Ontario

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division

Long-Term Care Home Review Report

Ministére de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé

Rapport d'inspection d'un foyer de soins de longue durée

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

DOVER CLIFFS

Governing body / Organisme responsable

Revera Long Term Care Inc.

Administrator / Directeur général/directrice générale

Pauline Lyne

Approved capacity / Nombre de lits autorisés

70

Type of review / Genre d'inspection	Review date / Date de l'inspection
Follow Up to Annual Review	April 21, 23, 2010

Long-Term Care Home Review Report

The mandate of the Ministry of Health and Long -Term Care is to ensure that residents in Ontario Long-Term Care Homes receive quality care and services.

In order to achieve this goal, the Ministry has implemented its **Long-Term Care Home Review Program** to monitor the quality of resident care and services. Where Long-Term Care Homes do not meet Ministry standards, as determined by reviews, the home is expected to correct any unmet standards or criteria.

The Performance Improvement and Compliance Branch of the Ministry of Health and Long-Term Care conducts ongoing quality of care reviews in all Long-Term Care Homes throughout the Province of Ontario.

The **Report of Unmet Standards or Criteria** outlines the Ministry's review findings and the home's review plan for corrective action. Reports are public documents and must be prominently displayed in all Long-Term Care homes

Any inquiries related to this program may be directed to:

Manager
Ministry of Health and Long-Term Care
Compliance Inspection, Hamilton Service Area Office
Performance Improvement and Compliance Branch
Health System Accountability and Performance Division
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7
Telephone: 905-546-8292

Rapport d'inspection d'un foyer de soins de longue durée

Le mandat du ministère de la Santé et des Soins de longue durée est d'assurer aux pensionnaires des foyers de soins de longue durée de l'Ontario des soins et des services de qualité.

Afin d'atteindre cet objectif, le ministère a mis en place son **Programme d'inspections des foyers de soins de longue durée** pour surveiller la qualité des soins dispensés aux pensionnaires et des services offerts dans les foyers de soins de longue durée. Si, selon les inspections, les foyers de soins de longue durée ne se conforment pas aux normes établies par le ministère, ceux-ci deviennent donc responsables pour la correction des normes et critères non-respectés.

La Direction de l'amélioration de la performance et de la conformité du ministère de la Santé et des soins de longue durée effectue régulièrement des inspections sur la qualité des soins dans tous les foyers de soins de longue durée.

Le **Rapport sur les cas de non-conformité aux normes et aux critères** donne les résultats de l'inspection du ministère et le plan du foyer de soins de longue durée en ce qui a trait aux mesures correctives à prendre. Ce rapport est un document public et doit être affiché bien en vue dans le foyer de soins de longue durée.

Pour de plus amples renseignements sur ce programme, écrivez à la personne suivante:

Directrice
Ministère de la Santé et des Soins de longue durée
Inspections de conformité, Bureau régional de services de Hamilton
Direction de l'amélioration de la performance et de la conformité
Division de la responsabilisation et de la performance du système de santé
119, rue King Ouest, 11th étage
Hamilton ON L8P 4Y7
Téléphone: 905-546-8294

LONG-TERM CARE HOME REVIEW SUMMARY REPORT

Definition of Terms

The monitoring and evaluation process is based on the standards and criteria contained in the Long Term Care Facilities Program Manual. Each long-term care home has a copy which the public may request to view.

The reviewer considers the following factors in concluding that a standard or criteria has not been met:

- **Conditions have been observed that pose actual or potential serious risks to a resident's health, welfare or rights; and/or**
- **Conditions have been observed that are not as serious but are prevalent or recurring; and/or**
- **The long-term care home has not made successful efforts to initiate corrective action; and/or**
- **Conditions have been identified during previous reviews, but have not been corrected within the negotiated time frame for corrective action.**

STANDARD MET	STANDARD NOT MET
All criteria that were reviewed relating to the identified standard were found to meet the expectations.	One or more criteria that were reviewed relating to the identified standards, did not meet the expectations; and The identified deficiencies met the conditions for issuing a REPORT OF UNMET STANDARDS OR CRITERIA or AREA OF NON-COMPLIANCE.
RECOMMENDATION(S) DISCUSSED	**REFERRAL MADE TO (appropriate discipline/specialty)**
Criteria that were reviewed relating to the identified standard may or may not meet the expectations; but Identified deficiencies if applicable, do not meet the conditions for issuing a REPORT OF UNMET STANDARDS OR CRITERIA. Recommendations were discussed to enhance the quality of the care, programs and services provided to the residents.	Criteria reviewed relating to the identified standard may or may not meet the expectations. Criteria that were reviewed indicate the need for other expertise to determine compliance or to provide more in-depth review and assistance. A REPORT OF UNMET STANDARD OR CRITERIA may or may not be issued.

