



Public Service Committee as Committee of Management for the Elliott

Council Chambers, City Hall, 1 Carden Street

Monday, June 1, 2015
Immediately following the Public Services Committee Meeting

Please turn off or place on non-audible all cell phones, PDAs, Blackberrys and pagers during the meeting.

DISCLOSURE OF PECUNIARY INTEREST AND GENERAL NATURE THEREOF

CONFIRMATION OF PROCEEDINGS FROM PREVIOUS COMMITTEE OF MANAGEMENT FOR THE ELLIOTT MEETINGS

- February 5, 2015 open meeting minutes

CONSENT AGENDA

"The attached resolutions have been prepared to facilitate Committee's consideration of the various matters and are suggested for consideration. If Committee wishes to address a specific report in isolation of the Consent Agenda, please identify the item. The item will be extracted and dealt with immediately. The balance of the Consent Agenda can be approved in one resolution."

COMMITTEE OF MANAGEMENT CONSENT AGENDA			
ITEM	CITY PRESENTATION	DELEGATIONS (maximum of 5 minutes)	TO BE EXTRACTED
CME-2015.2 Quarterly Update on the Elliott Long Term Care Residence	Trevor Lee, Chief Executive Officer, The Elliot Community		✓
CME-2015.3 Ministry of Health and Long-Term Care Resident Quality Inspection Report	Trevor Lee, Chief Executive Officer, The Elliot Community		✓

Resolution to adopt the balance of the Committee of Management Consent Agenda.

ITEMS EXTRACTED FROM CONSENT AGENDA

Once extracted items are identified, they will be dealt with in the following order:

- 1) delegations (may include presentations)
- 2) staff presentations only
- 3) all others.

ADJOURNMENT



Public Services Committee
Meeting as Committee of Management for the Elliott
City Hall Council Chambers
Thursday, February 5, 2015 at 3:30 p.m.

Attendance

Members: Chair Downer Councillor Billings
Mayor Guthrie Councillor Gordon

Absent: Councillor Van Hellemond

Councillors: Councillor Bell
 Councillor Hofland

Staff: Mr. D. Thomson, Deputy CAO, Public Services
 Ms. B. Powell, General Manager of Community Engagement
 Ms. J. Surgeoner, Acting Manager of Financial Reporting & Accounting
 Ms. D. Jaques, Manager of Legal & Realty Services/City Solicitor
 Mr. S. O'Brien, City Clerk
 Ms. D. Black, Council Committee Coordinator

Others Present: Mr. T. Lee, CEO of the Elliott

Call to Order (3:30 p.m.)

Chair Downer called the meeting to order.

Disclosure of Pecuniary Interest and General Nature Thereof

There were no disclosures.

Confirmation of Minutes

1. Moved by Mayor Guthrie
 Seconded by Councillor Billings

That the January 26, 2015 open meeting minutes of the Public Services Committee as the Committee of Management for the Elliott be confirmed as recorded.

VOTING IN FAVOUR: Mayor Guthrie, Councillors Billings, Downer and Gordon (4)

VOTING AGAINST: (0)

CARRIED

Consent Agenda

CME-2015.1 Implementation of The Elliott Long-Term Care Residence as the City of Guelph's Municipal Home

Ms. Barbara Powell, General Manager, Community Engagement, provided introductory comments regarding the item before the Committee.

It was requested that the clauses be voted on separately.

2. Moved by Councillor Billings
 Seconded by Mayor Guthrie

That the Terms of Reference for the Committee of Management, be approved.

VOTING IN FAVOUR: Mayor Guthrie, Councillors Billings, Downer and Gordon (4)

VOTING AGAINST: (0)

CARRIED

Discussion ensued regarding the variance between the projected costs and the budget being presented at this time.

Mr. Derrick Thomson, Deputy CAO – Public Services, advised the difference resulted from a best practice financing review that led to utilizing better financial tools and providing time to find future efficiencies.

It was asked whether the "*The Elliott Act*" legislates a municipality is required to pay for capital funding.

Ms. Donna Jaques, Manager of Legal & Realty Services/City Solicitor, provided clarity regarding the City's obligations according to the "*Long Term Health Care Act*" and "*The Elliott Act*".

