



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
prévus le Loi de 2007 les
foyers de soins de longue

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
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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
Sep 1, 12, 2011	2011_066107_0007	Complaint H- 1548 - 11 mw

Licensee/Titulaire de permis

REGENCY LTC OPERATING LP ON BEHALF OF REGENCY
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

THE BRANT CENTRE
1182 NORTSHORE BLVD. EAST, BURLINGTON, ON, L7S-1C5

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

MICHELLE WARRENER (107)

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 The Administrator, Director of Care, Registered nursing staff, and front line nursing staff in relation to complaint inspection H-1548-11.

During the course of the inspection, the inspector(s) Reviewed the clinical health record for two identified residents, reviewed relevant policies and procedures, and reviewed education provided for staff

The following Inspection Protocols were used in part or in whole during this inspection:

Dignity, Choice and Privacy

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Definitions

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Définitions

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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.
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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. (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).

Findings/Faits sayants :

1. [O.Reg. 79/10, s. 6(4)(b)]

The licensee did not ensure that the different aspects of an identified resident's plan of care were integrated and were consistent with and complemented each other.

Updates to the resident's plan of care were completed on both the paper printed copy of the plan of care and also on the computer. Each plan (printed and computer) contained different information. The paper copy of the plan of care, which is accessible to front line staff, was updated July 27, 2011. The computerized version of the plan was updated with new information on August 6, 2011. The information from July 27, 2011 was not included on the computerized version and the computerized updates were not printed off and available for front line staff.

2. [O.Reg. 79/10, s.6(4)(b)]

Staff do not always collaborate with each other in the assessment of an identified resident so that their assessments are integrated, consistent with and complement each other.

Documentation recorded on the Personal Support Worker flow sheets and documentation recorded on the hourly behavioural flow sheets completed by Registered staff was not consistent.

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 with ensuring that the staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other and 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, to be implemented voluntarily.

WN #2: 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. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Findings/Faits saignants :

1. [O.Reg. 79/10, s.26(3)5]

The responsive behaviour plan of care for an identified resident is not based on an interdisciplinary assessment of the resident that includes mood and behaviour patterns, identified responsive behaviours, potential behavioural triggers and variations in resident functioning at different times of the day. Multiple staff interviewed identified the resident has fewer responsive behaviours when allowed to sleep in in the morning. Behavioural monitoring records reflect that the resident has been sleeping in, however, the written plan of care does not identify this strategy.

An interdisciplinary assessment has not been completed in relation to sleeping in and the effects on all other interdisciplinary aspects of care (e.g. nutrition (missing meals), medication pass (0800), etc.).

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 with ensuring the plan of care is based on, at a minimum, interdisciplinary assessment of mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day, to be implemented voluntarily.

WN #3: 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 sayants :

1. [O.Reg. 79/10, s. 30(2)]

As part of an identified resident's plan of care under the nursing and personal support services program, hourly behavioural charting is to be completed. The charting is incomplete for the evening shift (six days of records reviewed and five days the records were incomplete).

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 with ensuring 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, to be implemented voluntarily.

**WN #4: 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 sayants :

1. The licensee did not ensure that policies related to the documentation of medication administration were complied with in respect to an identified resident.

The resident has a physician order for medications to be given, however, the administration of the medication was not signed as given on the medication administration record for one month in 2011. Staff interviewed confirmed the medications were not signed as provided to the resident and this practice was contrary to the Home's policies.

Medications were not signed for on fourteen occasions in one month in 2011.

The resident has order for an as needed (PRN) medication. The resident's response to the medication was not documented in the progress notes or on the Medication Administration Record for one day in August, 2011. Registered staff interviewed confirm that response to as needed (PRN) medications is required to be documented.

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 with ensuring that 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 plan, policy, protocol, procedure, strategy, or system is complied with, to be implemented voluntarily.

Issued on this 12th day of September, 2011



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

Lf Wawener