



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

The licensee shall prepare, submit and implement a plan to ensure that all residents who demonstrate responsive behaviours are assessed by the interdisciplinary team and the results of those assessments form the directions for care to be included in the resident's plan of care. The plan is to include, but not limited to, a plan to ensure that staff are able to recognize various types of responsive behaviours, a mechanism for staff to comprehensively report responsive behaviours within the home, a mechanism to alert members of the interdisciplinary team that responsive behaviours are being demonstrated, a mechanism to ensure the outcome of the interdisciplinary assessments are developed into specific care interventions and a system of monitoring to ensure compliance. The plan is to be submitted on or before July 15, 2013, by mail to Phyllis Hiltz-Bontje at 119 King Street, West, 11th Floor, Hamilton, Ontario L8N 4Y7 or by e-mail at Phyllis.Hiltzbontje@Ontario.ca.

Grounds / Motifs :

1. Staff in the home did not assess resident #001 based on responsive behaviours being demonstrated by this resident, including physical and verbal abusive behaviours directed at both co-residents and staff. There were no care directions in place for staff to monitor, intervene or manage these behaviours and this resident physically abused resident #002 on an identified date.
2. Resident #001 was noted to be demonstrating an increase in responsive behaviours, when staff documented in the progress notes that the resident was seen kicking other residents, entered into a verbal altercation with a co-resident and punched this co-resident, had a strong verbal response to a minor maintenance issue and verbally abused a staff person who was attempting to provide care to a co-resident. Staff also documented on a MDS review completed during this time that the resident's behavioural symptoms had worsened over the previous three month period of time, however confirmed that these responsive behaviours were not assessed and no care interventions for managing these behaviours were included in the plan of care. (129)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Aug 12, 2013



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Order # /

Ordre no : 006

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :



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O.Reg 79/10, 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).

Order / Ordre :



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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

The licensee shall prepare, submit and implement a plan to ensure that all residents demonstrating pain or other special needs, including resident #002 are assessed by the interdisciplinary team and the results of those assessments form the directions for care to be included in the resident's plan of care. The plan is to include, but not limited to, a mechanism to ensure that staff identify pain symptoms and other special needs for each resident, a mechanism to ensure that pain symptoms or symptoms from other special needs are communicated to staff in the home, a mechanism to ensure there is co-ordination of the interdisciplinary assessment of the resident and system of ongoing monitoring to ensure compliance. The plan is to be submitted on or before July 15, 2013, by mail to Phyllis Hiltz-Bontje at 119 King Street, West, 11th Floor, Hamilton, Ontario L89 4Y7 or by e-mail at Phyllis.Hiltzbontje@Ontario.ca.

Grounds / Motifs :



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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

1. Two of two residents who communicated to staff that they were experiencing pain were not assessed nor were care interventions developed to manage the pain being experienced. Resident #002 who remained in the home, continued to experience pain at the time of this inspection.

2a). Clinical documentation for resident #002 indicated that over a three month period of time in 2013 the resident received narcotic and non-narcotic medication to manage pain symptoms 34 times. During this period of time staff documented that the resident was experiencing from multiple sources. Data collected during a care review completed during this period of time indicated that the resident had pain less than daily at a moderate level over the previous three months. Nursing staff confirmed that the resident's pain was not assessed based on data collected and the resident's care plan did not include interventions for the management of pain the resident was experiencing.

b). During an interview with resident #002 in June 2013 the resident indicated extreme pain was being experienced in the right hand. The resident's right hand appeared swollen and red across the top of the hand. The Physiotherapist and clinical documentation confirmed that physiotherapy had assess the resident's hand and put in place a plan to apply and ice pack to reduce swelling and manage pain; however, nursing staff had not assessed the resident's hand, considered any diagnostic procedures to determine the extent of the injury and did not include pain issues related to the resident's right hand in the plan of care.

3. Clinical documentation for resident #001 indicated that over a three month period of time in 2013 the resident received a non-narcotic medication to manage pain symptoms 15 times. During this period of time the resident indicated to staff that the sources of pain were the head and body aches. Data collected during a care review completed during this period of time indicated the resident did not have pain. Nursing staff confirmed that the resident's pain was not assessed based on data collected and the care plan did not include pain management as a care need for this resident.