Questions also arose regarding amortization, the capitalization policy and reserve funding.

Ms. Jade Surgeoner, Acting Manager of Financial Reporting & Accounting and Mr. Trevor Lee, CEO of the Elliott, explained the amortization standard, the capitalization policy, reserve funding plans, facility costs, purchased services and the financing fees.

3. Moved by Councillor Gordon
 Seconded by Mayor Guthrie

That a recommendation be made to City Council that The Elliott Long-Term Care Residence operating budget of \$1,136,900 for the period of February 1 to December 31, 2015, be approved.

VOTING IN FAVOUR: Mayor Guthrie, Councillors Downer and Gordon (3)

VOTING AGAINST: Councillor Billings (1)

CARRIED

4. Moved by Mayor Guthrie
Seconded by Councillor Gordon

That a recommendation be made to City Council that The Elliott Long-Term Care Residence capital budget of \$194,300 for the period of February 1 to December 31, 2015, be approved.

VOTING IN FAVOUR: Mayor Guthrie, Councillors Billings, Downer and Gordon (4)

VOTING AGAINST: (0)

CARRIED

5. Moved by Councillor Gordon
Seconded by Councillor Billings

That the current Administrator be appointed as Administrator of The Elliott Long-Term Care Residence.

VOTING IN FAVOUR: Mayor Guthrie, Councillors Billings, Downer and Gordon (4)

VOTING AGAINST: (0)

CARRIED

Staff clarified the parameters of the authority they have regarding the Long-Term Services Agreement.

6. Moved by Councillor Gordon
Seconded by Mayor Guthrie

That the Long-Term Services Agreement between the City and The Elliott be received for information.

VOTING IN FAVOUR: Mayor Guthrie, Councillors Downer, and Gordon (3)

VOTING AGAINST: Councillor Billings (0)

CARRIED

It was requested that future budgets could be similar to the City's budget differentiating operating, capital and an expansion package.

Adjournment (4:12 p.m.)

7. Moved by Mayor Guthrie
Seconded by Councillor Gordon

That the meeting be adjourned.

CARRIED

Dolores Black
Council Committee Coordinator

**COMMITTEE OF MANAGEMENT FOR THE ELLIOTT
CONSENT AGENDA**

June 1, 2015

Members of Public Service Committee as Committee of Management for the Elliott.

SUMMARY OF REPORTS:

The following resolutions have been prepared to facilitate Committee's consideration of the various matters and are suggested for consideration. If Committee wishes to address a specific report in isolation of the Consent Agenda, please identify the item. The item will be extracted and dealt with immediately. The balance of the Consent Agenda will be approved in one resolution.

A REPORTS

REPORT	DIRECTION
<p>CME-2015.2 Quarterly Update on the Elliott Long Term Care Residence</p> <p>To receive for information the first quarter report for 2015 on the operations of the City of Guelph's approved 85-bed long-term care home, The Elliott Long-Term Care Residence, as required under the Long-Term Care Services Agreement, between The Elliott and The Corporation of the City of Guelph.</p>	Receive
<p>CME-2015.3 Ministry of Health and Long-Term Care Resident Quality Inspection Report</p> <p>To receive for information the results of the Elliot Long-Term Care Residence's first Resident Quality Inspection (RQI) completed by the Ministry of Health and Long-Term Care (MOHLTC).</p>	Receive

attach.



The Elliott Long-Term Care Residence Report

TO: Committee of Management
DATE: June 1, 2015
SUBJECT: The Elliott long-Term Care Residence Report Q1 2015

RECOMMENDATION

To receive for information the first quarter report for 2015 on the operations of the City of Guelph's approved 85-bed long-term care home, The Elliott Long-Term Care Residence, as required under the Long-Term Care Services Agreement, between The Elliott and The Corporation of the City of Guelph.

BACKGROUND

The Ontario Long-Term Care Homes Act requires that every municipality within Ontario is required to support a municipal long-term care home. The City of Guelph is meeting this responsibility through a Delegation of Authority Bylaw, assigning the responsibility to operate the City's approved 85-bed long-term care home to The Elliott's Board of Trustees. In addition to the Delegation of Authority By-law, The City and The Elliott have also entered into a Long-Term Care Services Agreement (Services Agreement) that identifies the specific nature of the relationship and sets out the responsibilities of both parties to the Agreement. There is a requirement within the Services Agreement for The Elliott to report quarterly on the operations of the Elliott Long-Term Care Residence (ELTCR).

The Elliott Community operates a campus of care offering retirement and life-lease care and services beyond the ELTCR. As the relationship set out in the Services Agreement pertains strictly to the operations of the ELTCR, this report is only reflective of long-term care operations and does not reflect the retirement and life-lease suites.

REPORT

In accordance with the provisions within the Services Agreement:

Attestation of the Responsibilities of The Elliott

The Elliott confirms that to the best of its knowledge, it is,

- (a) Complying with all provisions of the *Municipal Act* relating to local boards;
- (b) Complying with all provisions of the *Elliott Act*;
- (c) Complying with all provisions of the Long-Term Care Homes Act, including, fulfilling the obligations under section 69;
- (d) Complying with all laws, regulations, policies and orders made by any level of government which relate to the operation of The Elliott Long-Term Care Residence;
- (e) Complying with all provisions in the Elliott Delegation of Authority By-law; and,
- (f) Managing a Business Plan and Strategic Plan for The Elliott Long-Term Care Residence.

Overview of the Operations

The Elliott operated its 85-bed, licensed, long-term care home under its ongoing Long-Term Care Service Accountability Agreement (L-SAA) with the Waterloo Wellington Local Health Integration Network (WWLHIN) for the month of January 2015. Effective February 1, 2015, The Elliott surrendered its license and simultaneously The City was provided approval to operate an 85-bed long-term care home. The transition of responsibility was seamless to the residents of The Elliott. Residents and Staff were sufficiently notified through a series of resident and family awareness meetings.

The Elliott has amended its year-end to coincide with the City's year-end of December 31st. Consequently, for the first quarter of 2015, The Elliott operated its own licensed long-term care beds for January 2015; followed by the remainder of the quarter operating the City's approved long-term care beds under the provisions of the Delegation of Authority By-law and the Services Agreement. Following reports will only recognize the ongoing operation of the approved long-term care beds.

There have been no conflicts of interest of any Board of Trustee member or employee of The Elliott who is providing services.

There have been no requests for information under the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.58.

There are no identified litigations, potential litigations, or claims (insured or uninsured) of any kind at the time of preparing this report.

There are no other issues or matters, in the opinion of the Chair of the Board of Trustees, that require direction from or a decision of the Committee of Management or which the Committee of Management has requested that the Board of Trustees provide a report.

The following represents specific sections of the responsibilities of the Services Agreement.

Complaints / Concerns

The following complaints / concerns have been received during the first quarter by The Elliott and have been addressed as follows:

#	Details of Complaint / Concern	Response from Management	Resolved within The Elliott	Reported to the MOHLTC
1.	Safety of Resident from intrusion into private room from another Resident.	Staff awareness of Resident behaviours / physical deterrents installed / increased monitoring	✓	

#	Details of Complaint / Concern	Response from Management	Resolved within The Elliott	Reported to the MOHLTC
2.	Status of Resident transfer status, ambulation, and physiotherapy treatments	Family care conference identified / clarified current supports, identifying behavioural / cognitive functioning and ongoing interventions to ensure Resident is receiving the most appropriate care	✓	
3.	Resident's family requested that the Resident transition from pureed meals to minced	Following a swallowing assessment by the Registered Dietitian, the request was supported; Resident has improved swallowing ability that supports a return to a minced diet	✓	

Critical Incident Report / Inspections from Ministry of Health and Long-Term Care

The following critical incident reports / inspections been reported to the MOHLTC during the first quarter by The Elliott and have been addressed as follows:

