



**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
Apr 5, 10, 11, 12, 13, 16, 17, 18, 19, 20, 23, 24, May 9, 10, 2012	2012_099188_0014	Resident Quality Inspection

Licensee/Titulaire de permis

THE ONTARIO-FINNISH RESTHOME ASSOCIATION
725 North Street, Sault Ste Marie, ON, P6B-5Z3

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

MAUNO KAIHLA KOTI
723 North Street, Sault Ste Marie, ON, P6B-6G8

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

MELISSA CHISHOLM (188), DIANA STENLUND (163), ROSE-MARIE FARWELL (122)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director of Care Services, the Manager of Finances, the Administration Secretary, the Accounts Receivable/Payable clerk, the Unit Clerk, the Environmental Services Supervisor, the RAI Coordinator, Registered Nursing Staff (RN/RPN), Personal Support Workers (PSW), Housekeeping staff, Laundry staff, Maintenance staff, Recreation Therapists/Activity staff, Dietary staff, Residents and Families

During the course of the inspection, the inspector(s) conducted a walk through of resident care areas, observed staff to resident interactions, observed meal service, reviewed resident's health care records, reviewed various policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management



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Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend

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

Legendé

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.

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. (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,

(a) the planned care for the resident;

(b) the goals the care is intended to achieve; and

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. Inspector reviewed the health care record including plan of care for a resident related to urinary continence. Inspector noted the plan of care provides conflicting direction related to the residents urinary continence. The licensee failed to ensure that the plan of care sets out clear direction to staff. [LTCHA 2007, S.O. 2007, c.8, s.6(1)(c)]

2. Inspector reviewed the plan of care for a resident. Inspector noted that the plan of care did not clearly identify the frequency mouth care is to be provided to the resident. The licensee failed to ensure that the plan of care sets out clear direction to staff. [LTCHA 2007, S.O. 2007, c.8, s.6(1)(c)]

3. Inspector reviewed the health care record for a resident. The "Kardex" document indicates that the resident is to use one particular continence product however the "Care Plan" document indicates that the resident is to use different continence product. The licensee failed to ensure that the plan of care sets out clear direction to staff. [LTCHA 2007, S.O. 2007, c.8, s.6(1)(c)]

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following subsections:

s. 15. (2) Every licensee of a long-term care home shall ensure that,

(a) the home, furnishings and equipment are kept clean and sanitary;

(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. Inspector observed on April 11, 2012 that the shower/tub room on B side has an uneven floor near the shower stall that poses a risk for falls and that several resident bathrooms on B side were observed to have holes in the dry wall with cable protruding from the holes. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. [LTCHA 2007, S.O. 2007, c.8, s.15(2)]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 29. Policy to minimize restraining of residents, etc.

Specifically failed to comply with the following subsections:

- s. 29. (1) Every licensee of a long-term care home,**
(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and
(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).
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Findings/Faits saillants :

1. Inspector reviewed the health care record including plan of care for a resident. Inspector noted this resident requires two bed rails when in bed. Inspector noted the home's policy related to minimizing of restraints was not complied with as an assessment, signed physician's order, resident/SDM consent, and monitoring and evaluation was not completed for this restraint. The licensee failed to ensure that any restraining that is necessary is done in accordance with the Act and the regulations. [LTCHA, 2007, S.O. 2007, c.8, s.29(1)]
2. Inspector reviewed the health care record including plan of care for a resident. Inspector noted this resident requires two bed rails at night. Inspector noted the home's policy related to minimizing of restraints was not complied with as an assessment, signed physician's order, resident/SDM consent, and monitoring and evaluation was not completed for this physical restraint. The licensee failed to ensure that any restraining that is necessary is done in accordance with the Act and the regulations. [LTCHA, 2007, S.O. c.8, s.29(1)] 163
3. Inspector reviewed the home's restraint policy titled "Restraining Device, Caring for Resident with" on April 17, 2012. Inspector noted under a section titled documentation that #2 identifies, "The Nursing and Personal Care Supervisor documents, every 12 hours, on the Restraint & PASD Care Flow Record the need for the resident to continue the use of the restraining device based on the resident's assessment". This is not in accordance with Regulation s. 110(2)(6): That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances. The licensee failed to ensure there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with the Act and the regulations. [LTCHA, 2007, S.O. 2007, c.8, s.29(1)(a)]

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 ensuring that any restraining that is necessary is done in accordance with the Act and the regulations, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 73. Staff qualifications
Every licensee of a long-term care home shall ensure that all the staff of the home, including the persons mentioned in sections 70 to 72,

- (a) have the proper skills and qualifications to perform their duties; and**
(b) possess the qualifications provided for in the regulations. 2007, c. 8, s. 73..
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Findings/Faits saillants :

1. Inspector observed in the dining room a personal support worker (PSW) plating food from the steam table and serving to residents. The PSW indicated that the dietary aide leaves at around 09:10h for break and that this was normal practice at the breakfast meal. Inspector interviewed the PSW's supervisors about the PSW's qualifications and skills to perform this duty. Both confirmed that this PSW is not a dietary staff member and does not have the required qualifications and training to work as a food service worker. The licensee has failed to ensure that all staff of the home, including the persons mentioned in sections 70 to 72 have the proper skills and qualifications to perform their duties and possess the qualifications provided for in the regulations. [LTCHA 2007, S.O. 2007, c.8, s.73(a)(b)]
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WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,

