
VOLUME 5(A) –ADDENDUM - CHRONOLOGY:

MINISTRY OF HEALTH AND LONG-TERM CARE
INSPECTIONS OF TELFER PLACE,
JANUARY – JUNE 2016

September 6, 2018

SUMMARY

This addendum to Volume 5(A) of the Ministry of Health and Long-Term Care Overview Report includes details of three inspections conducted at Telfer Place (TP) in the winter and spring of 2016, including the 2016 Resident Quality Inspection (RQI). These inspections were inadvertently omitted from the earlier volume of the Overview Report. Although EW had continued to work at TP through April 2016, the review of inspections had previously ended in 2015.

	DATE	EVENT
1.	January 26, 2016	An anonymous complaint is received at CIATT about issues relating to staffing and care of residents at TP. In particular, the complainant alleges that residents are not getting out of bed until noon; that staff are not being replaced when they call in sick; and that there is insufficient linen in the home. Triage Inspector Melinda Turner assigns this for inspection with a 120-day timeframe. It is later inspected as part of TP Complaint Inspection #2016_267528_0012 .
2.	January 27, 2016	Inspector Bernadette Susik attends TP to conduct TP Follow Up Inspection #2016_189120_003 for an order relating to bed safety that had been issued during TP Follow Up Inspection #2015_181920_0062 . During the course of her inspection, Inspector Susik speaks with the Executive Director, the ADOC, and the Maintenance Manager. She also tours the home; observes four residents in beds, reviews their care plan and clinical assessments for bed rail use, and reviews the bed system safety audit for entrapment risks. She determines that the conditions in the order are now met. She issues her Inspection Report that same day with no findings of non-compliance. On this same day, Inspectors Cynthia DiTomasso, Dianne Barsevich, and Leah Curie meet to prepare off-site for the 2016 Resident Quality Inspection at TP.

DATE	EVENT
3. January 28, February 2-5, 8, 9, 2016	<p>Inspectors DiTomasso, Barsevich and Curie attend TP for the purpose of TP RQI Inspection #2016_267528_0003. The Inspection is conducted concurrently with Complaint Inspections relating to staffing; medication administration; infection prevention and control; and dietary and therapy services. Critical Incidents related to a fall, responsive behaviours and two follow ups were also conducted concurrently with the RQI.</p> <p>During the course of the inspection, the Inspectors speak with the Executive Director, the DOCs, a program aide, the RAI Coordinator/ADOC, the food service manager, a registered dietician, the environmental services manager, a physiotherapist and physiotherapy assistant, the regional manager of clinical services, RNs, RPNs, PSWs, the cook, dietary aides, residents, and families. The Inspectors tour the home, observe the provision of care and services, and review relevant documentation.</p> <p>The Inspectors make multiple findings of non-compliance during the course of the RQI.</p>
4. March 8, 2016	<p>Both the Inspection and Orders Report are issued for TP RQI Inspection #2016_267528_0003 with the following findings of non-compliance:</p> <ol style="list-style-type: none"><li data-bbox="532 1052 1511 1373">(1) Failing to comply with s. 6 LTCHA, requiring the licensee to ensure that there is a written plan of care for each resident; that the plan of care sets out clear directions to staff and others; that the plan of care is based on an assessment of the resident and their needs; that care is provided to the resident as specified in the plan; and that the care plan is reviewed and revised at least every six months or as needed. A CO is issued in relation to this finding.<li data-bbox="532 1409 1511 1625">(2) Failing to comply with s. 69 O. Reg. 79/10, requiring the licensee to ensure that residents with particular weight changes are assessed using an interdisciplinary approach; that actions are taken where necessary; and that outcomes are evaluated. A CO is issued in relation to this finding.<li data-bbox="532 1661 1511 1869">(3) Failing to comply with s. 72 O. Reg. 79/10, requiring the licensee to ensure that the food production system provides for a minimum 3-day supply of nutritional supplements, enteral or parenteral formulas as applicable; and that all foods are prepared, stored, and served to preserve taste, nutritional value, appearance and food quality.