#	Details of Critical Incident Report submitted to MOHLTC	Response from Management	Resolved within The Elliott	MOHLTC Completed Inspection
1.	Allegations of a Staff member making inappropriate comment to Resident and lack of attention to Resident needs	Staff member suspended pending investigation of the allegations; investigation confirmed behaviours and Staff member subsequently terminated	✓	
2.	Respiratory Outbreak	Investigation of respiratory symptoms among 3 Residents; Public Health notified and Respiratory Outbreak declared for the duration of 10 days	✓	
3.	Unwitnessed Resident Fall	Despite ongoing discussions with Resident and family, Resident does not consistently follow the protocol to use call bell for Staff assistance or the use of assisted devices to prevent future risks of falls	✓	
4.	Resident's family expressed concern regarding the medication prescribed by the attending physician; separate complaint filed by family member with MOHLTC	The prescription of medications for a Resident are overseen by the Attending Physician and in this case, the Attending Physician was continuing a prescription that accompanied the resident upon admission. Further dialogue with family, physician, and Staff resulted in clarifying the family concerns and an agreement to monitor medication effects.	✓	

Summary of Board of Trustee Meetings

- The Board of Trustees have received the formal report of the Resident Quality Inspection (RQI) from the MOHLTC conducted in December 2014.
- The Elliott Long-Term Care Residence will be participating in the Commission on Accreditation of Rehabilitation Facilities (CARF Accreditation) on June 29-30, 2015.

Financial Report

The operating and capital budgets for The Elliott were presented on February 5, 2015 to the Committee of Management for approval; confirmed by City Council at its meeting on March 26, 2015. The approved operating budget of \$1,136,000 and capital budget of \$194,300 reflect the period of February 1, 2015 to December 31, 2015. As mentioned above, The Elliott received no municipal contribution for the month of January 2015.

All operating and capital financial reports reflect the allocation of direct and indirect costs reflected in the Services Agreement.

For the First Quarter ending March 31, 2015, the following observations are noted:

- With total revenue representing \$1,711,400 for the quarter the variance from budget is 0.00%.
- Employee Costs, budgeted at \$976,200 have a positive variance of 0.04%.
- Operating Costs, budgeted at \$674,000 have a positive variance of 4.70%.
- Overall, the operations of The Elliott reflect a positive variance of 2.00% as a function of budgeted revenue.
- The calculation of funding from the City of Guelph as it relates to the funding of the Other Accommodation Envelope is generating a positive variance of 2.6%.
- There are no anticipated concerns arising from the first quarter operations.
- In addition to operations listed above, the capital fund is reflecting a surplus of \$30,827 with pending capital projects to utilize the remainder of the capital budget.

The Statement of Revenue and Expenses for the Operating and Capital Budgets are enclosed for reference.

Prepared By:

Trevor Lee

Chief Executive Officer

Approved By:

Randall Wilson

Chair, Board of Trustees

THE ELLIOTT COMMUNITY STATEMENT OF OPERATIONS

Long Term Care Residence - Operations

For the Three Months Ending March 31, 2015

	Annual	Year to Date			
	Budget \$	Budget \$	Actual \$	Variance	
REVENUE					
Resident Accommodation:					
Long Term Care - Basic	1,695,568	423,892	420,913	(2,979)	-1%
Long Term Care - Preferred	374,756	93,689	94,252	563	1%
	2,070,324	517,581	515,165	(2,416)	0%
Government Subsidy - LTC:					
Provincial - LTCH Subsidy	3,766,716	929,813	932,825	3,012	0%
Provincial - BSO / Physio / Other	114,969	28,742	29,121	379	1%
City of Guelph - LTC Operations	1,136,667	206,667	206,667	0	0%
	5,018,352	1,165,222	1,168,613	3,391	0%
Other Revenue:					
Fees & Recoveries	39,366	9,756	9,428	(329)	-3%
Amortiz. of Def'd Contributions	72,600	18,150	9,524	(8,626)	-48%
Other Revenue	2,735	683	7,546	6,863	1005%
	114,701	28,589	26,498	(2,092)	-7%
TOTAL REVENUE	7,203,377	1,711,392	1,710,276	(1,117)	0%
EXPENSES					
Employee Costs:					
Wages and Salaries	3,993,854	799,085	785,185	13,900	2%
Employee Benefits	882,184	177,151	186,956	(9,805)	-6%
	4,876,038	976,236	972,141	4,095	0%
Operating Costs:					
Amortization of Assets & Fees	963,267	240,816	225,168	15,649	6%
Supplies	474,421	118,399	118,160	239	0%
Facility Costs	359,885	108,376	101,404	6,973	6%
Financing & Service Fees	434,548	110,952	110,030	921	1%
Repairs & Replacements	140,879	27,610	25,411	2,199	8%
Hardware & Software	30,253	12,246	12,547	(301)	-2%
Equipment	171,132	39,856	37,958	1,898	5%
Purchased Services	199,695	42,748	38,325	4,422	10%
Administrative & Other	54,000	12,820	10,935	1,886	15%
	2,656,948	673,967	641,980	31,988	5%
TOTAL EXPENSES	7,532,986	1,650,203	1,614,121	36,083	2%
SURPLUS / (DEFICIT)	(329,609)	61,189	96,155	34,966	57%

