

Personal Care Home (PCH) Standards Unannounced Review (UR) Report

Regional Health Authority: Winnipeg Regional Health Authority

Facility: Parkview Place Care Centre

Number of Beds: 261

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Review Date: January 27, 2021

Report Date: March 9, 2021

Context for Review:

On January 27, 2021, The Licensing and Compliance Branch (LCB), in collaboration with the Winnipeg Regional Health Authority (WRHA), completed an unannounced review (UR) at Parkview Place Care Centre as a follow-up to reviews conducted in March and October of 2020. Concerns noted during the LCB's previous reviews were largely in relation to Infection Prevention and Control (IP&C), including housekeeping, pest abatement and building maintenance. The scope of the UR was expanded to also include a re-assessment of staffing coverage on units, PPE usage/compliance among staff, and evidence of clinical monitoring in resident records.

Key Review Activities & Information Sources:

Tour of the Facility – all 13 floors/units, resident rooms and washrooms (as appropriate), all other rooms in both resident-accessible areas as well as secured or restricted areas (e.g. medication rooms, storage/utility/mechanical rooms, etc.).

Review of Resident Records - records for nine residents from different floors who were deemed Covid-19 recovered, focussing on documentation for period October 2020 to January 2021 to assess clinical monitoring practices.

Interviews/discussion with Staff - briefing with members of PCH leadership team and interactions with minimally two direct care staff members on each of the 12 resident floors to verify staffing level, availability of PPE, and completion of IP&C training. Input/feedback was also solicited from residents where there was an opportunity to do so in a safe and appropriate manner.

Review of Complaint Documentation – email communication, records of communication with family/substitute decision makers for period October 2020 to January 2021.

Review of Pest Abatement Records – communications and records relative to pest service calls from May 2020 to January 2021.

Review of Capital Project Document – project scope statement template provided (Feb 23, 2021) by Regional Manager, Capital Management & Technical Services (Revera Inc.).

Organization/Format of Report:

The review report template has been adapted to reflect the particular focus of the unannounced review and therefore includes only those standards for which one or more performance measures were assessed.

Standard 11: Nursing Services

Reference: Personal Care Homes Standards Regulation sections 21, 22 & 23; Nursing Services Guideline, Manitoba Health Policy HCS 205.3, Nursing Services Guideline Plan/Template.

Expected Outcome: Residents receive the nursing care that meets their needs and in a manner that enhances their quality of life.

Performance Measure:

All staff shifts are filled and there are adequate staff to provide care to residents.

Findings:

- No concerns were noted or reported with respect to staffing levels on the day of the review. The staffing complement on each of the 12 resident floors included: one nurse, two aides, and a housekeeper.
- Nurses with whom reviewers spoke indicated that a nurse may need to cover two floors on some days but felt this was quite manageable given the current number of residents.

Follow-up Required: No reporting required at this time.

Standard 13: Health Records

Reference: Personal Care Homes Standards Regulation sections 18 and 27.

Expected Outcome: Residents' health records provide a full, complete and accurate picture of residents and of their care from the time of admission.

Performance Measure:

Medications and treatments ordered/administered and the results of ongoing clinical monitoring must be included in the health record. The health record must include documented evidence of appropriate follow-up of resident issues.

Findings:

- In nine resident records reviewed for the period October 2020 to January 2021 documentation was generally complete and included evidence of appropriate monitoring/follow up with the following exceptions:
 - limited information on care plans relative to post-covid observations to be made or reference to interventions/monitoring for COVID signs or symptoms (should be included on ICPs as well as in progress notes);
 - in at least two records reviewed, no evidence located relative to monitoring of weight;
 - in one record, where resident hospitalized, no transfer ("in/out") sheet located;

- some ADL sheets last updated in April 2020;
- in one record, ICP includes inadequate information re: Foley catheter;
- in one record, no information on family supports in ICP despite reference to contact with family member in IPNs;
- in one record, COVID screening sheet missing the date completed; and,
- in one record, COVID flow sheet was incomplete.

Follow-up Required: While no reporting is required at this time, as per standards requirements, resident care records (including care plans) must continue to be regularly audited to ensure all required information is included.

Standard 15: Housekeeping Services

Reference: Personal Care Homes Standards Regulation Section 29

Expected Outcome: The residents' environment is safe, clean and comfortable and is consistent with resident care needs.

Performance Measure:

The facility and all shared equipment therein are clean and odour free.

