

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/GeNR/RCE d'inspection
June 11 – June 15, 2012 (onsite)	A 2012_52162 _200_019	Other - Data Quality Inspection (Restorative Care and Therapies)
Licensee/Titulaire		
City of Greater Sudbury 200 Brady Street P.O. Box 5000, Stn A Sudbury, ON P3A 5P3 Phone: (705) 566 – 4270 Fax: (705) 524 -1767		
Long - Term Care Home/Foyer de soins de longue durée		
Pioneer Manor 960 Notre Dame Ave. Sudbury, Ontario P3A 2T4		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Sandy Schmidt (200) Nancy Rawlings (199)		
Inspection Summary/Sommaire d'inspection		

Date of Amended Inspection Report – August 24, 2012

The purpose of this inspection was to conduct a Data Quality inspection related to restorative care and therapies. During the course of the inspection, the inspectors spoke with: Administrator, Director of Resident Care (DOC), Program Director, Restorative Care Aide, RAI Co-ordinator (RAI-C), Registered Nurse (RN) Registered Practical Nurse (RPN), Personal Support Worker (PSW), Physiotherapist (PT), Physiotherapy Assistant (PTA) Occupational Therapist (OT), Occupational Therapist Assistant (OTA).

During the course of the inspection, the inspectors reviewed: resident health records for 10 residents in the home for the quarters from July 1, 2010 to March 31, 2011 as well as the most two recently completed RAI-MDS 2.0 that were submitted to the Canadian Institute for Health Information (CIHI) (January 1, 2012 to March 31, 2012) for those residents who still lived in the home as well as the home policies and procedures for restorative care including therapies.

The following Inspection Protocol was used in part or in whole during this inspection: Restorative Care and Therapy.

☒ Findings of Non-Compliance were found during this inspection.

NON - COMPLIANCE / (Non-respectés)

Definitions /Définitions :

CO = Compliance Order/Ordres de conformité

DR = Director Referral/Régisseur envoyé

VPC = Voluntary Plan of Correction/Plan de redressement volontaire

WAO = Work and Activity Order/Ordres: travaux et activités

WN = Written Notifications/Avis écrit

ABS = aggressive behaviour scale

AC = before meals

ARD = assessment reference date

AROM = active range of motion

CIHI = Canadian Institute for Health Information

CPS = cognitive performance scale

DOC = Director of Care

LTCH CAP = Long-Term Care Homes Common Assessment Project

MDS = RAI-MDS 2.0

NR/RC = Nursing Rehabilitation/Restorative Care (intervention Sheet)

PC = after meal

PROM = passive range of motion

PT = Physiotherapy

PT Resident Log = Physiotherapy Resident Log

PT Re-assessment = Physiotherapy Re-Assessment/Discharge

OT = Occupational Therapy

OTA = Occupational Therapy Assistant

QHS = Every evening at bedtime

RAI-C = RAI Co-ordinator

RAPs = Resident Assessment Protocols

SLP = Speech Language Pathologist

Q2 = July 1 to September 30, 2010

Q3 = October 1 to December 31, 2010

Q4 = January 1 to March 31, 2011

Most recent quarters inspected Q3 = October 1 to December 31 2011 or Q4 = January 1 to March 31, 2012

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 *Long Term Care Homes Act (LTCHA), 2007*, c. 8, s. 101.

- (1) A licence is subject to the conditions, if any, that are provided for in the regulations. 2007, c. 8, s. 101.
- (2) The Director may make a licence subject to conditions other than those provided for in the regulations,
 - (a) at the time a licence is issued, with or without the consent of the licensee; or
 - (b) at the time a licence is reissued under section 105, with or without the consent of the new licensee. 2007, c. 8, s. 101 (2).
- (3) It is a condition of every licence that the licensee shall comply with this Act, the *Local Health System Integration Act, 2006*, the *Commitment to the Future of Medicare Act, 2004*, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).
- (4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101 (4);

Findings:

1. The Long-Term Care Homes Service Accountability Agreement (L-SAA) is an agreement entered into between the local health integration network and the Licensee, City of Greater Sudbury, under the *Local Health System Integration Act, 2006*. Compliance with the L-SAA is, therefore, a condition of the licence issued to City of Greater Sudbury for the Pioneer Manor long-term care home.
2. The Licensee has failed to comply with the following provisions of the L-SAA:

Article 3.1

- (a) The HSP will provide the Services in accordance with:
 - (i) this Agreement;
 - (ii) Applicable Law; and
 - (iii) Applicable Policy.

