Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Ontario

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

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Direction de l'amélioration de la performance et de la conformité
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JUN 1 1 2008

Ms. Astrida Plorins
Administrator
Providence Healthcare
3276 St. Clair Avenue East
Scarborough ON M1L 1W1

Dear Ms. Plorins:

Please find enclosed the Facility Review Summary Report for the review of care and services conducted on **February 19, 20, 21, 22, 25, 26 Ext 28, 2008.**

This **Annual** report must be posted for public viewing in a conspicuous place in your Home for the Aged, in accordance with Section 54(a) of the *Charitable Institutions Act and Regulation 69.*

I would like to remind you that under the *Freedom of Information and Protection of Privacy Act,* all information retained by the Ministry of Health and Long-Term Care relating to your facility is subject to public release.

A copy of the report must be available without charge to any resident of the facility upon request. The report will also be on file with the Health System Accountability and Performance Division, Performance Improvement and Compliance Branch, Toronto Service Area Office.

Thank you for your co-operation.

Yours truly,

Susan Squires, R.N., BScN
Compliance Advisor

Encl:

c: Legislative Library
Concerned Friends
OLTCA
OANHSS
CCAC
Compliance Advisor

Ontario

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division

Facility Review Report

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé

Rapport d'inspection d'établissement

Long-Term Care Facility/Établissement de soins de longue durée

Providence Healthcare
3276 St. Clair Avenue East
Scarborough ON M1L 1W1

Governing body/Organisme responsable

Providence Healthcare

Administrator/Directeur général/directrice général

Ms. Astrida Plorins

Approved capacity/Nombre de lits autorisés

288

Type of review/Genre d'inspection

Review date/Date de l'inspection

Annual report - February 19, 20, 21, 22, 25, 26 Ext 28, 2008

Facility Review Report

The mandate of the Ministry of Health and Long-Term Care is to ensure that residents in Ontario Long-Term Care Facilities receive quality care and services.

In order to achieve this goal, the Ministry has implemented its **Long-Term Care Facility Review Program** to monitor the quality of resident care and facilities services. Where Long-Term Care Facilities do not meet Ministry standards, as determined by facility reviews, the home is expected to correct any unmet standards or criteria.

The Health System Accountability and Performance Division of the Ministry of Health and Long-Term Care conducts ongoing quality of care reviews in all Long-Term Care Facilities throughout the Province of Ontario.

The **Report of Unmet Standards or Criteria** outlines the Ministry's review findings and the facility's review plan for corrective action. Reports are public documents and must be prominently displayed in all Long-Term Care facilities.

Any inquiries related to this program may be directed to:

Manager
Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office
55 St. Clair Ave, West, 8th Floor
Toronto ON M4V 2Y7
Telephone: (416) 212-0934
Facsimile: (416) 327-4486

Rapport d'inspection d'établissement

Le mandat du Ministère de la Santé et des Soins de longue durée est d'assurer aux pensionnaires des établissements de soins de longue durée de l'Ontario des soins et des services de qualité.

Afin d'atteindre cet objectif, le ministère a mis en oeuvre son **Programme d'inspections des établissements de soins de longue durée** pour surveiller la qualité des soins dispensés aux pensionnaires et des services offerts dans les établissements de soins de longue durée. Si, selon les inspections, les établissements de soins de longue durée ne se conforment pas aux normes établies par le ministère, ceux-ci deviennent donc responsables pur la correction des normes et critères.non-respectés.

La Division de la responsabilisation et de la performance du système de santé du Ministère de la santé et des Soins de longue durée effectue régulièrement des inspections sur la qualité des soins dans toutes les établissement de soins de longue durée.

Le **Rapport sur les cas de non-conformité aux normes et aux critères** donne les résultats de l'inspection du ministère et le plan de l'établissement de soins de longue durée en ce qui a trait aux mesures correctives à prendre. Ce rapport est un document public et doit être affiché bien en vue dans l'établissement de soins de longue durée.

