

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Dates of inspection/Date de l'inspection March 28, 29, 30, 31, April 1, 3, 4, 5, 6, 7, 8, 2011	Inspection No/ d'inspection 2011_193_8507_29Mar083817	Type of Inspection/Genre d'inspection Resident Quality Inspection
Licensee/Titulaire Bethany Lodge Foundation, 23 Second Street, Unionville, ON, L3R 2C2		
Long-Term Care Home/Foyer de soins de longue durée Bethany Lodge, 23 Second Street, Unionville, ON, L3R 2C2		
Name of Inspectors/Nom de l'inspecteurs Monica Klein- #193, Saran Daniel-Dodd # 116, Nicole Ranger # 189		
Inspection Summary/Sommaire d'inspection		

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

During the course of the inspection, the inspectors spoke with: residents, residents' family members, Personal Support Workers (PSW), registered staff, housekeeping staff, Life Enrichment Program Coordinator and staff, Environmental Services Manager, Food Manager, Dietician, Physiotherapist, Director of Care, and Administrator.

During the course of the inspection, the inspectors: reviewed health records, home's programs and policies.

The following Inspection Protocols were used during this inspection:

Accommodation services- Housekeeping
Accommodation services- Laundry
Accommodation services- Maintenance
Admission process
Continence Care and Bowel Management
Critical Incident Response
Dignity, Choice and Privacy
Dinning
Family Council Interview
Falls Prevention and Management
Hospitalization and Death
Infection Prevention Control
Medication
Minimizing Restraints
Nutrition and Hydration
Personal Support services
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
Recreation and Social Activities
Resident charges
Residents' Council Interview
Responsive Behaviours
Safe and Secure Home
Skin and Wound

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

11 WN
4 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordre de conformité
WAO – Work and Activity Order/Ordre: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with s. 6(4)(a) of the LTCHA, 2007, S.O. 2007, c.8.
 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) 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

Findings:

- **Quarterly evaluation conducted on January 27, 2011 for an identified resident documents the resident at high risk for falls. Care plan available for direct care staff is not updated to identify level of risk for the resident in relation to falls.**
- **On April 6, 2011, an identified registered staff member, was not aware of the resident's current risk level for falls.**

Inspector ID #: 116

WN #2: The Licensee has failed to comply with 56(1) of the LTCHA, 2007, S.O. 2007, c.8.
 Every licensee of a long-term care home shall ensure that a Residents' Council is established in the home.

Findings:

- **The home currently does not have an established Resident Council.**

Inspector ID #: 116

WN #3: The Licensee has failed to comply with 79 (3) (g) of the LTCHA, 2007, S.O. 2007, c.8.

(1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations.

(2) Every licensee of a long-term care home shall ensure that the required information is communicated, in a manner that complies with any requirements that may be provided for in the regulations, to residents who cannot read the information.

(3) The required information for the purposes of subsections (1) and (2) is,

(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;

Findings:

- **The policy to minimize the restraining of residents, and how a copy of the policy can be**

obtained, is not posted in home.

Inspector ID #: 189

WN #4: The Licensee has failed to comply with 85 (3) (4) (a) (c) of the LTCHA, 2007, S.O. 2007, c.8.
 (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results.
 (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)
 (c) the documentation required by clauses (a) and (b) is made available to residents and their families;

Findings:

- The licensee did not seek advice from the Family Council in developing and carrying out the survey and in acting on its results.
- The licensee did not make available the results of the satisfaction survey to the Family Council and did not seek their advice.
- The licensee did not make available the results of the satisfaction survey to residents and their families.

Inspector ID #: 193

WN #5: The Licensee has failed to comply with 30 (1) (4) of the O. Reg.
 Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation;
 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 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.

Findings:

- The licensee could not provide a written record of each evaluation of the organized programs that includes the: date, names of the persons who participated, a summary of changes made and the date that the changes were implemented.

Inspector ID #: 193

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 keep a written record of each evaluation of the organized programs that include the date, names of the persons who participated, a summary of changes made and the date that the changes were implemented, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with 49 (2) of the O. Reg.
 Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Findings:

- Post fall assessments were not conducted using a clinically appropriate instrument for three identified residents.

- The licensee currently does not utilize a clinically appropriate instrument to assess falls for nursing.

Inspector ID #: 116

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 a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with 116 (1) of the O. Reg.

- (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home meets annually to evaluate the effectiveness of the medication management system in the home, and to recommend any changes necessary to improve the system.