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	<p>A CO is issued in relation to this finding.</p>
(4)	<p>Failing to comply with s. 131 O. Reg. 79/10, requiring the licensee to ensure that no person other than a physician, dentist, RN or RPN administer drugs to a resident in the home. This finding was issued in relation to an evening medication pass where the Executive Director, who was not registered with the College of Nurses, had administered medications to residents.</p>
	<p>A CO is issued in relation to this finding.</p>
(5)	<p>Failing to comply with s. 8 O. Reg. 79/10, requiring the licensee to ensure that the home's procedure relating to interdisciplinary hydration strategies be complied with.</p>
	<p>A VPC is issued in relation to this finding.</p>
(6)	<p>Failing to comply with s. 31 O. Reg. 79/10, requiring the licensee to ensure that the home's staffing plan provide for a staffing mix that is consistent with the residents' assessed care and safety needs and meets the requirements set out in the Act and Regulation.</p>
	<p>A VPC is issued in relation to this finding.</p>
(7)	<p>Failing to comply with s. 33 O. Reg. 79/10, requiring the licensee to ensure that each resident of the home is bathed at a minimum twice a week.</p>
	<p>A VPC is issued in relation to this finding.</p>
(8)	<p>Failing to comply with s. 49 O. Reg. 79/10, requiring the licensee to ensure that when a resident has fallen, a post-fall assessment is completed using a clinically appropriate assessment instrument; and the ready availability of equipment, supplies, devices and assistance aids for falls prevention and management program.</p>
	<p>A VPC is issued in relation to this finding.</p>
(9)	<p>Failing to comply with s. 54 O. Reg. 79/10, requiring the licensee to ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents.</p>
	<p>A VPC is issued in relation to this finding.</p>
(10)	<p>Failing to comply with s. 73 O. Reg. 79/10, requiring the licensee to ensure that foods and fluids are served at a temperature that is</p>

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both safe and palatable to residents; that meals are served course by course for each resident; that **proper techniques are used to assist residents with eating**, including safe positioning of residents who require assistance; that no person simultaneously assist more than two residents who need assistance with eating or drinking; and that residents requiring assisting with eating or drinking not be served their meals until someone who can assist is available.

A **VPC** is issued in relation to this finding.

- (11) **Failing to comply with s. 90 O. Reg. 79/10**, requiring the licensee to ensure that procedures are developed and implemented to ensure that all **equipment, devices, assistive aids and positioning aids in the home are kept in good repair.**

A **VPC** is issued in relation this finding.

- (12) **Failing to comply with s. 129 O. Reg. 79/10**, requiring the licensee to ensure that **drugs are stored in an area or medication cart that is secure and locked.**

A **VPC** is issued in relation to this finding.

- (13) **Failing to comply with s. 221 O. Reg. 79/10**, requiring the licensee to ensure that **all direct care staff be provided with training** on falls prevention and management; on the use and potential dangers of Personal Service Assistive Devices (PASDs); and on responsive behaviours.

A **VPC** is issued in relation to this finding.

- (14) **Failing to comply with s. 229 O. Reg. 79/10**, requiring the licensee to ensure that **all staff participate in the implementation of the infection prevention and control program.**

A **VPC** is issued in relation to this finding.

- (15) **Failing to comply with s. 8 LTCHA**, requiring the licensee to ensure that there is **at least one RN who is both an employee of the licensee and a member of the regular nursing staff of the home on duty and present in the home at all times**, except as provided for in the Regulation.

- (16) **Failing to comply with s. 23 O. Reg. 79/10**, requiring the licensee to ensure that **staff use all equipment, supplies, devices, assistive**

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	<p>and positioning aids in the home in accordance with the manufacturers' instructions.</p> <p>(17) Failing to comply with s. 33 LTCHA, requiring the licensee to ensure that the use of a PASD is included in a resident's plan of care only if the requirements for doing so, as specified in the Act, are met.</p> <p>(18) Failing to comply with s. 39 O. Reg. 79/10, requiring the licensee to ensure that mobility devices are available at all times to residents who require them on a short-term basis.</p> <p>(19) Failing to comply with s. 50 O. Reg. 79/10, requiring the licensee to ensure that a resident exhibiting altered skin integrity be assessed by a registered dietician who is a member of the staff and any changes made to the plan of care related to nutrition and hydration implemented.</p> <p>(20) Failing to comply with s. 57 LTCHA, requiring the licensee respond in writing within ten days of receiving Residents' Council advice related to concerns or recommendations.</p> <p>(21) Failing to comply with s. 71 O. Reg. 79/10, requiring the licensee to ensure that the planned menu items are offered and available at each meal and snack.</p> <p>(22) Failing to comply with s. 85 LTCHA, requiring the licensee to seek the advice of the Family Council in developing and carrying out the satisfaction survey and in acting on its results.</p> <p>(23) Failing to comply with s. 233 O. Reg. 79/10, requiring the licensee to ensure that the record of every former resident of the home is retained by the licensee for at least ten years after being discharged from the home.</p>
5. March 18, 2016	A member of the TP staff approaches an Inspector completing a RQI at another LTC home to advise that staffing concerns have worsened at TP since the 2016 RQI was completed. This is assigned for inspection within a 30-day timeframe. It is later inspected as part of TP Complaint Inspection #2016_267528_0012.
6. June 13-15, 2016	Inspector Cynthia DiTomasso attends TP to conduct TP Complaint Inspection #2016_267528_0012 relating to staffing and accommodation services. While there, she speaks with the Executive Director, the DOC, the RAI Coordinator, RNs, RPNs, PSWs, housekeeping staff, recreation staff,