Pour de plus amples renseignements sur ce programme, écrivez à la personne suivante:

Directrice
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 conformité
Bureau régional de services de Toronto
55, avenue St. Clair ouest, 8e étage
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FACILITY REVIEW SUMMARY REPORT

Definition of Terms

The monitoring and evaluation process is based on the standards and criteria contained in the Long Term Care Facilities Program Manual. Each facility has a copy which the public may request to view.

The reviewer considers the following factors in concluding that a standard or criteria has not been met:

- Conditions have been observed that pose actual or potential serious risks to a resident's health, welfare or rights; and/or
- Conditions have been observed that are not as serious but are prevalent or recurring; and/or
- The facility has not made successful efforts to initiate corrective action; and/or
- Conditions have been identified during previous reviews, but have not been corrected within the negotiated time frame for corrective action.

STANDARD MET	***STANDARD NOT MET***
All criteria that were reviewed relating to the identified standard were found to meet the expectations.	One or more criteria that were reviewed relating to the identified standards, did not meet the expectations; and The identified deficiencies met the conditions for issuing a REPORT OF UNMET STANDARDS OR CRITERIA or AREA OF NON-COMPLIANCE.
RECOMMENDATION(S) DISCUSSED	***REFERRAL MADE TO (appropriate discipline/specialty)***
Criteria that were reviewed relating to the identified standard may or may not meet the expectations; but ***identified deficiencies if applicable, do not meet the conditions for issuing a REPORT OF UNMET STANDARDS OR CRITERIA. Recommendations were discussed to enhance the quality of the care, programs and services provided to the residents.***	***Criteria reviewed relating to the identified standard may or may not meet the expectations.*** ***Criteria that were reviewed indicate the need for other expertise to determine compliance or to provide more in-depth review and assistance.*** ***A REPORT OF UNMET STANDARD OR CRITERIA may or may not be issued.***

FACILITY REVIEW SUMMARY REPORT

Long-Term Care Facility: Providence health care – Houses of Providence

Date of Review: February 19, 20, 21, 22, 25, 26, 28, 2008

Type of Review: Annual Review

Updates of any care, programs and services being provided by the facility:

All or some criteria related to the following standards were reviewed. Comments in the right column reflect the status of the standards at the time of the review AND ARE BASED ONLY ON CRITERIA THAT WERE REVIEWED. Conclusions are based on observations and reviews of a selected sample of residents.

STANDARD	COMMENTS
Resident Safeguards	
There are mechanisms in place to promote and support residents' rights, autonomy, and decision-making.	Standard met. Discussion held regarding the need to ensure resident rights are promoted including the right to have his or her medical records kept confidential in accordance with the law. Personal care records observed to be left out in common areas. Discussion held regarding the need to ensure that residents in physical restraints be repositioned at least every 2 hours. An identified resident was not repositioned within 2 hours. Discussion held regarding the need to ensure that restraint use be documented for the period it is in use. Restraint monitoring sheets not completed appropriately.

STANDARD	COMMENTS
There is a facility-specific written admission agreement in place to delineate the accommodation, care, services, programs and goods that will be provided to the resident and, the obligations of the resident with respect to their responsibilities and payment for service.	Standard met.
Resident Care and Services	
Each resident's needs for care and services are determined with the resident/representative through an interdisciplinary assessment process.	Standard met.
Each resident's care and services are planned with the resident/representative through an inter-disciplinary planning process.	Standard not met. B 2.4 Issued. Each residents' plan of care shall reflect his/her current strengths, abilities, preferences, needs, goals, safety/security risks, and decisions including advanced directives provided by the resident or any substitute decisions provided by the lawfully authorized person. The plan of care shall give clear direction to staff providing care. Several identified resident care plans lacked current information. Examples discussed with the home.

