

Vancouver Coastal Health

Long Term Care Inspection Report

Inspected by: Niamh Breen

Site Address: 970 Union St Vancouver BC V6A 3V1	Inspection #: INS197176
Facility Inspected: Villa Cathay Care Home - Long Term Care	Inspection Date: 27-Jan-2021
Facility Number: 3078006	Facility Type: Long Term Care
Primary Owner/Licensee: Villa Cathay Care Home Society	Inspection Type: Routine
Primary Operator/Manager: Szu Chi Lee	Delivery Method: Email

Opening Comments and Observations:
An unscheduled routine inspection was conducted to assess compliance with the legislation, regulation, and the Director of Licensing Standard of Practice (DOLSOPs). Evidence for this report was based on observations of the persons in care, a tour of the facility with the manager, a review of facility records and information provided by the facility staff at the time of inspection.

NIC = Not in compliance IC = In compliance SM = Standard Met NM = Standard Not Met

Long Term Care

PHYSICAL, EQUIPMENT AND FURNISHING/Temperature

1. The temperature in bedroom(s), bathroom(s) and common room(s) are safe and comfortable [RCR Sec 16(1), (3)] IC

PHYSICAL, EQUIPMENT AND FURNISHING/Bedroom furnishings

2. Persons in care are permitted to keep furniture, ornaments or other personal belongings in their room. [RCR Sec 29(2); Bill of Rights 2(f)] IC

PHYSICAL, EQUIPMENT AND FURNISHING/Emergency preparations

3. Employees have access to reliable communications equipment in an emergency [RCR Sec 51 (5)] IC

PHYSICAL, EQUIPMENT AND FURNISHING/Menu planning

4. Weekly menu posted in each dining area for Long Term Care. [RCR Sec 62(4)] IC

STAFFING/Staffing coverage

5. Employees on duty are sufficient in numbers, training, experience, and organized in an appropriate pattern to meet the needs of the persons in care and assist in activities of daily living. [RCR Sec 42(1);DOLSOP Opioid Overdose Prevention] IC
6. There are employees who can communicate effectively at all times with all the persons in care [RCR Sec 42(3)] IC

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STAFFING/Employee responsible for activities

7. A qualified employee is designated to organize and supervise physical, social and recreational activities and has sufficient time to carry out activities [RCR Sec (45)(a)(b)] IC
8. Persons in care have sufficient time to participate in activities [RCR Sec (45)(c)] IC

STAFFING/Emergency preparations

9. Employees have been trained in the implementation of the plans and in the use of emergency equipment [RCR Sec 51(3)] IC

POLICIES AND PROCEDURES/Advice on admission

10. Prior to and or on admission persons in care are informed of all charges, fees and other amounts that must be paid for accommodation and other services [RCR Sec 48(1) (a); