



# Lee Manor



## **Grey County Operations Report to Committee of Management Open Session**

Submission Date: February 12, 2019

Information for the month of: December 15, 2018 – January 31, 2019

## Financials

Financial analysis will be transitioned to Sienna Senior Living in 2019.

## Scorecard: Quality

Publicly reported indicators – Q2 2018 (July – Sept 2018)

Indicates Better than Ontario Average
Indicates Worse than Ontario Average
Indicates Ontario Best Practice Target Reached
Indicates Sienna Target Reached

Indicator	HQO Best Practice	Ontario	Sienna Target	Sienna Average	Lee Manor
Worsened ADL	25%	33%		29.4%	39.4%
Worsened behavioural symptoms	8%	12.7%		11%	15.7%
Worsened mood from symptoms of depression	13%	23%		17.4%	38.5%
Has fallen	9%	16.4%	13.50%	16.6%	16%
Worsened stage 2 to 4 pressure ulcer	1%	2.7%	2%	2.2%	0.8%
Has a new stage 2 to 4 pressure ulcer	1%	2.2%		1.8%	0.7%
Daily physical restraints	3%	4.3%		0.9%	3.8%
Worsened bladder continence	12%	17.8%		15.7%	20.3%
Worsened pain	6%	9.9%	8%	7%	10.8%
Taken antipsychotics without a diagnosis of psychosis	25.3%	19.5%	20%	17.4%	20.5%
Improved or remained independent in mid-loss ADL	30.4%	29.2%		27.5%	35.3%
Has pain	7%	5.8%		2.4%	1.6%

We will continue with the action plan that was developed in March 2018 to address performance and meet targets.

## Ministry of Health and Long-Term Care (MOHLTC) Compliance Orders / Inspection Findings Summary

On January 10<sup>th</sup>, 2019 the MOHLTC Inspector completed an off-site complaint inspection related to withholding approval for admission to the care community. The outcome of the inspection was one written notification for failing to comply with LTCHA, 2007 S.O. 2007, c.8, s.44. Authorization for admission to a home (report attached). The team is working on an action plan to ensure compliance to legislation.

## **Scorecard: People**

Lee Manor hosts students from colleges, universities and high schools throughout the year. There are currently 24 Georgian College Personal Support Worker and Practical Nurse students completing their placement hours. The students who are in the second semester of their program are accompanied by a teacher and partnered with a staff member.

### **Sienna Partner Visits**

- Dietary and Nutritional Care Partner - January 14, 27 teleconferences
- Quality & Informatics Partner - January 16 site visit
- Clinical Care Partner - January 23 site visit, Jan 28 regional teleconference
- Region 7 Executive Director/Administrator- January 24 monthly meeting
- Laundry and Housekeeping Partner - January 27 teleconference
- Sienna Partner Resident Experience- January 30 teleconference

### **Projects, Location Events and Other**

Lee Manor residents brought in the New Year with style! Equipped with blank metallic hats and festive embellishments, residents got creative and added their touches to their personalized 2019 party hat. Lots of laughter and sharing of ideas filled the room while creating the perfect hat for the occasion. Residents requested an upbeat and fun atmosphere for the party, so live rock and roll music filled the room. Those in attendance loved the experience and couldn't help but tap along to the beat.

Outbreaks were declared in January and recreation staff and volunteers adapted to restrictions that were implemented to control the spread of infection. Resident engagement and socialization was maintained by offering personalized individual visits.

## **Long Term Care**

### **Occupancy**

Occupancy in 2018 was maintained at 98.94% with 62 move ins and 60 discharges. Admissions are on hold during an outbreak and impact occupancy for the reporting period. Once the outbreak is declared over, admissions can resume.

2019 Occupancy Data	Reporting Month	Year to Date
<b>Occupancy</b>	95.56%	95.56%
<b>Move-Ins</b>	2	2
<b>Discharges</b>	7	7

## **Regulatory visits i.e. Ministry of Labour, Public Health**

BDO Financial audit- January 8

Annual Fire Inspection- January 15, 2-deficiencies including one exit door did not open/catching on pavement and a new sleeping area in day away that required smoke detector. Both deficiencies have been rectified.

## **Occupational Health and Safety Issues**

Two outbreaks occurred during the month of January:

- January 2, 2019- Influenza A outbreak, care community wide
- January 25, 2019- Enteric outbreak, affecting one resident care community

The Infection Control Committee and Public Health work closely together to ensure all measures to reduce the impact of the outbreak are in place and followed.

## **Emergency Preparedness and Environmental concerns (including emergency codes practiced)**

Three fire drills were held during the month. Staff responded as required and education was provided to clarify the procedure.