STANDARD	COMMENTS
Each resident receives care and services consistent with his/her plan of care and with residents' rights outlined in the Bill of Rights, and the *Health Care Consent Act* and the *Substitute Decisions Act.*	**Standard met.** **Discussion held regarding the need to ensure that those residents who are at nutritional risk have food and fluids monitored and that steps are taken to address problems.** **Residents shall receive nutritional care according to assessed needs.** **Identified residents did not receive supplements as prescribed.** **Supplement consumption was not documented.** **Discussion held regarding the need to ensure that residents receive a bath or shower by the method of his/her choice at least 2 times per week. The home is encouraged to ensure that baths are documented appropriately.**
There is ongoing monitoring and evaluation of each resident's care, services and care outcomes.	**Standard met.**
All significant information about each resident is documented in his/her record.	**Standard met.**
Nursing Services	
There is an organized program of nursing services to meet residents' nursing and personal care needs, consistent with the professional standards of practice of the College of Nurses of Ontario.	**Standard met.** **Discussion held regarding the need to administer medications as prescribed by the physician.** **Identified resident missed morning medication dose.**

STANDARD	COMMENTS
Staff Education	
There is an organized orientation program that responds to the learning needs of new staff.	Standard met.
There is an organized in-service education program that responds to the assessed learning needs of staff.	Standard met.
Recreation and Leisure Services	
There are recreation and leisure services organized to provide age-appropriate recreation, leisure, and education opportunities based on and responsive to the abilities, strengths, needs, interests and former lifestyle of the residents.	Standard met.
Social Work Services	
There is an organized program of social work services, or arrangements are made to access available social work services to meet residents' psychosocial needs.	Standard met.
Spiritual and Religious Program	
There is an organized spiritual and religious care program to respond to the spiritual and religious needs and interests of the residents.	Standard met.
Therapy Services	
There is an organized program of therapy services or arrangements made to access available therapy services to meet residents' identified therapy needs.	Standard met.

STANDARD	COMMENTS
Volunteer Services	
There is an organized program of volunteer services.	Standard met.
Other Approved Programs	
Other programs/services provided by the facility are organized to provide services to respond to residents' identified needs/preferences.	Standard met.
Facility Organization and Administration	
The program and resources of the facility are organized to effectively manage the facility and each of its programs and services, in keeping with Ministry Acts Regulations, Policies and Directives.	Standard met.
There is a comprehensive, co-ordinated, facility-wide, program for monitoring, evaluating and improving the quality of accommodation, care, services, programs and goods provided by the facility.	Standard met.
There are co-ordinated risk management activities designed to reduce and control actual or potential risks to the safety, security, welfare and health of individuals or to the safety and security of the facility.	Standard not met. M 3.23 Issued. All staff shall participate in the facility-wide infection control program and shall be made aware of and practice measures to prevent or minimize the spread of infection. Clean uncovered care carts were left in resident rooms. Soiled linen and personal laundry carts were stored in resident rooms.

STANDARD	COMMENTS
There is an organized system of records management which includes the components of collection, access, storage, retention and destruction of records.	Standard met.
Medical Services	
Medical services are organized to meet residents' medical needs, including assessment, planning and provision of residents' individualized medical care, consistent with professional standards of practice.	Standard met.
Environmental Services	
Environmental services are organized to provide a safe, comfortable, clean, well-maintained environment for residents, staff and visitors.	Standard met.
The facility, including furnishings and equipment, is maintained.	Standard met.
The facility, including furnishings and equipment, is kept clean.	Standard met.
Laundry services are organized to meet the linen and personal clothing needs of residents.	Standard met.