THE ELLIOTT COMMUNITY STATEMENT OF OPERATIONS

Long Term Care Residence - Other Accommodation (OA)

For the Three Months Ending March 31, 2015

	Annual	Year to Date			
	Budget \$	Budget \$	Actual \$	Variance	
REVENUE					
Resident Accommodation:					
Long Term Care - Basic	1,695,568	423,892	420,913	(2,979)	-1%
Long Term Care - Preferred	374,756	93,689	94,252	563	1%
	2,070,324	517,581	515,165	(2,416)	0%
Government Subsidy - LTC:					
Provincial - LTCH Subsidy	304,466	74,837	77,816	2,979	4%
City of Guelph - LTC Operations	1,136,667	206,667	206,667	0	0%
	1,441,133	281,504	284,483	2,979	1%
Other Revenue:					
Fees & Recoveries	39,366	9,756	9,428	(328)	-3%
Amortiz. of Def'd Contributions	72,600	18,150	9,524	(8,626)	-48%
Other Revenue	2,735	683	1,156	473	69%
	114,701	28,589	20,108	(8,481)	-30%
TOTAL REVENUE	3,626,158	827,674	819,756	(7,918)	-1%
EXPENSES					
Employee Costs:					
Wages and Salaries	1,321,328	264,274	257,226	7,048	3%
Employee Benefits	304,112	61,162	67,336	(6,174)	-10%
	1,625,440	325,436	324,562	874	0%
Operating Costs:					
Amortization of Assets & Fees	963,267	240,816	225,168	15,649	6%
Supplies	118,540	29,429	27,020	2,409	8%
Facility Costs	359,885	108,376	101,404	6,973	6%
Financing & Service Fees	434,548	110,952	110,030	922	1%
Equipment	125,728	28,858	27,343	1,515	5%
Purchased Services	96,373	16,541	14,982	1,559	9%
Administrative & Other	46,965	11,205	10,873	332	3%
	2,145,306	546,177	516,820	29,359	5%
TOTAL EXPENSES	3,770,746	871,613	841,382	30,233	3%
SURPLUS / (DEFICIT)	(144,588)	(43,939)	(21,626)	22,315	51%

**THE ELLIOTT COMMUNITY
STATEMENT OF OPERATIONS**

Long Term Care Residence - Capital

For the Three Months Ending March 31, 2015

	Annual	Year to Date		
	Budget \$	Budget \$	Actual \$	Variance
REVENUE				
Government Subsidy - LTC:				
City of Guelph - LTC Capital	194,300	35,327	35,327	0 0%
	194,300	35,327	35,327	0 0%
TOTAL REVENUE	194,300	35,327	35,327	0 0%
EXPENSES				
Capital Expenditures:				
Elevator Car Top Railings	4,500	4,500	4,500	0 0%
Permanent Front Sign	15,750	-	-	
Wellington RHA Flooring	27,059	-	-	
Eramosa RHA Flooring	27,059	-	-	
Paisley RHA Flooring	27,059	-	-	
Electrical Room Shielding	1,631	-	-	
Roof Anchor Repairs	8,168	-	-	
EIFS Stucco Repairs	7,500	-	-	
Parking Lot Paving Repairs	3,150	-	-	
Sidewalk Repairs	3,750	-	-	
Entrance Canopy	15,000	-	-	
Eavestrough Heat Trace	19,530	-	-	
DHW Pump Seals	9,072	-	-	
Access Controller Updates	7,124	-	-	
Steam Boiler Repair	15,000	-	-	
	191,352	4,500	4,500	0 0%
TOTAL EXPENSES	191,352	4,500	4,500	0 0%
SURPLUS / (DEFICIT)	2,948	30,827	30,827	0 0%