DATE	EVENT
	<p>and residents. She also observes the provision of care and services, and reviews documents.</p> <p>She makes multiple findings of non-compliance during the course of the inspection.</p>
7. June 23, 2016	<p>The Inspection Report is issued for TP Complaint Inspection #2016_267528_0012 with the following findings of non-compliance:</p> <ol style="list-style-type: none"><li data-bbox="532 615 1511 898">(1) Failing to comply with s. 31 O. Reg. 79/10, requiring the licensee to ensure that the home's staffing plan mix is consistent with the residents' assessed care and safety needs; promotes continuity of care; includes a back-up plan for nursing and personal care staffing to address situations where staff could not make it to work; and is evaluated and updated at least annually. <p>A VPC is issued in relation to this finding.</p><li data-bbox="532 936 1511 1115">(2) Failing to comply with s. 33 O. Reg. 79/10, requiring the licensee to ensure that each resident of the home is bathed, at a minimum, twice a week. <p>A VPC is issued in relation to this finding.</p><li data-bbox="532 1152 1511 1331">(3) Failing to comply with s. 229 O. Reg. 79/10, requiring the licensee to ensure that all staff participate in the implementation of the infection prevention and control program. <p>A VPC is issued in relation to this finding.</p><li data-bbox="532 1369 1511 1493">(4) Failing to comply with s. 89 O. Reg. 79/10, requiring the licensee to ensure that procedures are developed and implemented to ensure that residents' linens are changed at least once a week and more often as needed.

VOLUME 5(B) – ADDENDUM - SOURCE DOCUMENTS:

MINISTRY OF HEALTH AND LONG-TERM CARE INSPECTIONS OF TELFER PLACE, JANUARY – JUNE 2016

September 6, 2018

Event/Tab numbers correspond to numbered Events in the Chronology:

EVENT	SOURCE DOCUMENT	DOCUMENT NO.
1.	<ul style="list-style-type: none">• Long-Term Care Homes Inquiry and Intake Information, initially opened January 26, 2016	LTCI00041961
2.	<ul style="list-style-type: none">• Safe and Secure Home Inspection Protocol, completed during TP Follow Up Inspection #2016_181920_0003• Inspection Report, TP Follow Up Inspection #2016_181920_0003, Licensee Copy, dated January 27, 2016• Off-Site Preparation for RQI Plan, TP RQI Inspection #2016_267528_0003	LTCI00041687 LTCI00041683 LTCI00041804
3.	<ul style="list-style-type: none">• Accommodation Services – Maintenance Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003• Contenance Care and Bowel Management Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003• Contenance Care and Bowel Management Inspection Protocol 2 – completed during TP RQI Inspection #2016_267528_0003• Contenance Care and Bowel Management Inspection Protocol 3 – completed during TP RQI Inspection #2016_267528_0003• Contenance Care and Bowel Management Inspection Protocol 4 – completed during TP RQI Inspection #2016_267528_0003• Dining Observation Inspection Protocol - completed during TP RQI Inspection #2016_267528_0003• Falls Prevention Inspection Protocol - completed during TP RQI Inspection #2016_267528_0003• Falls Prevention Inspection Protocol 2 - completed during TP RQI Inspection #2016_267528_0003• Falls Prevention Inspection Protocol 3 - completed during TP RQI Inspection #2016_267528_0003	LTCI00041709 LTCI00041725 LTCI00041726 LTCI00041727 LTCI00041728 LTCI00041744 LTCI00041755 LTCI00041756 LTCI00041756 LTCI00041758