LONG-TERM CARE HOME REVIEW SUMMARY REPORT

Long-Term Care Home: Dover Cliffs Long-Term Care Centre

Date of Review: April 21, 23, 2010

Type of Review: Follow-up to Annual Review

Previously issued unmet criteria A1.6, A1.31, B3.57, and O4.15 have been corrected and are now in compliance for cited examples.

All or some criteria related to the following standards were reviewed. Comments in the right column reflect the status of the standards at the time of the review AND ARE BASED ONLY ON CRITERIA THAT WERE REVIEWED. Conclusions are based on observations and reviews of a selected sample of residents.

STANDARD	COMMENTS
Resident Safeguards	
There are mechanisms in place to promote and support residents' rights, autonomy, and decision-making.	Standard Met.
There is a facility-specific written admission agreement in place to delineate the accommodation, care, services, programs and goods that will be provided to the resident and, the obligations of the resident with respect to their responsibilities and payment for service.	Standard Met.
Resident Care and Services	
Each resident's needs for care and services are determined with the resident/representative through an interdisciplinary assessment process.	Standard Not Met. B1.6 remains outstanding and will be followed-up by Ministry of Health and Long-Term Care Dietary Advisor.

STANDARD	COMMENTS
Each resident's care and services are planned with the resident/representative through an inter-disciplinary planning process.	**Standard Not Met. Unmet criterion B2.4 remains outstanding and will be followed up by Ministry of Health and Long-Term Care Dietary Advisor.**
Each resident receives care and services consistent with his/her plan of care and with residents' rights outlined in the Bill of Rights, the *Health Care Consent Act* and the *Substitute Decisions Act.*	**Standard Met.**
There is ongoing monitoring and evaluation of each resident's care, services and care outcomes.	**Standard Met.**
All significant information about each resident is documented in his/her record.	**Standard Met.**
Nursing Services	
There is an organized program of nursing services to meet residents' nursing and personal care needs, consistent with the professional standards of practice of the College of Nurses of Ontario.	**Standard Met.**
Staff Education	
There is an organized orientation program that responds to the learning needs of new staff.	**Standard Met.**
There is an organized in-service education program that responds to the assessed learning needs of staff.	**Standard Met.**

STANDARD	COMMENTS
Recreation and Leisure Services	
There are recreation and leisure services organized to provide age-appropriate recreation, leisure, and education opportunities based on and responsive to the abilities, strengths, needs, interests and former lifestyle of the residents.	Standard Met.
Social Work Services	
There is an organized program of social work services, or arrangements are made to access available social work services to meet residents' psychosocial needs.	Standard Met.
Spiritual and Religious Program	
There is an organized spiritual and religious care program to respond to the spiritual and religious needs and interests of the residents.	Standard Met.
Therapy Services	
There is an organized program of therapy services or arrangements made to access available therapy services to meet residents' identified therapy needs.	Standard Met.
Volunteer Services	
There is an organized program of volunteer services.	Standard Met.
Other Approved Programs	
Other programs/services provided by the facility are organized to provide services to respond to residents' identified needs/preferences.	Standard Met.

STANDARD	COMMENTS
Facility Organization and Administration	
The program and resources of the facility are organized to effectively manage the facility and each of its programs and services, in keeping with Ministry Acts Regulations, Policies and Directives.	**Standard Not Met.** **Unmet criterion M1.18 remains outstanding and will be followed-up by Ministry of Health and Long-Term Care Dietary Advisor.**
There is a comprehensive, co-ordinated, facility-wide, program for monitoring, evaluating and improving the quality of accommodation, care, services, programs and goods provided by the facility.	**Standard Met.**
There are co-ordinated risk management activities designed to reduce and control actual or potential risks to the safety, security, welfare and health of individuals or to the safety and security of the facility.	**Standard Met.**
There is an organized system of records management which includes the components of collection, access, storage, retention and destruction of records.	**Standard Met.**
Medical Services	
Medical services are organized to meet residents' medical needs, including assessment, planning and provision of residents' individualized medical care, consistent with professional standards of practice.	**Standard Met.**
Environmental Services	
Environmental services are organized to provide a safe, comfortable, clean, well-maintained environment for residents, staff and visitors.	**Standard Not Met.** **O1.18 re-issued related to hot water temperature monitoring.**

