

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée



Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office

Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance
et de la conformité
Bureau régional de services de Toronto

55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

55, avenue St. Clair Ouest, 8^{ième} étage
Toronto, ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

Téléphone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Télécopieur: 416-327-4486

MAR 24 2011

Ms. Solange Taylor
Administrator
Parkview Home Long-Term Care
123 Weldon Road
Stouffville, ON L4A 0G8

Dear Ms. Taylor:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted **February 7 – 18, 2011** under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Toronto Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

A. Morillo

for Cathy Palmer, *for* Tiina Tralman, *for* Nancy Bailey, *for* Melissa Chisholm
LTC Homes Inspectors

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection February 7-18, 2011	Inspection No/ d'inspection 2011_152_2968_07Feb110545 2011_162_2968_07Feb113736 2011_174_2968_07Feb114219 2011_188_2968_07Feb103153	Type of Inspection/Genre d'inspection Annual
Licensee/Titulaire The Mennonite Home Association as York County 123 Weldon Road Stouffville, ON L4A 0G8		
Long-Term Care Home/Foyer de soins de longue durée Parkview Home Long-Term Care 123 Weldon Road Stouffville, ON L4A 0G8		
Name of Inspector(s)/Nom de l'inspecteur(s) Catherine Palmer (152), Tiina Tralman (162), Nancy Bailey (174), and Melissa Chisholm (188)		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct an annual inspection.

During the course of the inspection, the inspectors spoke with residents, families, administrator, director of care, assistant director of care, registered staff, nutrition manager, registered dietitian, administrative assistant, environmental services manager and maintenance staff.

During the course of the inspection, the inspectors interviewed residents, staff, families, observed meal service, observed residents, reviewed residents' health records, reviewed the home's policies and procedures,

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

Accommodation Services: Housekeeping
Accommodation Services: Maintenance
Admission Process
Continence Care and Bowel Management
Dignity, Choice, and Privacy
Dining Observation
Falls Prevention
Family Council Interview
Hospitalization and Death
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse and Neglect
Quality Improvement
Recreational and Social Activities
Resident Charges
Resident Council Interview
Responsive Behaviours
Skin and Wound
Sufficient Staffing

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

19 WN
5 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

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

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'exigence 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 #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 c. 8 s.15(2)(a) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

Findings:

1. Inspector found an identified resident's safety device on the floor next to their bed.

Inspector ID #: 152

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s. 24.(1)1 A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

Findings:

1. The licensee failed to immediately report the following incident to the Director.
 An identified resident reported that a personal support worker (PSW) transferred them without a second person to assist resulting in resident experiencing pain.

Inspector ID #: 162

WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.3(1)1 Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

Findings:

1. The licensee has failed to ensure that identified residents were treated with courtesy and respect and in a way that respects dignity.

Inspector ID #: 174 and 188

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

Findings:

1. An identified resident's need for pressure relief device on wheelchair was not indicated on the care plan for staff providing direct care to the resident.
2. An identified resident's plan of care does not provide clear direction for staff providing care regarding therapeutic diet.
3. An identified resident reported that a personal support worker (PSW) transferred them without a second person to assist.
 Resident's plan of care intervention states 2+ persons physical assist for transferring.

4. An identified resident's plan of care has conflicting information related to seating and safety. There is no direction as to when or why it is necessary to tilt the chair.

Inspector ID #: 152, 162, and 174

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 to ensure that each resident's written plan of care sets out clear direction to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN # 5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 c. 8 s. 6(4)(a)(b) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and
(b) in the development and implementation of the plan of care so that different aspects of care are integrated and are consistent with and compliment each other. 2007, c.8,s. 6 (4).

Findings:

- Restorative Therapy Assistant assessment for an identified resident indicates need for supportive device to be worn. There is no collaboration between nursing and restorative therapy related to resident's need for the supportive device.
 Identified resident was observed by inspector not wearing supportive device. Resident indicated that personal support worker (PSW) was unaware of need for the supportive device.
 The registered staff confirmed with the inspector they were unaware of resident's need for the supportive device.