- (a) the Residents' Bill of Rights;
- (b) the long-term care home's mission statement;
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 24 to make mandatory reports;
- (e) the long-term care home's procedure for initiating complaints to the licensee;
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
- (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
- (h) the name and telephone number of the licensee;
- (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91
- (1) for each type of accommodation offered in the long-term care home;
- (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
- (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
- (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
- (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
- (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
- (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
- (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
- (q) an explanation of the protections afforded by section 26; and
- (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :

1. Inspector reviewed the home's admission package with administrative staff at the home on April 18, 2012. The home's admission package did not contain a clear explanation of the duty under section 24 to make mandatory reports related to harm or risk of harm to a resident. The licensee failed to ensure the admission package of information shall include, at a minimum, an explanation of the duty under section 24 to make mandatory reports. [LTCHA 2007, S.O. 2007, c.8, s.78(2) (d)]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 80. Regulated documents for resident

Specifically failed to comply with the following subsections:

- s. 80. (1) Every licensee of a long-term care home shall ensure that no regulated document is presented for signature to a resident or prospective resident, a substitute decision-maker of a resident or prospective resident or a family member of a resident or prospective resident, unless,
 - (a) the regulated document complies with all the requirements of the regulations; and
 - (b) the compliance has been certified by a lawyer. 2007, c. 8, s. 80. (1).

Findings/Faits saillants :

1. It was reported to the inspector that the Resident Admission Contract has been updated as a result of the new LTCHA 2007 however this new contract has not been certified by a lawyer. The licensee has not ensured that no regulated document is presented for signature to a resident or prospective resident, a substitute decision-maker of a resident or prospective resident or a family member of a resident or prospective resident, unless, (a) the regulated document complies with all the requirements of the regulations; and (b) the compliance has been certified by a lawyer. [LTCHA 2007, S.O. 2007, c.8, s.80(1)]

**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management
Specifically failed to comply with the following subsections:**

s. 51. (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. Inspector reviewed the health care record of a resident. Inspector noted both the MDS assessment and plan of care identify this resident as incontinent. Inspector was unable to locate a continence assessment using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions. Inspector spoke with a staff member who identified that the home does have a tool that is currently being implemented however most residents have not yet had an assessment completed using the tool. The licensee failed to ensure that residents who are incontinent receive an assessment using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence. [O.Reg. 79/10, s. 51(2)(a)]

2. Inspector reviewed the health care record for a resident. Inspector noted both the MDS assessment and plan of care identify the resident as incontinent. Inspector was unable to locate a continence assessment using a clinically appropriate assessment instrument that is specifically designed for the assessment of incontinence that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions. The licensee failed to ensure that residents who are incontinent receive an assessment using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence. [O.Reg. 79/10, s. 51(2)(a)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following subsections:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

- (a) cleaning of the home, including,**
 - (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**
 - (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;**
- (b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:**
 - (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,**
 - (ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and**
 - (iii) contact surfaces;**
- (c) removal and safe disposal of dry and wet garbage; and**
- (d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

Findings/Faits saillants :

1. Inspector observed resident room B10-1 and the Bath/Shower room on B side noting them to have lingering offensive odours on April 11, 12, 13, 16 and 17, 2012. The licensee has failed to ensure that as part of the organized program of housekeeping, procedures are developed and implemented for addressing incidents of lingering offensive odours. [O.Reg 79/10, s.87(2)]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes

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.**

Findings/Faits saillants :

1. Inspector reviewed the medication administration record (MAR) for a resident noting the resident received an as required (PRN) medication. Inspector reviewed the health care record for this resident and interviewed a staff member on April 17, 2012. Inspector noted the response and effectiveness was not documented for the medication administered. The licensee failed to ensure that a resident who is taking any drug or combination of drugs, including psychotropic drugs, is monitored and documentation of the resident's response and the effectiveness of the drugs is completed. [O.Reg 79/10, s.134(a)]
2. Inspector reviewed the MAR for a resident on April 18, 2012. Inspector noted the resident received a PRN medication. Inspector noted the response and effectiveness was not documented in the MAR or in the resident's electronic progress notes. The licensee failed to ensure that a resident who is taking any drug or combination of drugs, including psychotropic drugs, is monitored and documentation of the resident's response and the effectiveness of the drugs is completed. [O.Reg 79/10, s.134(a)]

**WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program
Specifically failed to comply with the following subsections:**

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

- 1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.**
- 2. Residents must be offered immunization against influenza at the appropriate time each year.**
- 3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.**
- 4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.**
- 5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).**

Findings/Faits saillants :

1. Inspector reviewed five resident health care records on April 16, 2012 and noted no documentation to support that the tetanus and diphtheria vaccine was offered. On April 18, 2012 at 10:00h, inspector interviewed the lead of infection control program, who confirmed that offering vaccination for tetanus and diphtheria has not been implemented at the home and that the home was unaware of the requirement to offer residents the vaccine. The licensee failed to ensure that residents are offered immunization against tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. [O.Reg. 79/10, s.229(10)(3)]

Issued on this 22nd day of May, 2012

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