Findings:

- Some improvement was noted in overall cleanliness throughout the facility, including kitchen area. However, damaged and deteriorating surfaces (walls, floors, counters, etc.) have not been addressed and the efficacy of deep cleaning efforts is therefore limited by the presence of pervious (un-cleanable) surfaces.
- Medicine cabinets in some resident rooms appeared to have been cleaned or replaced.
- New dining and over-bed tables and chairs have been obtained, however a few damaged tables were still in use (this was brought to the attention of management and steps were immediately taken to remove these).
- Increased presence of housekeeping staff was evident on all resident floors. Housekeeping carts were secured as required.
- No excessive odors noted in resident rooms at the time of the review.
- High dusting continues to be an area in need of improvement (i.e. light fixtures, vents, picture frames, etc.).
- Dried matter was found on underside of tub chairs on two floors.
- Wheel housings on equipment (medication carts, housekeeping carts, and lifts) and closet floor tracks were also observed to be collection points for dirt/debris.
- Tissue/garbage items noted on floor next to garbage bins in some resident rooms. Garbage bins in resident rooms have a foot activated (pedal) lid opener which cannot be easily operated by individuals in wheelchairs.

- On a number of floors, small refrigerators intended only for storage of medications and resident supplies (i.e. nutritional supplements, etc.) were being used to store staff lunch containers and beverages. Personal items need to be stored separately in designated staff rooms/areas.

Performance Measure:

There is evidence of an organized pest control program.

Findings:

Tour observation

- Multiple traps/bait strips observed in all areas of the facility, including resident rooms and washrooms. Many contained evidence of pest activity. One sighting of a live cockroach during tour.
- Two residents with whom reviewers spoke referenced pests in their rooms, specifically ants and cockroaches.
- Based on discussion with care staff on various floors, there is a need to clarify the process to be employed when traps are noted to contain pests. Some staff indicated they are to contact internal maintenance personnel to replace traps/strips while others said they were told to wait for pest service contractor to replace.
- Potential attractants noted during course of tour including: food items (including ripe fruit) in drawers, spillage of juice and food items in resident rooms and uncovered food items in dining/lounge area on the resident floors. At the time of the review, most residents were continuing to take meals on the unit and in their rooms (outbreak protocol) which limits ability to control/contain location of potential food attractants. As reported by PCH leadership, hot-carts have recently been obtained to support improved meal delivery.

Document review

- Forty pest service calls occurred between March and December 2020.
- Evidence of pest activity referenced on the majority of service call reports.
- Abatement efforts included: regular inspection, replacement of glue-boards and traps as well as the application of insecticides. Spray foam insulation has been used to plug potential entry points into the buildings. Recommendations continued to be made by pest service contractor to make permanent repairs to multiple holes and cracks in walls and flooring.
- During active outbreak of COVID-19 within the facility, pest service provider refused to enter resident rooms which – in conjunction with in-room meal service – may have contributed to increased activity.
- In early January 2021, PPCC entered into contract with a new pest abatement service. A fulsome assessment of pest activity in all 240 residential units and 60 service rooms was subsequently completed by the contractor over the period of one week, from Jan 19 to 26, 2021.
- Mechanical rooms and nursing areas were deemed to have the highest levels of pest activity.

- Based on the service provider's assessment, a comprehensive action plan has been developed to monitor and control pest activity, including weekly treatments (baiting and bio-foam) until activity is eliminated. Once deemed to be in a maintenance stage, a proactive pest control program for the building will be recommended by the service provider. As noted in communication from the pest service provider, structural concerns contributing to pest activity will be shared with building contractors involved in restoration/upgrade work.

Follow-up Required: Continued reporting is required to demonstrate actions taken and progress made in addressing housekeeping and pest abatement issues identified.

Standard 19: Safety and Security

Reference: Personal Care Homes Standards Regulation sections 33 and 34

Expected Outcome: Residents are provided a safe, secure, and comfortable environment, consistent with their care needs.

Performance Measure:

There is evidence for all equipment, including building systems, that demonstrates completion of as needed repair and preventative maintenance.

Findings:

Tour observation

- Construction of two new designated visitation rooms (pods) on the main floor has been completed. Rooms provide a bright, clean and comfortable environment in which to facilitate visits between residents and their friends and family.
- Lighting has recently been upgraded on the main floor.
- Further deterioration of millwork, fixtures, flooring and wall surfaces throughout the rest of facility has occurred since March 2020 (date of last regular standards review).
- Electrical cords and personal items continue to be placed on top of radiators.
- A number of sconces in resident washrooms were loose and some rooms was dimly lit due to burnt out bulbs.
- Significant deterioration of asbestos containing pipe insulation observed in stairwells and mechanical rooms.

Document review/discussion with leadership

- Timelines for completion of infrastructure repair and upgrades were pushed back due to access restrictions related to COVID-19 and an outbreak in the facility which has only recently been resolved.
- Infrastructure work is now slated to commence in March 2021 and will include renovation of all 12 resident floors including halls, nursing stations, housekeeping rooms, door jams, doors, flooring, walls, painting, closet doors, dining areas, millwork, and

- resident bathrooms. A staged approach (two floors at a time) will be employed as residents will need to be relocated to other floors to safely accommodate demolition and construction work while maintaining regular PCH operations.
- Scope of work included in the capital project has been expanded and, barring further outbreaks and access restrictions, is anticipated to be completed over the next three to five years.