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The Elliott Long-Term Care Residence Report

TO: Committee of Management
DATE: June 1, 2015
SUBJECT: Ministry of Health and Long-Term Care Resident Quality Inspection Report

RECOMMENDATION

To receive for information the results of The Elliott Long-Term Care Residence's first Resident Quality Inspection (RQI) completed by the Ministry of Health and Long-Term Care (MOHLTC). All Inspections are publically accessible on the Ministry's public reporting registry: [Reports on Long-Term Care Homes](#).

BACKGROUND

The Long-Term Care Homes Act (LTCHA) was enacted on July 1, 2010. As of that date, an annual RQI was required in every long-term care home in the province. In 2011, recognizing the insufficient resources required to complete an annual RQI in every long-term care home, the MOHLTC announced that 'any' inspection within a long-term care home within the year would be sufficient to meet the requirement of the legislation. Since July 1, 2010, The Elliott has received the following Inspections:

Legend		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).				
WN – Written Notification		WN	VPC	DR	CO	WAO
VPC – Voluntary Plan of Correction						
DR – Director Referral						
CO – Compliance Order						
WAO – Work and Activity Order						
Date	Inspection Type	WN	VPC	DR	CO	WAO
2010	4 Complaints Inspections	4	3	0	0	0
	1 Critical Incident Inspection	2	0	0	0	0
	1 Follow-Up Inspection	0	1	0	0	0
2011	1 Complaints Inspection	0	4	0	0	0
	2 Critical Incident Inspections	0	3	0	0	0
2012	Other Inspection	3	0	0	0	0
	Follow-Up Inspection	0	0	0	0	0
2013	Other Inspection	2	0	0	0	0
2014	Complaints Inspection	0	0	0	0	0
	Resident Quality Inspection	6	7	0	1	0

REPORT

The Resident Quality Inspection (RQI) completed in December 2014, involved four inspectors over an eight day inspection. A summary of the RQI indicating the non-compliance finding, supporting evidence, and The Elliott's response to the findings is included in this report. All findings were either remedied during the inspection or immediately following. The MOHLTC has subsequently inspected The Elliott Long-Term Care Residence and cleared the findings.

Non-Compliance Finding	As Evidenced By	The Elliott's Response
<p>WN#1 The Licensee has failed to comply with LTCHA, 2007 c.8, s.15 Accommodation Services</p>	<ul style="list-style-type: none"> • An identified Resident's equipment was observed not in good state of repair. • The Restorative Care Coordinator indicated that the nursing staff document identified equipment concerns in a binder on the Home Area. • Upon investigation, there was no record of report for the required repair. 	<ul style="list-style-type: none"> • All issues of concern addressed and repaired.
<p>WN#2 The Licensee has failed to comply with O. Reg. 79/10 s.17 Communication and Response System</p>	<ul style="list-style-type: none"> • An observed Resident was seated by the window and the call bell was not accessible. 	<ul style="list-style-type: none"> • Staff was made aware and returned the call bell within reach immediately after inspector informed Director of Care. • Director of Care addressed the issue of concern at monthly staff meeting on January 5, 2015.
<p>WN#3 Licensee has failed to comply with O. Reg. 79/10, s.30 General Requirements</p>	<ul style="list-style-type: none"> • Upon interview with the Administrator and Director of Care, the Continence program was not evaluated in 2013, and the evaluation for 2014 was in progress. 	<ul style="list-style-type: none"> • Annual review of the Continence Program was completed on December 17, 2014 and will be completed annually moving forward.
<p>WN#4 The Licensee has failed to comply with O. Reg. 79/10 s.31 Nursing and Personal Support Services</p>	<ul style="list-style-type: none"> • There was no written record relating to the nursing and personal support services staffing plan evaluation, including the date of the evaluation, names of persons participating in the evaluation, or a summary of the changes made as a result of the evaluation. 	<ul style="list-style-type: none"> • A formalized Nursing and Support Services Staffing Program was implemented, along with a Nursing Policy outlining same; completed in December 2014. • Annual plan and evaluation has been completed for 2014.