EVENT	SOURCE DOCUMENT	DOCUMENT NO.
	• Family Council Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003	
	• Hospitalization and Change in Condition Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003	LTCI00041773
	• Hospitalization and Change in Condition Inspection Protocol 2 – completed during TP RQI Inspection #2016_267528_0003	LTCI00041774
	• Infection Prevention and Control Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003	LTCI00041776
	• Infection Prevention and Control Inspection Protocol 2 – completed during TP RQI Inspection #2016_267528_0003	LTCI00041777
	• Infection Prevention and Control Inspection Protocol 3 – completed during TP RQI Inspection #2016_267528_0003	LTCI00041778
	• Medication Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003	LTCI00041795
	• Minimizing of Restraining Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003	LTCI00041796
	• Minimizing of Restraining Inspection Protocol 2 – completed during TP RQI Inspection #2016_267528_0003	LTCI00041797
	• Minimizing of Restraining Inspection Protocol 3 – completed during TP RQI Inspection #2016_267528_0003	LTCI00041798
	• Nutrition and Hydration Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003	LTCI00041817
	• Nutrition and Hydration Inspection Protocol 2 – completed during TP RQI Inspection #2016_267528_0003	LTCI00041818
	• Nutrition and Hydration Inspection Protocol 3 – completed during TP RQI Inspection #2016_267528_0003	LTCI00041819
	• Nutrition and Hydration Inspection Protocol 4 – completed during TP RQI Inspection #2016_267528_0003	LTCI00041820
	• Personal Support Services Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003	LTCI00041825
	• Personal Support Services Inspection Protocol 2 – completed during TP RQI Inspection #2016_267528_0003	LTCI00041826
	• Personal Support Services Inspection Protocol 3 – completed during TP RQI Inspection #2016_267528_0003	LTCI00041827
	• Personal Support Services Inspection Protocol 4 – completed during TP RQI Inspection #2016_267528_0003	LTCI00041828
	• Personal Support Services Inspection Protocol 5 – completed during TP RQI Inspection #2016_267528_0003	LTCI00041829
	• Personal Support Services Inspection Protocol 6 – completed during TP RQI Inspection #2016_267528_0003	LTCI00041830

EVENT	SOURCE DOCUMENT	DOCUMENT NO.
	<ul style="list-style-type: none"> Personal Support Services Inspection Protocol 7 – completed during TP RQI Inspection #2016_267528_0003 	LTCI00041831
	<ul style="list-style-type: none"> Residents’ Council Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003 	LTCI00041897
	<ul style="list-style-type: none"> Responsive Behaviours Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003 	LTCI00041898
	<ul style="list-style-type: none"> Skin and Wound Care Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003 	LTCI00041927
	<ul style="list-style-type: none"> Snack Observation Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003 	LTCI00041928
	<ul style="list-style-type: none"> Sufficient Staffing Inspection Protocol – completed during TP RQI Inspection #2016_267528_0003 	LTCI00041932
	<ul style="list-style-type: none"> Ad Hoc Notes of Inspector DiTomasso - completed during TP RQI Inspection #2016_267528_0003 	LTCI00041712
	<ul style="list-style-type: none"> Ad Hoc Notes of Inspector Barsevich - completed during TP RQI Inspection #2016_267528_0003 	LTCI00041710
	<ul style="list-style-type: none"> Ad Hoc Notes of Inspector Curie - completed during TP RQI Inspection #2016_267528_0003 	LTCI00041711
	<ul style="list-style-type: none"> Judgment Matrix Report, completed during TP RQI Inspection #2016_267528_0003 	LTCI00041803
4.	<ul style="list-style-type: none"> Inspection Report, TP RQI Inspection #2016_267528_0003, Licensee Copy, dated March 8, 2016 	LTCI00041779
	<ul style="list-style-type: none"> Order Report, TP RQI Inspection #2016_267528_0003, Licensee Copy 	LTCI00041823
5.	<ul style="list-style-type: none"> Long-Term Care Homes Inquiry and Intake Information, initially opened March 23, 2016 	LTCI00041960
6.	<ul style="list-style-type: none"> Sufficient Staffing Inspection Protocol, completed during TP Complaint Inspection #2016_267528_0012 	LTCI00041999
7.	<ul style="list-style-type: none"> Inspection Report, TP Complaint Inspection #2016_267528_0012, Licensee Copy, dated June 23, 2016 	LTCI00041965