Inspector ID #: 152

WN #6: 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. 2007, c. 8, s. 6 (7).

Findings:

- Identified resident's plan of care indicates interventions at meals. Resident was not provided interventions at observed meal. Dietary Aide, Registered staff, and PSW's were not aware of the resident's diet intervention.

Inspector ID #: 152

WN #7: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s. 6.(9)3 The licensee shall ensure that the following are documented:
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings:

- Identified residents' plans of care state that their supportive device will be reassessed biweekly to determine resident's ability to release the device. Inspector reviewed progress notes and MDS assessments which revealed re-assessment of supportive device was not documented bi-weekly.
- Restorative Therapy Assistant confirmed documenting re-assessments bi-weekly as per the plan of care intervention is not routinely carried out.

Inspector ID #: 162

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 the effectiveness of the plan of care is documented, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 c. 8 s.78(2)(c),(d),(e),(g),(m),(q)
The package of information shall include, at a minimum, (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; (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; (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; (q) an explanation of the protections afforded by section 26.

Findings:

An interview was conducted with the home's assistant director of care and administrative assistant on February 10, 2011 related to the home's admission package. The following findings were identified during the interview and upon review of the home's admission package.

1. The admission package did not include the long term care home's policy to promote zero tolerance of abuse and neglect of residents.
2. The admission package did not include an explanation of the duty under section 24 to make mandatory reports.
3. The admission package did not include the long term care home's procedure for initiating complaints to the licensee.
4. The admission package did not include notification of the long- term care home's policy to minimize the restraining of residents and how to obtain a copy of the policy.
5. The admission package did not include a statement to indicate that residents are not required to purchase care, services, programs, or goods from the licensee.
6. The admission package did not include an explanation of whistle-blowing protections related to retaliation.

Inspector ID #: 152

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 c. 8 s. 79(3) (c), (e), (g), (p)
The required information for the purposes of subsections (1) and (2) is, (c) is, the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; (e) the long-term care home's procedure for initiating complaints to the licensee; (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; (p) an explanation of the protections afforded under section 26.

Findings:

The following required information was not posted in the long-term care home during February 10, 2011 observation by inspector.

1. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
2. The long-term care home's procedure for initiating complaints to the licensee.
3. The 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.
4. An explanation of whistle-blowing protections related to retaliation.

Inspector ID #: 152

WN #10: The Licensee has failed to comply with Ontario Regulation 79/10, r129 (1)(a) (i) (ii) (iii) (iv)
Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
 (i) that is used exclusively for drugs and drug-related supplies,
 (ii) that is secure and locked,
 (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
 (iv) that complies with manufacturer's instructions for the storage of the drugs;

Findings:

1. Expired medications were reported to the home and removed from service.

Inspector ID #: 174 and 188

WN #11: The Licensee has failed to comply with O. Reg. 79/10 s. 225(1)1, 225(1)5 For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following:

1. The fundamental principle set out in Section 1 of the Act
5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act.

Findings:

The following required information was not posted in the long-term care home when observed by inspector.

1. The fundamental principle set out in Section 1 of the Act.
2. An explanation of the duty to make mandatory reports under section 24 of the Act related to incidents resulting in harm or risk of harm to residents including
 - Improper or incompetent treatment or care of a resident.
 - Abuse by anyone or neglect by the licensee or staff.
 - Unlawful conduct.
 - Misuse or misappropriation of a resident's money.
 - Misuse or misappropriation of funding provided to the licensee.

Inspector ID #: 152

WN #12: The Licensee has failed to comply with O. Reg. 79/10, s. 229(10)3 The licensee shall ensure that the following immunization and screening measures are in place: 3. Residents must be offered immunizations against pneumococcus, tetanus, and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

Findings:

The licensee has failed to offer immunization against tetanus and diphtheria in accordance with the publicly funded immunization schedules.

1. The inspector reviewed health care records of five residents currently residing in the home. Inspector noted that five of five residents were not immunized against tetanus and diphtheria.
2. The inspector interviewed the assistant director of care on February 17, 2011 at 0926h. The assistant director of care reported to the inspector that residents are not offered immunization against tetanus and diphtheria as part of the infection control program.