(129)

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Order # /

Ordre no : 007

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 134. Every licensee of a long-term care home shall ensure that,
(a) when a resident is taking any drug or combination of drugs, including
psychotropic drugs, there is monitoring and documentation of the resident's
response and the effectiveness of the drugs appropriate to the risk level of the
drugs;
(b) appropriate actions are taken in response to any medication incident
involving a resident and any adverse drug reaction to a drug or combination of
drugs, including psychotropic drugs; and
(c) there is, at least quarterly, a documented reassessment of each resident's
drug regime. O. Reg. 79/10, s. 134.

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that when
residents, including resident #002 are taking any drug or combination of drugs,
there is monitoring and documentation of the resident's response and the
effectiveness of the drugs appropriate to the risk level of the drug. The plan
shall also include, but not limited to, ongoing monitoring activities to ensure
compliance. The plan is to be submitted on or before July 15, 2013, by mail to
Phyllis Hiltz-Bontje at 119 King Street, West, 11th Floor, Hamilton, Ontario L8N
4Y7 or by e-mail at Phyllis.Hiltzbontje@Ontario.ca.

Grounds / Motifs :



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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

1. Two of two residents reviewed who were experiencing pain and were receiving both narcotic and non-narcotic analgesic medication were not monitored nor was there consistent documentation of the resident's response and the effectiveness of these medications in managing the pain. Resident #002, who remained in the home at the time of this inspection, continued to experience pain.
2. Staff did not document resident #002's response and the effectiveness of analgesics being administered to manage pain. Clinical documentation indicated that over a three month period of time in 2013 staff administered both narcotic and non-narcotic analgesics 34 times in response to this resident identifying pain from a variety of sources. Staff confirmed that the homes computerized medication system will generate both a progress note when an as necessary medication is administered and also a follow-up progress note into which staff administering the medication are required to document the effectiveness of the medication being given. Clinical documentation, confirmed by staff, indicated that for 18 of the 34 times the above noted medications were administered to the resident staff did not document the effectiveness of the medication in managing the resident's pain.
3. Staff did not document resident #001's response and the effectiveness of analgesics being administered to manage pain. Clinical documentation indicated that over a three month period of time in 2013 staff administered non-narcotic analgesics 15 times in response to this resident identifying pain both in the head and the general body. Clinical documentation, confirmed by staff, indicated that for 3 of the 15 times the above noted medication was administered to the resident staff did not document the effectiveness of the medication managing the resident's pain. (129)

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Order # /
Ordre no : 008

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

- (a) a goal in the plan is met;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that all residents are reassessed and the plan of care reviewed and revised when the resident's care needs change. The plan is to include, but not limited to, specific actions that will be put in place to alert staff when a resident's care needs change, specific actions that staff must take when a resident's care needs change and a system of monitoring to ensure compliance. The plan is to be submitted on or before July 15, 2013, by mail to Phyllis Hiltz-Bontje at 119 King Street, West, 11th Floor, Hamilton, Ontario L89 4Y7 or by e-mail at Phyllis.Hiltzbontje@Ontario.ca.

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1. Previously identified non compliant as a VPC on November 1, 2011.
2. Staff in the home took no action to assess, develop management strategies or monitor responsive behaviours being demonstrated by resident #001. The resident's responsive behaviours escalated and this resident physically abused a co-resident who was also resident #001's roommate at the time of the incident.
3. Data collected by staff during a Minimum Data Set review completed in May 2013 for resident #001, indicated that the resident's behavioural symptoms and cognitive status had deteriorated over the previous three months. Staff confirmed that these two changes in the resident's needs and condition were not assessed and the plan of care was not reviewed or revised based on this information.
4. Staff were aware and documented in resident #001's clinical record incidents of responsive behaviours in April 2013 and May 2013 that included kicking other residents, getting into a verbal altercation with a co-resident during which resident #001 punched the co-resident, the resident having a strong verbal response to a minor maintenance issue and the resident verbally abusing a staff member who was attempting to provide care to a co-resident. Staff confirmed that care interventions were not put in place to manage these behaviours and prevent them from escalating.

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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 26th day of June, 2013

Signature of Inspector /
Signature de l'inspecteur : *P. Hiltz-Bontje*

Name of Inspector /
Nom de l'inspecteur : PHYLLIS HILTZ-BONTJE

Service Area Office /
Bureau régional de services : Hamilton Service Area Office