STANDARD	COMMENTS
Dietary Services	
There is an organized program of dietary services to respond to residents' nutritional care needs and to provide safe, personally acceptable, nutritious food to residents.	Standard met. Discussion held regarding the need to ensure that food is prepared and served following standardized food service practices in a manner that preserves appearance and palatability. Observed staff pouring protein powder onto a resident's soup without mixing.
Diagnostic Services	
The facility makes arrangements for diagnostic services to meet residents' needs as ordered by the residents' physicians.	Standard met.
Pharmacy Services	
There is an organized program for the provision of pharmacy services to meet the residents' identified needs.	Standard met.
There is an organized interdisciplinary pharmacy and therapeutics committee responsible for directing the facility's pharmacy program and services.	Standard met.
The prescription ordering and transmission of orders support the safe provision of drugs to residents.	Standard met.

STANDARD	COMMENTS
The pharmacy service provides for the accurate, safe dispensing of prescription drugs and biologicals to meet residents' identified medication requirements.	Standard met.
A system of records for receipt and disposition of all drugs received by the facility is maintained in sufficient detail to enable accurate tracking, reconciliation and auditing, in accordance with applicable legislation.	Standard met.
All drugs and biologicals are stored under proper conditions of sanitation, temperature, light, humidity and security.	Standard met.
Disposal of drugs is in accordance with established Ministry policy.	Standard met.
There is a system for immediate reporting of each medication error and adverse drug reaction, with specific follow-up action to be taken.	Standard met.

Home: c554 /Visit: 2

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
C554	PROVIDENCE HEALTHCARE 3276 ST. CLAIR AVENUE EAST SCARBOROUGH ON M1L 1W1	Annual Annual 2008	Nursing	2008/02/19 Number of Days 7	1 of 7

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
M3.23	The following areas of unmet standards/criteria were issued during the 2008 Annual Review and will be followed up. All staff shall participate in the facility wide infection control program and shall be made aware of and practice measures to prevent or minimize the spread of infection. This criterion was not met as evidenced by: • Clean uncovered care carts left in resident rooms throughout the building • Soiled linen and personal laundry carts stored in resident bedrooms	2008/05/31	Immediate Action: by March 5, 2008 During the dates of the compliance review, nursing staff were reminded by the Resident Program Managers to place carts in appropriate utility rooms on resident home areas when the carts are not in use. The Resident Program Managers have added this issue as an item to address during daily rounds, and will immediately reinstruct staff if a problem is noted. A memo to nursing staff was developed by the Administrator for posting in staff rooms and at nursing stations, reminding staff to secure care carts when not in use. March 5, 2008: The Administrator shared the compliance review report with all of the registered staff at their weekly meeting (day and evening shifts), and went over the findings, observations and respective corrective action plans for all of the issues in the report, with a request to monitor practice on the resident home areas and remind resident assistants to put carts away if noted as left unattended. Short Term Action: by March 31, 2008	2008/03/31	Accepted

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C554	PROVIDENCE HEALTHCARE 3276 ST. CLAIR AVENUE EAST SCARBOROUGH ON M1L 1W1	Annual Annual 2008	Nursing	2008/02/19 Number of Days 7	2 of 7

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			The Resident Program Managers (by assigned home areas) will reinstruct resident assistants on expected practice, and will focus on cart storage during daily rounds to ensure carts are stored appropriately until satisfactory practice is assured, with immediate reminder to both resident assistants and registered staff if problems are noted. Long-Term Action: On-going The Administrator, Resident Program Managers and registered staff will continue to monitor as part of their regular rounds. The Resident Program Managers are responsible for ensuring compliance on their assigned floors/units, working in collaboration with the registered staff. Immediate verbal instruction will be given to staff if cart is found left unattended, and if problems continue to be noted, verbal instruction will be supported by progressive disciplinary measures if needed. Responsibility: Administrator (immediate actions) Resident Program Managers Registered Staff		
B2.4	Each resident's plan of care shall reflect his/her	2008/05/31	Immediate Action: by March 5, 2008	2008/03/31	Accepted