Article 8.1

- (a) The LHIN's ability to enable its local health system to provide appropriate, co-ordinated, effective and efficient health services as contemplated by LHSIA, is heavily dependent on the timely collection and analysis of accurate information. The Health Service Provider (HSP) acknowledges that the timely provision of accurate information related to the HSP is under the HSP's control;

Article 8.1(b): The HSP [Health Service Provider]

- (iv) will ensure that all information is complete, accurate, provided in a timely manner and in a form satisfactory to the LHIN [Local Health Integration Network];

Article 8.1 (c): The HSP will:

- (i) conduct quarterly assessments of Residents, and all other assessments of Residents required under the Act, using a standardized Resident Assessment Instrument - Minimum Data Set (RAI-MDS 2.0) 2.0 tool in accordance with the RAI-MDS 2.0 Practice Requirements included in Schedule F and will submit RAI-MDS 2.0 assessment data to the Canadian Institute for Health

- Information (CIHI) in an electronic format at least quarterly in accordance with the submission guidelines set out by CIHI; and
- (ii) have systems in place to regularly monitor and evaluate the RAI-MDS 2.0 data quality and accuracy;
3. The RAI-MDS 2.0 LTC Homes – Practice Requirements are included in Schedule F of the L-SAA and fall within the definition of “Applicable Policy” under the L-SAA.
 4. The RAI-MDS 2.0 Agreement between the Minister of Health and Long-Term Care and the Licensee, the City of Greater Sudbury, is an agreement under the *Long-Term Care Homes Act, 2007* for the provision of funding related to the implementation of RAI-MDS 2.0 assessment tool in long-term care homes. Compliance with the RAI-MDS 2.0 Agreement is, therefore, a condition of the licence issued to the City of Greater Sudbury for the Pioneer Manor long-term care home.
 5. The documents listed in Schedules A to E of the RAI-MDS 2.0 Agreement between the Licensee, the City of Greater Sudbury and the Ministry of Health and Long-Term Care fall within the definition of “Applicable Policy” in the L-SAA. These documents include, but are not limited to, the Sustainability Project Description, the Implementation Information Package together with the Training Module Overview, and the RAI Coordinator Role Description.
 6. The level-of-care per diem funding in the Nursing and Personal Care (NPC) envelope paid by the local health integration network to the Licensee pursuant to the L-SAA is adjusted based on resident acuity. The higher the acuity, the greater the funding. The amount of funding in the NPC envelope is calculated using a formula set out in the LTCH Level-Of-Care Per Diem Funding Policy (a policy listed in Schedule F of the L-SAA) and resident acuity is determined using the RAI-MDS 2.0 information submitted by the Licensee to CIHI.
 7. The incompleteness and inaccuracy of the RAI-MDS 2.0 data is evidenced by the following:
 - (a) The RAI-MDS 2.0 coding was not supported by the home’s documentation, including the residents’ plans of care and the RAPs documentation. There were multiple inconsistencies between what was coded on the RAI-MDS 2.0 and the progress notes found in the residents’ plans of care.
 8. The following are specific examples of incomplete and/or inaccurate RAI-MDS 2.0 coding and non-compliance with the L-SAA and/or the RAI-MDS 2.0 LTC Homes – Practice Requirements and/or the Implementation Information Package and/or the RAI Coordinator Role Description and/or the RAI-MDS 2.0 Agreement. The RAI-MDS 2.0 Practice Requirements mandates the use of the RAI-MDS 2.0 Manual, which states that a rehabilitation or restorative practice must meet specific criteria including that measureable objectives and interventions must be documented in the care plan and in the clinical record.
 - a. There was a discrepancy between the documentation on the RAI-MDS 2.0 and the PT activity log for resident 001. The RAI-MDS 2.0 was documented that PT was provided for 1 day for a total of 15 minutes during the observation period however the Physiotherapy (PT) activity log documented that PT was provided for 3 days of PT for a total of 65 minutes during the observation period.
 - b. The following finding has been amended as a result of new documentation received from the home following the inspection. This finding now reads as follows: There was a discrepancy between the documentation on the RAI-MDS 2.0 and the OT activity log for resident 002. The RAI MDS was coded that OT was provided for 5 days for a total of 135 minutes however the Occupational Therapy (OT) activity log documented that OT was provided for 4 days of OT for a total of 135 minutes during the observation period.
 - c. There was a discrepancy between the documentation on the RAI-MDS and the OT activity log for resident 004. The RAI-MDS 2.0 was coded that OT was provided for 4 days for a total of 110 minutes during the observation period however the Occupational Therapy (OT) activity log documented that OT was provided for 6 days of OT for a total of 190 minutes during the observation period.