<p>WN#5 The Licensee has failed to comply with LTCHA, 2007 c.8, s.60 Powers of Family Council</p>	<ul style="list-style-type: none"> • During an interview, a family member indicated that they were not aware of concerns being addressed in writing within 10 days of questions arising at the Family Council meeting. 	<ul style="list-style-type: none"> • New procedure implemented December 2014, effective immediately, to ensure concerns are addressed in writing within 10 days. • Prior practice was to report at the subsequent Family Council meeting.
<p>WN#6 The Licensee has failed to comply with O. Reg. 79/10 s.73 Dining and Snack Service</p>	<ul style="list-style-type: none"> • The meal and snack service times were not addressed at Residents' Council meeting. • The Director of Recreation and Volunteer Services confirmed that the meal and snack times were not reviewed with Residents' Council. 	<ul style="list-style-type: none"> • Moving forward this will be addressed quarterly at the resident council meetings.
<p>VPC#1 The Licensee has failed to comply with the LTCHA, 2007 S.O. 2007, c8, s.3 Residents' Bill of Rights</p>	<ul style="list-style-type: none"> • A staff member was overheard speaking harshly and in a raised voice towards an identified Resident who had responsive behaviours related to their diagnosis. • A separate interview of a Resident resulted in the Resident indicating that staff were rough in providing care. • An identified resident was observed as not groomed and when questioned during an interview, indicated that they had neither refused care and that staff had not offered care during the timeframe of the observation. 	<ul style="list-style-type: none"> • Incident on August 7, 2014 with Resident was immediately reported, investigated and the outcome of the investigation resulted in termination of the staff member for cause. The MOHLTC was notified through a CIS report. • On December 18, 2014, the Administrator met with Resident's daughter to address the concern with her. She was not aware of any issues her father had regarding this particular situation. On December 19, 2014 the Director of Care followed up with Resident and determined that the Resident's concern was regarding discomfort he had when the staff were turning and positioning him during care. The Director of Care then spoke with the night staff to inform them of Resident's concern. • Individuals who provided care to resident # 004 were informed of the situation and reminded that they must make every effort to ensure the residents are well groomed. All other staff was informed through PCC notification board as well as monthly staff meetings.
<p>VPC#2 The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s.6 Plan of Care</p>	<ul style="list-style-type: none"> • Records review indicated Resident was to wear an assistive device. The Resident was observed not wearing the assistive device and when staff were questioned, the response was that the Resident no longer wore the assistive device. 	<ul style="list-style-type: none"> • Care Plan for Resident was updated to reflect current care provided.