Inspector ID #: 188

WN #13: The Licensee has failed to comply with O. Reg. 79/10, 30(1)1 Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

Findings:

1. There is no documented program in place for the home's pain management program with goals, objectives, relevant policy and procedures with a monitoring program, and protocols for referral of a resident to specialized resources where required.

Inspector ID #: 174 and 188

WN #14: The Licensee has failed to comply with O. Reg. 48(1) 4 (2)(b)

(1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain.

**(2) Each program must, in addition to meeting the requirements set out in section 30,
(b) provide for assessment and reassessment instruments.**

Findings:

1. The home does not have a pain management program with assessment and reassessment tools for all residents.
2. The current Pain Assessment In Advanced Dementia (PAINAD) form is for use with residents with advanced dementia. There is no document in place to assess pain for residents in the home that do not have advanced dementia.

Inspector ID #: 174 and 188

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 with the development of a interdisciplinary pain management program to identify and manage pain in residents with assessment and reassessment instruments to meet the needs of all residents in the home, to be implemented voluntarily.

WN #15: The Licensee has failed to comply with O. Reg. 79/10, 52(1)2, 3, 4

(1) The pain management program must, at minimum, provide for the following:

2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.
3. Comfort Care Measures.
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

Findings:

1. Parkview Home Long Term Care does not have an organized pain management program.
2. Registered staff confirmed that there is no documented pain management program that includes strategies for managing pain including non-pharmacological interventions to meet the needs of all the residents in the home with a process for monitoring the effectiveness of interventions to manage pain and comfort care.

Inspector ID #: 174 and 188

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 for the development of a pain management program with strategies to manage pain including non-pharmalogical interventions, equipment, supplies, devices and assistive aids, comfort care measures and monitoring of residents' responses to and the effectiveness of pain management strategies; to be implemented voluntarily.

WN #16: The Licensee has failed to comply with O. Reg. 79/10, s.52(2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Findings:

1. The licensee has failed to assess using a clinically appropriate assessment instrument when an identified resident's pain was not relieved by initial interventions.
2. There is no ~~formal pain~~ assessment instrument used in the home.

Inspector ID #: 188

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 to ensure that when a resident's pain is not relieved by initial interventions that the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

WN #17: The Licensee has failed to comply with O. Reg. 79/10 s. 8(1)(a)(b) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and
(b) is complied with.

Findings:

1. The home's admission package information related to resident's obligation to pay accommodation charges during a medical or psychiatric absence does not coincide with O Reg. 79/10 s. 138 (2) (a) (b). The home's admission package defines a medical leave as 21 days and a psychiatric leave as 45 days. The current requirements outline medical leave and psychiatric leave as 30 days and 60 days respectively.
2. Inspector reviewed the homes policy number RC-02-26 titled "Fall Prevention Program". The following is identified under the procedure section. "Step 4: Assess and Reassess the resident. Tinetti assessments will be completed by the physiotherapist on admission, quarterly, after a fall and for a significant change in condition".
 A review of residents' clinical records and a staff interview confirmed that the licensee has failed to follow own policy titled "Fall Prevention Program".

Inspector ID #: 152 and 188

WN #18: The Licensee has failed to comply with: O. Reg. 79/10 s. 96.(e)(i)(ii) Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,
(e) identifies the training and retraining requirements for all staff, including,
(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident

care, and
(ii) situations that may lead to abuse and neglect and how to avoid such situations.

Findings:

1. Inspector reviewed the home's written policy AD-02-05 / R-02-05 titled "Abuse/Neglect of Resident". The written policy does not identify the training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and (ii) situations that may lead to abuse and neglect and how to avoid such situations.

Inspector ID #: 162

WN #19: The Licensee has failed to comply with: O. Reg. 79/10 s. 97.(2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 23 (1) of the Act, immediately upon the completion of the investigation.

Findings:

1. An identified resident was not notified of the results of an investigation into their complaint.

Inspector ID #: 162

Signature of Licensee or Representative of Licensee
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:

Cathy Palmer

Date of Report: (if different from date(s) of inspection).

March 11, 2011