

MINISTRY OF HEALTH AND LONG TERM CARE 2014 RESIDENT QUALITY INSPECTION – MACASSA LODGE

RQI Finding	Description	Action
WN #1, CO #1 – Communication and Response System	A call bell system is expected to be present and accessible in all areas used by residents, staff and visitors. The Lodge has areas where this system is not present, including, by not limited to, the hair salon, chapel, wellness centre, auditorium and balconies. The current system does not have the capacity to be upgraded due to its age.	A consultant has completed a preliminary schedule for the project with a proposed completion date of February 2016. The Ministry has endorsed this plan of correction and a capital request to Council is pending.
WN #2, CO #2 – Lighting Requirements	Specific lux or lighting levels must be present in certain areas of the Home. The lighting levels in resident bedrooms, washrooms, lounges and corridors are not up to standard.	The Director of Building Services has consulted with the Energy Division of the City of Hamilton to develop a plan to address the non-compliance. The Ministry has stipulated the work must be completed by December 2016. A capital request to Council is pending to support this plan of correction.
WN #3, CO #3 – Doors in the Home	Doors leading to stairways and unsecured outdoor areas of the Home must have an audible alarm and be connected to the call bell system.	The consultant hired to address the first Compliance Order will also address the concerns included in this Order. The target date for completion of this Order is February 2016 and a capital request to Council is also pending.
WN #4, VPC #1 – Safe and Secure Environment	Dining Room doors are to be secured when staff is not present in order to mitigate risk of resident injury by food	This has been addressed and will be further supported by upcoming renovations to dining room/serveries in

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	preparation equipment, including toasters & coffee machines.	the Lodge in 2015.
WN #5, VPC #2C- Equipment maintained in safe condition and in good repair	A number of tubs in the Lodge no longer had functional integrated disinfection systems.	Replacement of faulty tubs is complete.
WN #6, VPC #2 – Bedrails	Where bedrails are used, regardless of size or number, the resident must be assessed to minimize risk and bedrails included in the plan of care.	This issue required considerable clarification from Compliance to understand expectations. This area of non-compliance is the most commonly issued Compliance Order in the province in 2014.
WN #7, VPC #4 – Restraining by physical devices	Where physical restraints are in place the devices must be in good repair. One resident in the Lodge was noted to have a seatbelt with 8 frayed fibres.	Visual checks are now documented by registered staff for all physical restraints.
WN #8, VPC #5 – Nutrition Care and Hydration Programs	Weight monitoring system to measure and record each resident’s weight on admission and monthly thereafter. Two residents missed having a weight documented.	New processes implemented with oversight from Nursing Leadership and Dietician.
WN #9, VPC #6 – Weight Changes	Resident weight changes to be assessed using an interdisciplinary approach and actions taken. As outlined in previous WN, a number of residents with weight changes were not assessed accordingly.	New processes implemented and monitored.
WN #10, VPC #7 – Food Production	Standardized recipes and production sheets are to be available for all menus.	This non-compliance is now fully addressed.
WN #11, VPC #8 – Dining and Snack	Feeding assistance and the provision of feeding aids are to be provided as	Increase in dining room audits and re-education with staff has occurred

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Service	outlined in the resident’s plan of care. A number of residents observed to not receive the care outlined as required.	
WN #12, VPC #9 – Housekeeping (cleaning)	Tubs without integrated disinfection systems must be cleaned manually. Review of manual cleaning and disinfection was provided.	New tubs installed in 2014/2015.
WN #13 – Plan of Care	Written plan of care sets out planned care, goals and clear direction for staff.	This is the most commonly issued WN across Ontario. Review of care planning with staff and increased audits by Nursing Leadership instituted.
WN #14 – Complaints	Any written complaint to the Home is to be forwarded directly to the Ministry. One written complaint 6 months after resident death was addressed with family but not forwarded to Ministry.	Re-education with Leadership team has been completed. Policy updated to reflect this expectation more clearly.
WN #15 – General Requirements	Assessments, interventions and resident responses to interventions must be documented.	A small number of occasions of toileting help were not fully documented. For context, Nursing Staff across the Lodge in the month of October 2014 documented a total of 444, 520 care interventions for the residents in our care.
WN #16 – Bathing	All residents are to be bathed at a minimum twice a week based on preference. Two resident baths were noted to be missed.	Review with staff and increased audits have been completed.
WN #17 – PASD	All assistive devices that the resident requires to improve function must be included in the plan of care.	A small number of resident care plans did not have this information although the assistive devices were provided to resident. Review with registered staff

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		and increased audits have been completed.
WN #18 & 19 – Powers of Resident and Family Councils	If either Council advises the Home of concerns or recommendations the Home will respond in writing within 10 days.	Both Councils asked that the written notification just be included and reviewed at the next monthly meeting. This is considered non-compliance and therefore minutes are now circulated with Home’s response within 10 days.
WN #20 – Menu Planning	Planned menu items must be available for residents and meet their needs.	One therapeutic menu item was not available for two residents. Increased audits completed.
WN #21 – Hazardous Substances and Resident Access	Hazardous materials to be labeled and secured away from resident access. Utility room found to be unlocked.	Review with staff and increased audits have been completed.
WN #22 – Resident Drug Regimes	When a resident is receiving antipsychotic medication a monitoring system is implemented.	Resident antipsychotic medication was being reduced with effect but insufficient supporting documentation. New process implemented.
WN #23 – Infection Prevention and Control	Staff must participate in the implementation of this program.	One staff was noted in dining room to not washed their hands between serving different residents. Review with staff and increased audits have been completed.