee failed to 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 the resident's care needs change or care set out in the plan is no longer necessary.</p> <p>-a resident's plan of care was not updated to reflect their need for assistance with feeding up to and including total feeding due to a decline in their condition.</p> <p>2. The homes policy titled Spa (Shower, Tub Bath, Sponge Bath) indicates residents are bathed at a minimum twice weekly.</p> <p>-3 residents records were reviewed -3 of 3 residents: bathing was not consistently documented twice weekly.</p>	Debora Saville

		<p>3. The homes policy titled Nutrition and Hydration states: Personal Care Assistants (PCA) will take note of the meal each resident is served, as well as the total amount of fluids served to each Resident.          -documented intake for 3 residents who were observed, did not reflect an accurate record of their food and fluid intake.</p> <p>4. The home's restorative dining practices were not followed for the observed meal.          -2 residents pureed meals were mixed together on the plate          -there was no communication with the residents indicating what they were eating          -one staff member was attempting to feed a resident in spite of the resident sleeping throughout the meal</p>	
20. November 22, 2013 Complaint	November 6, 2013	<p>Findings of non-compliance          (Personal Support Services)          WN#1 Residents' Bill of Rights          Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.          WN#2 Policies</p> <p>1. Call bell records were reviewed and confirmed that some residents wait extended periods of time after their call bell has been activated.          Examples: 1 hour 50 minutes, 1 hour 27 minutes, 33 minutes          Response times were not acceptable and the expectation is for staff to answer call bells immediately.</p>	Tammy Szymanowski

		<p>2. The home did not follow their “Use of pagers with Team Call System 06-32 policy”. Each nursing team member and team leader or designated person, would carry pagers.</p> <ul style="list-style-type: none"> <li>-not all staff carry pagers when working</li> <li>-pager batteries were not always charged and in working order</li> <li>-staff rely on audible sounds of the call bell</li> </ul> <p>3. Team members should respond to all triggered activations of the call bell system in a timely and effective manner.</p> <ul style="list-style-type: none"> <li>-staff did not respond to resident's call bells in a timely and effective manner.</li> <li>-Response times: 50 minutes, 1 hour 50 minutes, 28 minutes, 45 minutes, 52 minutes, 1 hour 27 minutes.</li> </ul>	
<p>21. November 22, 2013 Critical Incident System</p>	<p>November 4 &amp; 6, 2013</p>	<p>Findings of non-compliance (Falls Prevention)</p> <p>WN#1 Every long term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.</p> <p>WN#2 Training: Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.</p> <p>1. Two staff members went to a resident's room to transfer the resident and during the transfer the resident fell to the floor sustaining an injury. Proper use of the sling and transfer techniques were not used.</p>	<p>Tammy Szymanowski</p>

		<p>2. The licensee of the home did not ensure that staff received retraining in safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, on an annual basis.</p> <p>-one of two staff members had not received training related to safe and correct use of lifts in the last year.</p>	
22. December 5, 2013 Follow up	December 5, 2013	No findings of non-compliance (follow up)	Carmen Priester
23. December 6, 2013 Complaint	December 5, 2013	No findings of non-compliance (continence care & bowel management)	Rae Martin
24. December 10, 2013 Complaint	December 10, 2013	No findings of non-compliance (falls prevention) (medication) (personal support services) (prevention of abuse, neglect, retaliation) (safe & secure home)	Ali Nasser Debora Saville
25. December 11, 2013 Critical Incident System	December 10, 2013	No findings of non-compliance (falls prevention)	Rae Martin
26. December 19, 2013 Complaint	December 17, 2013	No findings of non-compliance (dignity, choice, privacy)	Tammy Szymanowski