

**Ministry of Health and Long-Term Care**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**Ministère de la Santé et des Soins de longue durée**Division de la responsabilisation et de la performance du système de santé
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Inspection Report under the LTC Homes Act, 2007		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée	
☒ Public Copy ☐ Licensee Copy		☐ Copie du Titulaire ☐ Copie de la Publique	
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
July 28 & 29, 2010	2010_128_1115	Dietary Follow-up	
Licensee/Titulaire Copper Terrace Limited 284 Central Avenue London, ON N6B 2C8			
Long-Term Care Home/Foyer de soins de longue durée Copper Terrace 91 Tecumseh Road Chatham, ON N7M 1B3			
Name of Inspector(s)/Nom de l'inspecteur(s) Ruth Hildebrand (ID #128)			
Inspection Summary/Sommaire d'inspection			

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'exigences 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.

The purpose of this inspection was to conduct a Dietary Follow-up inspection in respect of the previously identified Unmet Criteria:

B3.33 issued February 2009 and re-issued May 25, 2010; and
P1.22 issued February 2009 and re-issued May 25, 2010;
B3.16 issued May 25, 2010;
B3.27 issued May 25, 2010; and
M3.23 issued May 25, 2010.

Unmet Criterion B2.4 issued February 2009 and re-issued May 25, 2010 was also reviewed related to risks identified throughout the course of the review.

The inspection was conducted by the one (1) inspector identified above.

The inspection occurred on July 28 & 29, 2010 with the one (1) inspector being present on both days.

During the course of the inspection, the inspector spoke with members of the management team, including the Assistant Director of Resident Care and the Nutrition Manager; residents who reside on 3 North (3N), 3 East (3E), 2 North (2N) and 2 East (2E); staff on all of these areas, dietary aides; and Registered Nursing staff. A review of resident records was completed. On July 28, 2010, morning snack was observed on 2N and for one resident on 3N; lunch was observed in the 3N dining room; and partial supper was observed on 2E. On July 29, 2010 partial breakfast was observed on 2N.

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

- Dining Observation
- Safe and Secure Home
- Infection Prevention and Control
- Continence Care and Bowel Management
- Nutrition and Hydration

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

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

16 WN
15 VPC
2 Co: CO # 01 and # 02

NON- COMPLIANCE / (Non-respectés)

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Definitions/Définitions

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

WN#1: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, 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.

Findings:

1. Pureed texture cucumber salad, pureed texture cabbage rolls, pureed texture Italian Blend salad and pureed texture macaroni salad were not an appropriate consistency and posed a potential choking risk at the lunch meal on July 28, 2010. This was observed in the 3N dining room server.
2. Three pureed texture meals were served to residents in the 3N dining room despite the pureed food being an unsafe texture. MOHLTC inspector observed these residents eating meals after explaining potential choking risk.

Inspector ID#: 128

Required Compliance Date for WN – Immediate

Compliance Orders #01 and #02 were served on the Licensee at the time of the incidents above.

WN#2: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s. 15(2)(c)
Every licensee of a long-term care home shall ensure that, the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Findings:

1. Safety risk identified as elevator door closed on MOHLTC inspector who was trapped by the door being jammed on her body for approximately two (2) minutes. This incident occurred on July 29, 2010 at 11:23 a.m.

Further Inspector Actions:

VPC –pursuant to LTCHA 2007, S.O 2007, c.8, s. 15(2)(c) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN – Immediate

Required Compliance Date for VPC – August 12, 2010

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'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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WN#3: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s. 5

Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

Findings:

1. Observed safety risk related to eight (8) residents sitting in the dark in the 3N lounge at 4:10.p.m., July 28, 2010. It was very dark in the room related to a thunderstorm occurring outside at the time.

Further Inspector Actions:

VPC –pursuant to LTCHA 2007, S.O 2007, c.8, s.5 the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN – immediate

Required Compliance Date for VPC – August 12,2010

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

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

1. The care plan for a resident has increase fibre as a dietary intervention. Registered Nurse and Personal Support Worker indicated that resident does not receive any high fibre interventions and they were not aware of what the interventions should be. This does not provide clear direction for staff to follow.

Further Inspector Actions:

VPC –pursuant to LTCHA 2007, S.O 2007, c.8, s.6(1)(c) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN – immediate

Required Compliance Date for VPC – August 12,2010

WN#5: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s. 6(11)b

When a resident is reassessed and the plan of care reviewed and revised, 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

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approaches are considered in the revision of the plan of care.

Findings:

1. A resident was reassessed on July 14, 2010 with no new dietary interventions added related to constipation. Previous dietary interventions were not effective.

Further Inspector Actions:

VPC –pursuant to LTCHA 2007, S.O 2007, c.8, s. 6(11)b the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN –August 19, 2010

Required Compliance Date for VPC – August 19,2010

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

Findings:

1. All staff did not collaborate in the assessment/decision to change diet texture for a resident. Resident was changed to a regular texture from minced texture. RPN on evening shift on July 28, 2010 stated that resident still required minced texture.

Further Inspector Actions:

VPC –pursuant to LTCHA 2007, S.O 2007, c.8, s. 6(4)(a) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN – immediate

Required Compliance Date for VPC – August 19,2010

WN#7: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s. 6(4)(b)
The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, 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.

