Ontario

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 sous la Loi de 2007 sur les foyers de soins de longue durée

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 conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11iém étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 17, 2013	2013_191107_0007	H-000218-13	Complaint

Licensee/Titulaire de permis

UNGER NURSING HOMES LIMITED
312 Queenston Street, St. Catharines, ON, L2P-2X4

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

TUFFORD NURSING HOME
312 Queenston Street, St Catharines, ON, L2P-2X4

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

MICHELLE WARRENER (107)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): May 14, 2013

During the course of the inspection, the inspector(s) spoke with Residents, front line nursing and dietary staff, Registered nursing staff, the Director of Care, and the Administrator

During the course of the inspection, the inspector(s) observed the breakfast meal service in the large dining room, tray service, the morning snack pass, call bell response time, and pest management service records

The following Inspection Protocols were used during this inspection:

Dining Observation

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 O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 33(1)]
Documentation and resident interview did not reflect that all residents of the home were bathed, at a minimum, twice a week by the method of their choice.
a) Documentation did not reflect two baths per week for resident #003 in February 2013.
February 6-13 (7 days)
Documentation did not reflect that the resident refused their second bath and the resident stated they did not always receive their baths as required due to staffing shortages.
b) Documentation did not reflect two baths per week for resident #001 in January, February, March and May, 2013.
January 4 -11 (7 days)
January 11-23 (12 days)
February 1-8 (7 days)
March 6-13 (7 days)
May 4-13 (9 days)
Documentation on the resident's flow sheets did not identify the resident refused during this time.
c) Documentation did not reflect two baths per week for resident #002 in February, March, and May, 2013.
February 21-28 (7 days)
March 23-30 (7 days)
May 5-14 (9 days)
The resident was not sure when their last bath was when asked by the inspector.
d) Documentation did not reflect two baths per week for resident #007 in January and February 2013.
January 16-23 (7 days)
February 1-8 (7 days)
e) Documentation did not reflect two baths per week for resident #008 in February 2013.
February 7-14 (7 days) [s. 33. (1)]

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 ensuring that residents are bathed, at a minimum, twice weekly by a method of their choice and that documentation reflects that the two baths were offered/provided, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
4. Monitoring of all residents during meals. O. Reg. 79/10, s. 73 (1).

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).

s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. [O.Reg. 73(1)4]
Residents were not monitored during the breakfast meal in the dining room on May 14, 2013. The dining room was left unattended (no staff around) while residents were being assisted to the dining room. Beverages had been placed on all tables prior to the start of the meal and residents were drinking beverages while unattended in the dining room. One resident was noted to be coughing while drinking the beverages. [s. 73. (1) 4.]

2. [O.Reg. 79/10, s. 73(1)6]
Not all food and fluids were served at a temperature that was palatable to the residents. Three trays were portioned for residents eating in their rooms during the breakfast meal service May 14, 2013. Hot cereal, toast/pureed toast, milk, juice, and water, were portioned onto trays on a cart and then the cart was taken through the home to the residents' rooms. The trays and foods were not covered to help maintain the food temperatures and to prevent contamination. One of the residents voiced concerns to the inspector about cold food when asked how their breakfast was. The other two residents were not able to voice their preferences to the inspector. [s. 73. (1) 6.]

3. [O.Reg. 79/10, s. 73(2)(b)]
Beverages were placed on all tables prior to meal service. All residents, including those who required assistance with eating and drinking, had their beverages placed at their table prior to assistance being available. [s. 73. (2) (b)]

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 s. 73(1)4, 73(1)6, and s. 73(2)(b), to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) 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 applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 8(1)(b)]
The home's policy related to meal service was not followed at the breakfast meal May 14, 2013, in the large dining room. Meal service was planned for 0830 hours, however, did not begin until 0900 hours. Two residents and staff voiced concerns about not having the breakfast meal begin on time. Staff interview identified changing job routines as a contributing factor which the home was still in the process of adjusting.
In one dining room, a resident wasn't brought to the dining room until most of the other residents had finished their meal and a resident voiced concerns about this to the inspector. [s. 8. (1) (b)]

Issued on this 17th day of July, 2013

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

M Warrener, RD