STANDARD	COMMENTS
The facility, including furnishings and equipment, is maintained.	Standard Met.
The facility, including furnishings and equipment, is kept clean.	Standard Not Met. O3.1 re-issued related to housekeeping program not providing for routine, preventive and remedial housekeeping.
Laundry services are organized to meet the linen and personal clothing needs of residents.	Standard Met.
Dietary Services	
There is an organized program of dietary services to respond to residents' nutritional care needs and to provide safe, personally acceptable, nutritious food to residents.	Standard Not Met. Unmet criteria P1.14, P1.24 and P1.27 remain outstanding and will be followed-up by Ministry of Health and Long-Term Care Dietary Advisor.
Diagnostic Services	
The facility makes arrangements for diagnostic services to meet residents' needs as ordered by the residents' physicians.	Standard Met.
Pharmacy Services	
There is an organized program for the provision of pharmacy services to meet the residents' identified needs.	Standard Met.
There is an organized interdisciplinary pharmacy and therapeutics committee responsible for directing the facility's pharmacy program and services.	Standard Met.
The prescription ordering and transmission of orders support the safe provision of drugs to residents.	Standard Met.

STANDARD	COMMENTS
The pharmacy service provides for the accurate, safe dispensing of prescription drugs and biologicals to meet residents' identified medication requirements.	**Standard Met.**
A system of records for receipt and disposition of all drugs received by the facility is maintained in sufficient detail to enable accurate tracking, reconciliation and auditing, in accordance with applicable legislation.	**Standard Met.**
All drugs and biologicals are stored under proper conditions of sanitation, temperature, light, humidity and security.	**Standard Met.**
Disposal of drugs is in accordance with established Ministry policy.	**Standard Met.**
There is a system for immediate reporting of each medication error and adverse drug reaction, with specific follow-up action to be taken.	**Standard Met.**

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Home: 1056 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1056	DOVER CLIFFS 501 ST GEORGE STREET P.O. BOX 430 PORT DOVER ON N0A 1N0	Follow up - Annual Seq. #356-2010 April 21, 23, 2010	Nursing	2010/04/21 Number of Days 2	1 of 3

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
N/A	The following previously issued unmet criteria have been corrected and are now in compliance: A1.6, A1.31, B3.57, and O4.15. The following previously issued unmet criteria remain outstanding and will be followed-up by Ministry of Health and Long-Term Care Dietary Advisor at a later date: B1.6, B2.4, M1.18, P1.14, P1.24, and P1.27. The following unmet criteria are reissued as a result of this review:				
O1.18	Previously issued-2009 Annual Review Hot water temperatures shall be monitored daily at the source and once per shift in random locations where residents have access to hot water. Criterion not met as evidenced by; numerous blank spaces in water temperature record book and staff statements that the hot water temperature is not being monitored as required.	2010/04/23	IMMEDIATE: The Executive Director (ED) re-educated all housekeepers to ensure that water temperatures are accurately captured. Responsible Party: ED Target Date: April 23, 2010 SHORT TERM: New assignment for taking hot water temperatures was initiated to allow consistency. Responsible Party: ED Target Date: May 1, 2010	2010/07/01	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1056	DOVER CLIFFS 501 ST GEORGE STREET P.O. BOX 430 PORT DOVER ON N0A 1N0	Follow up - Annual Seq. #356-2010 April 21, 23, 2010	Nursing	2010/04/21 Number of Days 2	2 of 3

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			LONG TERM: Environmental Service Manager (ESM) will audit weekly that all hot water temperatures are recorded and appropriate actions are taken if necessary. Responsible Party: ESM Target Date: July 1, 2010		
O3.1	Previously issued 2007 Annual Review The housekeeping program shall provide for routine, preventative and remedial housekeeping. Criterion not met as evidenced by; dirt build-up along baseboards and in corners of halls and common areas; dirt build-up in elevator grate, surfaces in kitchen refrigerator, appliances and dietary carts need thorough cleaning.	2010/04/23	IMMEDIATE: Extra housekeeping hours were implemented to clean all identified areas. Responsible Party: ED Target Date: June 15, 2010 SHORT TERM ACTION: . Quarterly, maintenance aide will power wash all dietary carts outside. . Extra cleaning shift will be implemented bi-monthly to assist with ensuring identified areas are up kept. Food Services Manager (FSM) provided revised cleaning shifts to ensure all identified areas in kitchen are cleaned on a weekly basis. Responsible Party: Housekeeping Aide / ESM / FSM / Dietary Aide Target Date: June 30, 2010 LONG TERM ACTION:	2010/07/30	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1056	DOVER CLIFFS 501 ST GEORGE STREET P.O. BOX 430 PORT DOVER ON N0A 1N0	Follow up - Annual Seq. #356-2010 April 21, 23, 2010	Nursing	2010/04/21 Number of Days 2	3 of 3

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			. New ESM to hold in-service to review cleaning schedules and expectations. . Implement cleaning audit weekly in all identified areas of home and provide action plan if necessary. Responsible Party: Housekeeping Aide / ESM Target Date: July 30, 2010		