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	current strengths, abilities, preferences, needs, goals, safety/security risks, and decisions including advance directives provided by the resident or any substitute decisions provided by the lawfully authorized person. The plan of care shall give clear directions to staff providing care. This criterion was not met as evidenced by: • An identified resident had a care plan that was not updated for an injury that had occurred over 2 years ago. • Care plan for identified resident lacked clarity in terms of ability to toilet. • Care plans lacking descriptive details for problems for identified residents with wounds and pain. • Bedtime routines not documented on plan of care. • Residents using own continence products not documented on care plan. • Identified resident care plan not updated to include progression of terminal illness. • Care plan not updated for resident after hospitalization.		The care plans for the identified residents were reviewed and updated accordingly to ensure the correct information is in the respective care plans; completed by the registered staff in collaboration with the Resident Program Manager for the affected resident home areas. March 5, 2008: The Administrator shared the compliance review report with all of the registered staff at their weekly meeting (day and evening shifts), and went over the findings, observations and respective corrective action plans for all of the issues in the report, explaining that all care plans will be reviewed and updated as applicable as part of the quarterly review process. Short Term Plan: by May 30, 2008 An organized approach will be taken for review and updating of all care plans over the next three months, using the established quarterly review schedule. Over a three month time frame, all care plans will be reviewed by the registered staff and other assigned members of the multidisciplinary care team, with updates and revisions to ensure care plans (and respective interventions) are current, complete and available for reference by staff of the care		

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			team. The Resident Program Managers will monitor the quarterly schedule for completion of the care plan review, and will continue to audit care plans using the established nursing audit forms and protocols, with immediate reinstruction to staff and respective corrective action taken if a problem is noted. Long-Term Action Plan: on-going Starting this year, the Houses of Providence will be implementing the RAI - MDS system for resident assessments, with all registered staff participating. This change will drive the format, requirements and time frames for care planning. A RAI Coordinator has been appointed for the Houses (one of the Houses' long-standing registered staff) and one of the Resident Program Managers is the assigned lead for the MDS project. On a go forward basis, care plans will use the MDS assessment information and will be consistent with the MDS model. Responsibility: Resident Program Managers Registered Staff		
N/A	The following observations/discussions				

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response

occurred during the 2008 Annual Review and will be followed up.

1. Discussion held regarding the need to ensure resident rights are promoted including the right to have his or her medical records kept confidential in accordance with the law [A 1.11 (6 iv)]. Personal care records of resident's observed to be left out in common areas on several different care units.

2. Discussion held regarding the need to administer medications as prescribed by the physician (C 1.17). Identified residents missed 0800 dose of medications.

3. Discussion held regarding the need to ensure that residents who are at nutritional risk have food and fluids monitored and steps taken to address problems. Residents shall receive nutritional care according to his/her assessed needs and measure shall be taken to identify and address problems related to nutrition (B 3.25, & B 3.23). Several identified resident on therapeutic supplements did not have appropriate documentation to determine if supplements were consumed. Supplements for identified residents found not consumed

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response

and or dated from previous day. It is recognized that the home is implementing a new process for supplement and nourishment tracking beginning March 17, 2008 on first floor.

4. Discussion held regarding the need to ensure that residents in physical restraints be repositioned at least every 2 hours (A 1.19). An identified resident was not repositioned for greater than 3 hours.

5. Discussion held regarding the need to ensure that restraint used be documented for the period it is in use. At minimum, there shall be a record of the time of application and removal as well as the resident's response (A 1.18). Restraint monitoring sheets not indicating interventions of repositioning, releasing the restraint and checking the resident hourly.

6. It was observed during the review that staff poured protein powder on top of food of identified residents who objected to the appearance. The home is encouraged to review this practice and ensure that food is prepared and served following standardized food service practices in a manner that

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response

preserves flavor, colour, texture, appearance and palatability (P 1.14).

7. Discussion occurred related to the need to ensure that baths/showers are given to each resident at a minimum of 2 times per week by the method of his/her choice. The home is further encouraged to ensure that documentation is completed (B3.39).