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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 24, 2013	2013_202165_0018	L-000811-13	Complaint

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

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

THE VILLAGE OF RIVERSIDE GLEN
60 WOODLAWN ROAD EAST, GUELPH, ON, N1H-8M8

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

TAMMY SZYMANOWSKI (165)

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): October 17, 21, 2013

During the course of the inspection, the inspector(s) spoke with General Manager, Assistant General Manager, Interim Director of Care (DOC), Registered Practical Nurse (RPN), Personal Support Workers (PSW), Registered Dietitian, residents

During the course of the inspection, the inspector(s) reviewed clinical health records, policies and procedures

The following Inspection Protocols were used during this inspection:
Nutrition and Hydration

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. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. Previously issued as VPC October 16, 2013, issued as VPC January 2013, issued as VPC October 19, 2012.
The licensee did not ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.
A) The Nutrition and Hydration flow sheet for resident #001 was not completed for the months of August and September 2013.
There were 22 meals and 31 nourishment times that were not documented by staff for the month of August 2013 and 8 meals and 11 nourishment times that were not documented by staff for the month of September 2013.
B) The Nutrition and Hydration flow sheet for resident #002 had 6 meals and 9 nourishment times that were not documented by staff from October 1 to 16, 2013.
C) The Nutrition and Hydration flow sheet for resident #003 had 8 meals and 11 nourishment times that were not documented by staff from October 1 to 16, 2013.
D) The Registered Dietitian confirmed that assessments of residents food and fluid intake can not always be accurately completed as a result of missing documentation on the Nutrition and Hydration flow sheets.
E) Resident #001 was transferred to hospital in September 2013. The last progress note in the clinical health record completed by the RN included the resident's vitals and stated that the resident was lethargic. The next note by the RPN sixteen hours later hours indicated the resident was admitted to hospital. There was no documentation in the clinical health record of the changes in condition prior to the resident being transferred. There was no documentation of an assessment, reassessment, interventions or the resident's response to any interventions documented in the resident's clinical health record prior to transfer. [s. 30. (2)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee did not ensure that resident #001 was reassessed and the plan of care reviewed and revised when the resident's care needs change.
A) The resident returned from hospital in September 2013, with oxygen applied. Progress note by the Physician one week later indicated the resident still required the oxygen. The residents plan of care was not updated to reflect the change in care needs including the use of oxygen when reviewed October 17, 2013. [s. 6. (10) (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 to ensure that residents are reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, 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. The licensee did not ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.
The home did not comply with their Nutrition and Hydration policy dated April 2013. The procedure indicated that any resident who had a fluid intake less than their estimated fluid requirements would be reported to the oncoming RPN/RN so that interventions can be initiated. The RPN/RN would assess signs and symptoms of dehydration using the Dehydration Risk Assessment Tool and ensure the request for nutrition consultation was initiated. The extra fluids consumed by the resident were to be documented by the RPN/RN at medication pass on the Daily Additional Fluids Chart.
A)Resident #001's Nutrition and Hydration Flow sheet for September 2013, indicated that they consumed less than their fluid requirement for 16 out of 17 days. The RD stated that the expectation was for staff to initiate a referral for further assessment however; no referral was received. There was no assessment for signs and symptoms of dehydration using the Dehydration Risk Assessment Tool and there was no Daily Additional Fluids chart initiated. The resident was admitted to hospital and required IV fluids related to dehydration.
B) Resident #003's Nutrition and Hydration Flow sheet for October 2013, indicated that they consumed less than their fluid requirement for 11 out of 11 days. The RD stated that the expectation was for staff to initiate a referral for further assessment however; no referral was received. [s. 8. (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 to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 81. Every licensee of a long-term care home shall ensure that no medical directive or order is used with respect to a resident unless it is individualized to the resident's condition and needs. O. Reg. 79/10, s. 81.

Findings/Faits saillants :

1. The licensee of the long term care home did not ensure that a medical directive or order was used with respect to a resident unless it was individualized to the resident's condition and needs.
A) The Interim DOC indicated that the homes medical directive included a standing order for oxygen which could be applied at two litres/minute. Resident #001 returned from hospital in September 2013, with the use of oxygen. After review of the clinical health record it was revealed that there was no individualized standing order for oxygen and no physicians order for the application of oxygen for this resident. The Physician's note one week later indicated the resident still required the use of the oxygen. The resident was observed October 17, 2013, to have the oxygen applied. The DOC confirmed there was no medical directive or order that was individualized for the resident's needs. [s. 81.]

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Issued on this 31st day of October, 2013

[redacted]

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

Tammy Szymanowski