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Inspection Report under the LTC Homes Act, 2007 ☒ Public Copy ☐ Licensee Copy		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée ☐ Copie du Titulaire ☒ Copie de la Publique	
Date(s) of Inspection/Date de l'inspection August 17, 2010		Inspection No/ d'inspection 2010-173-2741- 16aug150135	Type of Inspection/Genre d'inspection CIS Review Log #H00034, with reference to H00102, H00036, H00087, H00140, H00164
Licensee/Titulaire Grace Villa Limited, 284 Central Avenue, London, Ontario N6B 2C8			
Long-Term Care Home/Foyer de soins de longue durée Grace Villa Nursing Home, 45 Lockton Cres, Hamilton, Ontario L8V 4V5			
Name of Inspector(s)/Nom de l'inspecteur(s) Lesa Wulff, - LTC Inspector #173 - Nursing			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a Critical incident report review inspection related to responsive resident behaviors The inspection was conducted by Lesa Wulff, Nursing, #173. The inspection occurred on August 17, 2010. During the course of the inspection, the inspector spoke with: The Administrator, Assistant Director of Care, Registered staff, Personal Support Workers, residents, Corporate Consultant. The following Inspection Protocols were used during this inspection: Responsive Behaviours Inspection Protocol 4 Findings of Non-Compliance were found during this inspection. The following action was taken: 4 WN 3 VPC			

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.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Plan of correction/Plan de redressement
DR – Director Referral/Régisseur envoye
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.6(1)(c)

6(1)Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. Progress notes document daily that an identified resident has low frustration levels, verbal and physical altercations, social miscues and misperceptions related to actions of others frequently as evidenced by agitation/aggression initiated when staff or co-residents do not respond to the resident in a manner that the resident wants when the resident is asking or doing something. The resident also misses reactions of co-residents based on their own cognitive impairment and can react unpredictably and forcefully without notice if co-residents react in a manner that the resident does not understand. Staff have also indicated that the resident reacts and escalates with agitation when noise levels on the unit are high. The plan of does not reflect the resident related to these behaviours, triggers, and interventions on the plan of care are generated from the library of interventions provided by the software program. The interventions do not give staff clear direction on how to de-escalate resident's behaviours and prevent injury based on known triggers shared by staff.
2. The doctor ordered Haldol intramuscular injections as needed and Ativan for agitation and aggressive behaviours for this resident. Plan of care does not include interventions related to chemical restraints and parameters/circumstances for use.

Inspector ID#: 173

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 paragraph 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#2: The Licensee has failed to comply with: LTCHA 2007, S.O. 2007, c.8, s.76(7)2, 3

76 (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

(2) Mental health issues, including caring for persons with dementia

(3) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations: Behaviour management

Findings:

1. Registered Practical Nurse (RPN) on third floor has indicated during interview that home has offered Gentle Persuasive approach training only to staff on second floor. The Administrator stated to the compliance inspector during discussion that cognitively impaired residents live on all three floors of the home. An identified resident, who is known to have both verbal and physical aggression with several altercations in the home was moved to second floor and cared for by staff who have received no formal training on managing care for persons with dementia.

VPC- pursuant LTCHA, 2007, S.O. 2007, c.8, s23 (1) (a) (ii) the licensee is hereby requested to prepare a written plan of correction for achieving compliance related to education for staff that includes the recognition of behavioural triggers, assessment and interventions to responsive behaviours and caring for persons with dementia on all floors of the home to be implemented voluntarily.

Inspector ID#: 173

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.

WN#3: The Licensee has failed to comply with: O.Reg 79/10, s.53(1)1,2

53(1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

- (1) Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other
- (2) Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

Findings:

1. Home has no program that includes screening protocols, assessments, reassessments, or identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.
2. Management of the home indicated that Psychogeriatric resource person from Alzheimer's society was contacted to work with the home on developing strategies on managing an identified resident's behaviours. No evidence of this meeting was found in the clinical record. No strategies have been added to the plan of care as a result of this meeting.
3. Plan of care interventions remain generic and do not include techniques, strategies specifically related to an identified residents behaviours and outbursts of unpredictable violence. Staff identified during interview that noise levels will escalate this residents anxiety, identified certain co-residents on the floor that this resident did not like, as well as acknowledging his past life occupation which, as a result makes this resident very social and wanting to engage others. This social engagement is often not reciprocated, which upsets and would trigger this resident's behaviours. These specifics were not found on the written plan of care to ensure communication to all.
4. Recreation department staff were noted to have met on June 22, 2010 to discuss recreation interventions in response to agitated behaviours. Progress notes indicated that activities will be offered to distract resident and decrease anxiety. No recreation interventions were observed to have taken place for two days during compliance inspection on August 17, 18, 2010. Resident was noted to wander in and out of common lounge and residents' rooms without intervention by any staff.

VPC- pursuant LTCHA, 2007, S.O. 2007, c.8, s23 (1) (a) (ii) the licensee is hereby requested to prepare a written plan of correction for achieving compliance related to developing and implementing a program that manages behaviours. This program will include screening protocols, tools for assessment and reassessment of residents, identification of behavioural triggers that may result in behavioural responses and development of the plan of care, to be implemented voluntarily.

Inspector ID#: 173

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 paragraph 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#4: The Licensee has failed to comply with: O.Reg 79/10, s.53(3)(a)

53(3)The licensee shall ensure that,

(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;

Findings:

1. The home currently has no formal program developed to include screening protocols, assessment, reassessment, identification of behavioural triggers that may result in responsive behaviours.

VPC- pursuant LTCHA, 2007, S.O. 2007, c.8, s23 (1) (a) (ii) the licensee is hereby requested to prepare a written plan of correction for achieving compliance related to developing and implementing a program that manages behaviors based on evidenced based practices and, if there are none, in accordance with prevailing practices to be implemented voluntarily.

Inspector ID#: 173

Signature of Licensee of 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).