Follow-up Required: Continued reporting is required to demonstrate actions taken and progress made in addressing maintenance and infrastructure concerns identified.

Standard 21: Infection Control Program

Reference: Personal Care Homes Standards Regulation section 36

Expected Outcome: Residents are protected from the spread of infection by an infection control program.

Performance Measure:

There are infection control policies and procedures including those aimed at preventing or controlling the spread of infectious disease.

Findings:

Note: At the time of the review, no PPCC residents were positive for COVID-19 and, with the exception of those residents for whom consent was not obtained, all had received their first dose of a COVID-19 vaccine.

- Screening process upon entry to building was comprehensive and well-organized.
- All staff observed during the day of the review were wearing masks and eye coverings (shield or visor).
- No concerns noted relative to appropriate disposal of PPE.
- Minimal congregating noted among residents; occupancy in dining lounges on each floor limited to three residents with appropriate spacing in place and the majority of residents were seen to remain in their rooms (doors open to hallway).
- Group activities continued to be limited to three participants as reported by recreational staff. Focus continues to be on offering one-to-one interaction/activity.
- Resident COVID status signage only on doors for those residents returning from hospital (Code Orange).
- Educational/instructional signage specifically related to COVID only observed in staff rooms/areas.
- Signage/posters prompting handwashing and cough etiquette were seen on all floors. Physical distancing 'stickers' were visible on the floor of the elevator but questionable whether they reflected six feet of separation. Stickers also visible at entrance of facility where screening taking place.
- Inconsistent mask usage by residents observed outside their rooms; masks pulled down under nose or under chin.

- Ongoing issues with cleaning, pest activity/infestation and the poor condition of walls/millwork/floors/fixtures referenced under Standard 15 (Housekeeping Services) and Standard 19 (Safety and Security) continue to compromise infection prevention and control efforts.
- Issues identified for further action:
 - Signage was noted on a number of resident room doors indicating “refused COVID vaccine”. This is personal health information that should not be openly displayed.
 - Inconsistencies were noted in adequacy of hand washing observed among staff members.
 - On at least two floors, scotch tape was seen on pill crushers kept on the medication carts. This poses a risk of cross – contamination of medication and represents a possible source of infection transmission.
 - Issues relative to cleaning and infrastructure as already noted under Standards 15 and 19.

Performance Measure:

Staff have the equipment and supplies (including Personal Protective Equipment) they need to provide care and services safely and effectively.

Findings:

- All staff with whom reviewers spoke indicated having the equipment and supplies required.
- Staff are provided with masks and eye protection at the point of screening and extra stock is available on each floor. Gloves are available at the nurses’ desk on each floor and at points of care.
- Hand sanitizer was observed to be readily available and accessible on all floors, including in each resident room.
- As there are no designated staff washrooms on the resident floors, staff were using washroom facilities in the tub rooms (sinks and toilets). From an IP&C perspective this is not ideal.

Performance Measure:

There is a staff education program which provides information on infection control practices. Compliance is monitored and, where deficits are found, improvement strategies are developed.

Findings:

- All staff members with whom reviewers spoke indicated they recently received instruction/education on PPE use and other IP&C practices. Staff also verified that managers/supervisors regularly audit/monitor compliance and take immediate corrective action.

Follow-up Required: The facility is required to report on steps taken to address the three “Issues identified for further action” noted above.

Standard 25: Complaints

Reference: Personal Care Homes Standards Regulation section 40

Expected Outcome: A complaint process is available to residents and their representatives to address concerns.

Performance Measure:

There is a record of every complaint received and evidence that complaints are responded to in a timely manner.

Findings:

- Since October 2020, there have been 25 “email blasts” and “voice-mail updates” (via Dial My Calls application) intended to provide updates to families/caregivers. Information provided includes: COVID outbreak status, visitation protocols/restrictions, number of deaths, status of vaccine rollout, staffing levels, etc. Each message includes an invitation to contact the Director of Care with questions/concerns.
- Three telephone town-halls have taken place (one in October and two in November, 2020). Participants are asked to email questions ahead of time as they have listen-in capacity only. Feedback on this format was described as positive.
- The PPCC social worker contacts those families who have requested daily updates on the status of a resident. Social Worker also initiates contact where a resident tests positive for COVID or has passed away.
- The Client Service Response form normally used to document/record concerns and follow-up has not been utilized in 2020. Rather, concerns and follow-up were said to be documented only via email communications.

Follow-up Required: The facility is required to report on actions taken to ensure that a formalized process is in place to track and document complaints and follow-up responses.