The annual inspection by the Fire Department, on January 15<sup>th</sup>, 2019 included a mock internal evacuation. The drill was completed on the night shift which reflects the lowest level of staffing in a 24-hour period. Staff responded, as per protocol, and the rooms were evacuated quickly. The Fire Inspector complimented the staff on their knowledge and reaction time.

The staff contingency plan, to ensure residents and staff are safe during severe winter weather conditions, was put to the test during the recent winter storm. Many staff

worked double shifts and overtime and everyone pulled together to ensure the resident's need were met and the environment was safe.

### Written and Verbal Complaints Summary

Type of Compliant	Summary	Outcome (s)
Verbal	Family complaint about care	Meeting held with multidisciplinary care team. Resolved
Verbal	Family complaint related to damage to resident's property	Investigation completed, follow-up with staff and item repaired Resolved
Written	Family complaint related to alleged abuse	Investigation completed. Allegations unsubstantiated
Written	Family complaint related to communication during outbreak	Investigation underway reviewing protocols for communication

### Compliments Summary

9 Verbal, 1 Written- Compliments were provided to the team over the holidays in appreciation of the excellent care and service provided.

Additionally, staff appreciated many treats that were provided by residents and families to celebrate the holiday season.

### Resident and Family Satisfaction Survey

Resident and Family Surveys completed, the results will be shared at an upcoming Committee of Management meeting.

### Resident/Family Council Updates

Resident Council was cancelled as per Public Health's direction to cease all group activities during outbreak. Next meeting scheduled for Feb 15<sup>th</sup>, 2019.

No scheduled Family Council meeting in January, next meeting date is Feb 26<sup>th</sup>. Meeting will focus on QIP and Satisfaction Survey results.



Ministry of Health and  
Long-Term Care

Ministère de la Santé et des Soins  
de longue durée

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Rapport d'inspection prévue  
sous la Loi de 2007 sur les foyers  
de soins de longue durée

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

Central West Service Area Office  
500 Weber Street North  
WATERLOO ON N2L 4E9  
Telephone: (888) 432-7901  
Facsimile: (519) 885-9454

Bureau régional de services du  
Centre-Ouest  
500 rue Weber Nord  
WATERLOO ON N2L 4E9  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-9454

**Public Copy/Copie du public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 30, 2019	2019_773155_0001	000495-19	Complaint

**Licensee/Titulaire de permis**

Corporation of the County of Grey  
595 9th Avenue East OWEN SOUND ON N4K 3E3

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

Lee Manor Home  
875 Sixth Street East OWEN SOUND ON N4K 5W5

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

SHARON PERRY (155)

**Inspection Summary/Résumé de l'inspection**



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

This inspection was conducted on the following date(s): January 9, 10, 11 and 28, 2019.

This inspection was completed as an off-site inspection.

Log 000495-19 was a complaint related to the licensee withholding approval for admission to their home.

During the course of the inspection, the inspector(s) spoke with the Director of Care.

During this inspection the inspector also reviewed clinical records and the home's wait list.

Ad-hoc notes were used during this inspection.

During the course of this inspection, Non-Compliances were issued.

1 WN(s)  
0 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Légende
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home**





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Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Findings/Faits saillants :



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1. The licensee failed to ensure that they reviewed assessments and information and approved the applicant's admission to the home unless,
- (a) The home lacked the physical facilities necessary to meet the applicant's care requirements
  - (b) The staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements; or
  - (c) Circumstances existed which were provided for in the regulations as being a ground for withholding approval.

A complaint was received by the Ministry of Health and Long-Term Care regarding resident #001 being refused admission to the home.

Record review showed that on an identified date, a letter was written by Director of Care #100 that stated they had received the application of admission for resident #001 but unfortunately they were unable to accept the application.

During an interview with Director of Care #100 they shared that they did refuse resident #001's application for the reasons identified in the letter. They shared that they considered the residents that were currently in the home and felt that they could not accept resident #001 as they could not continue to provide the safety and security to resident #001 and others. Director of Care #100 also shared that they have reviewed resident #001's updated application and the resident has been accepted to the home and was currently on the wait list.

The licensee failed to ensure that they reviewed assessments and information and approved resident #001's admission to the home unless,

- (a) The home lacked the physical facilities necessary to meet the applicant's care requirements
- (b) The staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements; or
- (c) Circumstances existed which were provided for in the regulations as being a ground for withholding approval. [s. 44. (7)]



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Issued on this 30th day of January, 2019

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

Original report signed by the inspector.