- d. The following finding has been amended as a result of new documentation received from the home following the inspection. This finding now reads as follows: There was a discrepancy between the documentation on the RAI-MDS and the OT activity log for resident 005. The RAI-MDS 2.0 was coded that OT was provided for 5 days for a total of 105 minutes however the Occupational Therapy (OT) activity log documented that OT was provided for 4 days of OT for a total of 75 minutes during the observation period.
- e. The following finding has been amended as a result of new documentation received from the home following the inspection. This finding now reads as follows: There was a discrepancy between the documentation on the RAI-MDS and the OT activity log for resident 006. The RAI-MDS 2.0 was coded that OT was provided for 5 days for a total of 145 minutes during the observation period however the Occupational Therapy (OT) activity log documented that OT was provided for 5 days of OT for a total of 125 minutes during the observation period.
- f. There was inconsistency in what was coded on the RAI-MDS 2.0 and the documentation in the plan of care for resident 007. The RAI-MDS 2.0 was coded that the resident received the NR/RC activities of AROM and splint or brace, however there was no documentation or written plan of care for the NR/RC activities that were coded. It is unclear according to the documentation if the resident received the NR/RC activities as coded on the MDS. The RAI-MDS 2.0 LTC Homes Practice Requirements were not followed.
- g. There was inconsistency in what was coded on the RAI-MDS 2.0 and the documentation in the plan of care for resident 008. The RAI-MDS 2.0 was coded that the resident was on the NR/RC activities for PROM and dressing or grooming however there were no measureable objectives or interventions documented in the care plan and in the clinical record for the NR/RC activities that were coded. The RAI MDS 2.0 LTC Homes Practice Requirements were not followed.
- h. The following finding has been amended as a result of new documentation received from the home following the inspection. This finding now reads as follows: There was a discrepancy between the documentation on the RAI-MDS and the OT activity log for resident 009. The RAI-MDS 2.0 was coded that OT was provided for 4 days for a total of 150 minutes during the observation period the Occupational Therapy (OT) activity log documented that OT was provided for 4 days of OT for a total of 195 minutes during the observation period.
- i. There was inconsistency in what was coded on the RAI-MDS 2.0 and the documentation in the plan of care for resident 010. The RAI-MDS 2.0 was coded that the resident received PT for 3 days for a total of 45 minutes however there were no measureable objectives or interventions documented in the care plan and in the clinical record for the PT that was provided. The resident was coded on the RAI-MDS 2.0 for a bladder retraining program however there were no measureable objectives or interventions documented in the care plan and in the clinical record for the bladder retraining program. The RAI-MDS 2.0 LTC Homes Practice Requirements were not followed.

Inspector ID #:	200, 199
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Additional Required Actions:

Voluntary Plan of Correction (VPC) - Pursuant to the Long Term Care Homes Act (LTCHA), 2007, c.8, s.101, the licensee is hereby requested to prepare a written plan of corrective action for achieving compliance with the RAI-MDS 2.0 Long Term Care Homes Practice Requirements, to be implemented voluntarily.



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

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

**Inspection Report
under the Long-
Term Care Homes
Act, 2007**

**Rapport
d'inspection prévue
le Loi de 2007 les
foyers de soins de
longue durée**

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. <i>Linda Stone, Manager, SSAO/for Nanay Ramblings</i>	
Title:	Date:	Date of Report: (If different from date(s) of inspection). <i>September 7, 2012</i>	