	<ul style="list-style-type: none"> • A Resident's Care Plan indicated that the Resident was experiencing symptoms relating to their diagnosis. Two separate falls were experienced by the Resident without reassessments documented in the Care Plan. 	<ul style="list-style-type: none"> • The Critical Incident System report for Resident was reviewed at the time of the RQI. This review resulted in the findings. Registered staff were briefed on the findings of the review and assessment /reassessment procedures were reviewed with the registered staff.
<p>VPC#3 The Licensee has failed to comply with O. Reg. 79/10, S.8 Policies to be followed</p>	<ul style="list-style-type: none"> • An identified Resident sustained a fall resulting in an injury. An assessment was completed and interventions were put in place and the Resident sustained a second fall. The Director of Care and Registered Practical Nurse confirmed that the Home's Head Injury Routine (HIR) policy was not done. 	<ul style="list-style-type: none"> • Following further investigation by the DOC it was determined that resident # 041 vital signs were not taken at 0530 as resident was sleeping. Staff involved in the incident was informed that vital signs should be followed up on at the time or soon after the resident awakes and should not be left until they are due to be completed again. All registered staff were notified of the incident at the registered staff meeting and informed of same. • A copy of the Head Injury Routine Policy was posted on December 18, 2014 in the nursing office for registered staff to review and sign off. • HIR was reviewed with the Registered Staff at the monthly staff meeting on December 31, 2014. They were also be informed of the specific concerns that were raised by the inspectors around HIR.
<p>VPC#4 The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s.11 Dietary Services and Hydration</p>	<ul style="list-style-type: none"> • A review of an identified Resident's clinical record indicated that the Registered Dietitian identified that the Resident had extensive interventions in place in collaboration with Speech Language Pathology to minimize the Resident's risk of aspiration. The Resident's clinical record indicated that the Resident was to receive a specific diet and avoid certain food items. • During meal observations, the Resident was observed being served by the dietary staff certain food items that were to be avoided according to the Resident's clinical record. • A review of this matter was confirmed with the Director of Dietary Services. 	<ul style="list-style-type: none"> • On October 10, 2014, due to ongoing weight loss, the Care Team, with the expertise of the Speech and Language Pathologist, made the decision to upgrade the Resident's texture diet. The Care Plan was updated but the Dietary notes were not updated to reflect the change. On December 12, 2014, when the Director of Dietary Services was notified of the issue, the change was made to reflect the current needs of the resident.

<p>VPC#5 The Licensee has failed to comply with O. Reg. 79/10, s.16 Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 cm.</p>	<ul style="list-style-type: none"> • Upon Observation of the Home's window openings, certain windows were measured and exceeded the maximum opening width of 15 cm. 	<ul style="list-style-type: none"> • All windows were adjusted and brought into compliance on Tuesday, December 16, 2014 by the maintenance staff. • Moving forward, all of the sliding windows will be marked with a red sticker and when stops are removed during windowing cleaning; the housekeeping staff will ensure the stop is replaced in the appropriate place.
<p>VPC#6 The Licensee has failed to comply with O. Reg. 79/10, s.51 Continence Care and Bowel Management</p>	<ul style="list-style-type: none"> • Quarterly Review Assessment showed a change in a Resident's urinary continence as compared to past assessment. • Director of Care indicated that a change in continence of bowel or bladder would result in a completion of a continence assessment. • A review of the Clinical Record indicated that no continence assessment completed for the identified Resident. 	<ul style="list-style-type: none"> • Continence assessments will be initiated on admission, re-admission from hospital, quarterly and when there is a significant change in status in accordance with policy.
<p>VPC#7 The Licensee has failed to comply with O. Reg. 79/10 s.110 Requirements relating to restraining by a physical device</p>	<ul style="list-style-type: none"> • The Director of Care provided the manufacturer's specifications and reported that the Home's expectation is that a physical device be applied as per manufacturer's specification. • Observations indicated installed physical devices that were loose. • The Director of Care confirmed that they were not applied according to manufacturer's specifications. 	<ul style="list-style-type: none"> • Seatbelt was tightened December 12, 2014, the day it was brought to DOC's attention by inspector. • On December 18, 2014 the Director of Care notified the Occupational Therapist and requested that she visit to assess the seatbelt and arrange with the manufacture to address the issue of the seat belt loosening and replace with a more appropriate one.

<p>CO#1 The Licensee has failed to comply with the O. Reg. 79/10 s.50 Skin and Wound Care</p>	<ul style="list-style-type: none"> Record review indicated that the Resident was at risk for altered skin integrity. A Registered Nurse indicated that the Resident was able to change position and that staff check on Resident frequently. Resident denied changing position and shared that staff assisted the Resident occasionally with the re-positioning. Observations revealed that the identified Resident was sitting up and there was no therapeutic surface on the bed and/or chair. 	<ul style="list-style-type: none"> A therapeutic surface was initiated December 17, 2014. Wound Care Policy revised to indicate specific criteria as to when a therapeutic surface would be provided as well as when a seating assessment and consultation to Wound Care Specialist would be initiated. Staff educated regarding the importance of following plan of care for residents with skin breakdown. Wound Care Policy was reviewed with the registered staff to ensure assessments are completed in a timely manner and that interventions are put into place to minimize risk and promote healing.
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