Findings:

- There is no evidence to support that the licensee's Professional Advisory Committee (PAC) met on annual basis to evaluate the effectiveness of the medication management system.
- On April 1, 2011 the Director of Care stated the following: "The PAC meets on a quarterly basis and I conduct a final audit at the end of the year in regards to pharmacy services". As per the Director of Care, the final audit is discussed with the Board and the Administrator for the purpose of reviewing satisfaction and renewing current pharmacy services contract.

Inspector ID #: 116

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 an annual evaluation of the medication management in the home is completed and that the evaluation identifies changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with 129 (1) (a)(i) (b) of the O. Reg.

- (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
 - (i) that is used exclusively for drugs and drugs related supplies,
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

Findings:

The medication fridge and the medication cart on 2nd floor N were not used exclusively for drugs and drugs related supplies.

- On March 31, 2011 at 8:45, in the medication fridge on the 2nd floor North a bag with vegetable(green and red pepper) was found, also Booster, Resource and apple sauce.
- On March 30th, 2011 at 12:10 pm, the medication cart on same floor contained multiple envelopes with money and jewellerys located in the narcotic bin. Registered staff stated that money and jewellerys are kept in the locked narcotic bin for safety reasons.

Controlled substances were not stored in a double locked area as required.

- On March 30th, 2011 at 15:10 pm, on the same floor, upon entering the medication room, registered staff opened the unlocked medication cart and proceeded to open the locked narcotic bin.

Inspector ID #: 193 and 189

WN #9: The Licensee has failed to comply with 228.3, 4. ii of the O. Reg.

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:

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 staff of the home on an ongoing basis.
4. A record must be maintained by licensee setting out,
 - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented.

Findings:

- The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents are not communicated to the Resident Council (not established in the home), Family Council and staff on an ongoing basis.
- The licensee does not keep a record which sets out the names of the persons who participated in evaluations, and the dates improvements were implemented.

Inspector ID #: 193

WN #10: The Licensee has failed to comply with 229 (1) (2) (d) (e) (3) (a) (10) 4. of the O. Reg.

- (1) Every licensee of a long-term care home shall ensure that the infection prevention and control program required under subsection 86 (1) of the Act complies with the requirements of this section.
- (2) The licensee shall ensure,
 - (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.
- (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,
 - (a) infectious diseases;
 - (b) cleaning and disinfection
 - (c) data collection and trend analysis
 - (d) reporting protocols; and
 - (e) outbreak management.
- (10) The licensee shall ensure that the following immunization and screening measures are in place:
 4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Findings:

- There is no annual evaluation of the Infection Prevention and Control Program in the home.
- There is no written record relating to each evaluation of the Infection Prevention and Control Program in the home 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.
- Infection Prevention and Control co-coordinators do not have formal education in: infectious

disease, cleaning and disinfection, data collection and trend analysis, reporting protocol and outbreak management.

- Human Resources (HR) file was reviewed for an identified housekeeping staff hired on February 1, 2011. There is no record of immunization for the mentioned staff member.
- HR Manager confirmed that the home does not have a record of immunization for the identified staff.
- Home policy indicates staff is to be screened for Tuberculosis within 7 days commencement of work.

Inspector ID #: 189

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 program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices
- that a written record is kept relating to each evaluation 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
- that the staff member(s) who co-ordinate the program has education and experience in infection prevention and control practices, including, infectious diseases, cleaning and disinfection, data collection and trend analysis, reporting protocol and outbreak management
- that staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with 131 (4) (a) (c) of the O. Reg.

- (4) A member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,
- (a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;
 - (b) the staff member who administers the topical does so under the supervision of the member of the member of the registered nursing staff.

Findings:

Variances were identified in regards to the training and supervision of direct care staff in the application of topicals.

- On April 4, 2011, an identified registered staff member stated that only the registered staff applies topicals on the unit.
- On April 5, 2011, a second registered staff member stated that the registered staff will train the PSW's to apply topicals and at times will supervise at times.
- On April 1, 2011 the Director of Care stated that there are times when PSW's will apply topicals and the training is provided by the Director of Care, the Assistant Director of Care and the Committee Quality Improvement coordinator.
- The licensee currently was unable to provide dates when training occurred for direct care staff in application of topicals.

Inspector ID #: 116

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. 
Title:	Date:	Date of Report: (if different from date(s) of inspection). 