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Findings:

1. Care plan for a resident was reviewed/re-evaluated on June 30, 2010 but inconsistencies were noted throughout the plan of care related to hydration and constipation. Required amounts of fluids vary throughout the plan of care and resident is not meeting the fluid requirements of 19-23 units indicated on the care plan.
2. Care plan for a resident was updated/re-evaluated on July 14, 2010 but several inconsistencies were noted throughout the plan of care. The care plan currently lists one of the goals to be "prevent choking/aspiration episodes" but the diet order was changed from a minced texture to a regular texture on July 28, 2010.

Further Inspector Actions:

VPC –pursuant to LTCHA 2007, S.O 2007, c.8, s. 6(4)(b) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN – August 19, 2010

Required Compliance Date for VPC – August 19,2010

WN#8: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, 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.

Findings:

1. A resident was observed coughing while being assisted by PSW with thin juice at a.m. snack, July 28, 2010. The PSW reported that it is "normal" for resident to cough/choke while being assisted. The care plan includes an intervention to monitor for symptoms of aspiration related to swallowing problem. The RPN indicated that no incidents of coughing/choking were being reported.

Further Inspector Actions:

VPC –pursuant to LTCHA 2007, S.O 2007, c.8, s. 6(7) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN – immediate

Required Compliance Date for VPC – August 19,2010

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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#9: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s. 6(8)
The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

Findings:

1. Diet order was changed for a resident and staff were not aware of diet change at the supper meal July 28, 2010.

Further Inspector Actions:

VPC –pursuant to LTCHA 2007, S.O 2007, c.8, s. 6(8) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN – August 19, 2010

Required Compliance Date for VPC – August 19,2010

WN#10: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s. 86(2b)
The infection prevention and control program must include, measures to prevent the transmission of infections.

Findings:

1. One (1) PSW was observed providing residents with beverages, on 2N, at a.m. snack July 28, 2010, without evidence of hand hygiene/hand washing after touching doors, wheelchairs, bedside tables, shower curtain in tub room and residents.

Further Inspector Actions:

VPC –pursuant to LTCHA 2007, S.O 2007, c.8, s. 86(2)b the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN – immediate

Required Compliance Date for VPC – August 19,2010

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WN#11: The Licensee has failed to comply with: O. Reg. 79/10, s26(3)14

A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Hydration status and any risks relating to hydration.

Findings:

1. The plan of care for a resident has not been based on an interdisciplinary assessment related to hydration risks. Resident is at risk of choking/aspiration related to identified swallowing problem. Director of Dietary Services reported that resident is at low nutrition risk.

Further Inspector Actions:

VPC –pursuant to O. Reg. 79/10, s 26(3) 14 the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN – immediate

Required Compliance Date for VPC – August 19,2010

WN#12: The Licensee has failed to comply with: O. Reg. 79/10, s30(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.

Findings:

1. A trial diet order for a resident was not written.
2. Documentation indicated that resident would be reassessed in one week after the trial diet started but there is no evidence that resident was reassessed in that time frame.

Further Inspector Actions:

VPC –pursuant to O. Reg. 79/10, s 30(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN –August 19, 2010

Required Compliance Date for VPC – August 19,2010

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WN#13: The Licensee has failed to comply with: O. Reg. 79/10, s51(1)2

The continence care and bowel management program must, at a minimum, provide for the following: Treatments and interventions to prevent constipation, including nutrition and hydration protocols.

Findings:

1. A resident is not receiving any nutrition related high fibre protocols as per the home's high fibre intervention policy. Resident has documented problem related to constipation.
2. A resident is not receiving any nutrition related high fibre protocols as per the home's high fibre intervention policy. Resident has documented problem related to constipation and required laxative and an enema for relief of constipation on July 27, 2010, as per resident bowel list.

Further Inspector Actions:

VPC –pursuant to O. Reg. 79/10, s 51(1)2 the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN – August 19, 2010

Required Compliance Date for VPC – August 19, 2010

WN#14: The Licensee has failed to comply with: O. Reg. 79/10, s68(2)a

Every licensee of a long-term care home shall ensure that the programs include, the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration.

Findings:

1. Trial diet protocols have not been defined. There is no policy and procedure related to trial diets to guide staff.

Further Inspector Actions:

VPC –pursuant to O. Reg. 79/10, s 68(2)the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN – August 19, 2010

Required Compliance Date for VPC – August 19, 2010

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WN#15: The Licensee has failed to comply with: O. Reg. 79/10, s73(1)11

Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements: Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat.

Findings:

1. A high risk resident was at risk of choking related to not being safely positioned while being fed lunch on July 28, 2010. Resident was much lower than the staff member assisting the resident and furnishings and equipment were not at an appropriate height.

Further Inspector Actions:

VPC –pursuant to O. Reg. 79/10, s 73(1)11 the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN – immediate

Required Compliance Date for VPC – August 19,2010

WN#16: The Licensee has failed to comply with: O. Reg. 79/10, s91

Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

Findings:

1. Observed key hanging on a string in the door lock of the supplies room on 2E, July 28, 2010 at 5:00p.m. The room contained hazardous chemicals.

Further Inspector Actions:

VPC –pursuant to O. Reg. 79/10, s 91 the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 128

Required Compliance Date for WN – immediate

Required Compliance Date for VPC – August 19,2010

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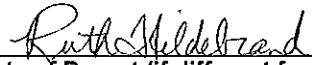
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Signature of Licensee or Designated Representative
Signature du Titulaire du représentant désigné

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).
September 9, 2010