



**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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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 6, 8, 14, 15, Nov 23, Dec 8, 9, 2011; Jan 6, 2012	2011_053122_0013	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

PINEWOOD COURT
2625 WALSH STREET EAST, THUNDER BAY, ON, P7E-2E5

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

ROSE-MARIE FARWELL (122)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Regional Manager of Clinical Services, Documentation Supervisor, Mobility Facilitator/Documentation Nurse, Registered Practical Nurses, Personal Support Workers and Complainant/Resident SDM.

During the course of the inspection, the inspector(s) observed the provision of care and services to the residents of the home, reviewed resident health care records, various policies, procedures and staffing patterns.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dignity, Choice and Privacy

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (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.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

The Inspector reviewed a letter of complaint received by the licensee dated August 13, 2011, which expressed the complainant's frustration regarding chasing residents from their mother's room and finding residents asleep in their mother's bed. The complainant was noted to remark that these incidents were becoming increasingly worse over time and that their mother's room was "becoming like Grand Central Station".

On September 6, 2011, the Inspector interviewed the complainant who expressed frustration and concern regarding their mother's safety and believed that as the resident's SDM, their choices were not being respected.

The complainant reported that they frequently found a resident asleep in their mother's bed and added that they; not staff, frequently redirected this resident to their own bed. The complainant also identified two other residents who often wandered into their mother's room, one of whom was often found rummaging and removing belongings from the room.

The complainant stated they had discussed these concerns with staff who suggested shutting the door to the room to discourage other residents from entering. The complainant reported they had followed staff's suggestion and closed the door but this did not discourage the identified residents from barging into the room.

The Inspector reviewed the complainant's mother's plan of care and noted the following directions: "Try to remove/discharge male residents from entering room". The plan of care did not provide direction regarding female residents entering the room.

On September 8, 2011 at 11:38 hrs, the Inspector observed the complainant's mother seated in the dining room of the resident care unit for the lunch meal service. Following this observation, the Inspector left the dining room to conduct a walkthrough of resident rooms on the unit. While walking by the complainant's mother's room, the Inspector observed one of the resident's identified by the complainant, asleep on their mother's bed. The resident was observed to be fully clothed, wearing shoes, with their feet positioned on top of the complainant's mother's bed linens and wrapped in the complainant's mother's blanket, from neck to ankles. The Inspector notified a PSW of the observation, the PSW remarked "this happens all the time".

The licensee failed to ensure that the resident's choices, as expressed through their Substitute Decision Maker, were respected. [LTCHA 2007, S.O., 2007, c. 8, s. 3 (1) 19].

WN #2: 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. A resident's MDS assessment identified that the resident is continent of bowels, frequently incontinent of bladder and wears a incontinent pad or brief. The resident's plan of care does not provide any directions in regards to the resident's toileting or continence needs.

The licensee failed to ensure that 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. [LTCHA 2007, O. Reg. 79/10, s. 51 (2) b]

A continence assessment was not completed for a resident between the months of September 2010 and August 2011. The MDS assessment noted that the resident is occasionally incontinent of bladder, continent of bowel, on a toileting schedule and wears an incontinent pad or brief. The resident's plan of care did not identify their use or need of a continence product.

The licensee failed to ensure that 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. [LTCHA 2007, O. Reg. 79/10, s. 51 (2) b]

An "Admission/Quarterly Continence" assessment completed for a resident upon admission to the home in May 2011, identified that they wore an continence product, specifically, "a yellow pad". The resident's MDS assessment completed on admission, identified that the resident is frequently incontinent of bladder, continent of bowel, is on a scheduled toileting plan and wears a continence pad or brief. The most current MDS assessment identified that the resident is currently continent of bowel and usually continent of bladder. An individualized plan of care to manage and promote bowel and bladder continence had not been completed for the resident at the time of this inspection.

The licensee failed to ensure that each resident who is incontinent had 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. [LTCHA 2007, O. Reg. 79/10, s. 51 (2) b]

A resident was admitted to the home on September 2010 and a "History Continence Assessment" was completed upon admission; however, an Admission/Quarterly assessment was not completed as per the home's protocol. The resident's MDS assessment completed June 2011 states that the resident is continent of bowel, always incontinent of bladder, is not on a scheduled toileting program and does not wear a continence pad or brief; however, the resident's plan of care completed July 2011 indicates that staff are to assist the resident to the washroom before and after meals "to try to avoid urine incontinence". A notation in the resident's plan of care stated the resident "is trying pullup [sic] briefs to keep clothing dryer [sic]."

The licensee failed to ensure that 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. [LTCHA 2007, O. Reg. 79/10, s. 51 (2) b]

2. The complainant was interviewed on September 6, 2011 and reported that they supplied pull up briefs for their mother and found the cost prohibitive. The complainant further reported that the resident complained that the continence briefs supplied by the home were uncomfortable and the resident found it difficult to fasten the tabs. The complainant stated that the resident is incontinent but is able to void small amounts if assisted to the toilet. The complainant reported that the licensee had not asked them to supply the briefs but the complainant had done so due to the resident's complaints regarding the continence products supplied by the home.

The complainant stated they were not sure if the pull ups were adequate for the resident's continence needs but staff use the pull ups for the resident when the complainant supplies them.



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An RPN reported, "we don't have pull ups"... "a lot of residents still remember the concept of pulling up underwear but it's my understanding Tena does not supply them so we ask families to provide them".

Two PSWs interviewed by the Inspector identified four residents who wore pull up briefs on their assigned home area. The PSWs reported that the residents' families supplied the pull up briefs.

A PSW interviewed by the Inspector identified five residents who wore pull up briefs on their assigned home area. The PSW also reported that the residents' families supplied the pull up briefs.

Another PSW interviewed by the Inspector identified three residents who wore pull up briefs on their assigned home area. A second PSW assigned to the same home area reported that the residents' families supplied the pull up briefs.

Two PSWs interviewed by the Inspector identified three residents wore pull up briefs on their assigned home area. They also reported that the residents' families supplied the pull up briefs.

The licensee failed to ensure that 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. [LTCHA 2007, O. Reg., s. 51 (2) f].

Issued on this 19th day of January, 2012

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

A handwritten signature in cursive script, appearing to read "A. Durrill", is written over a large rectangular box.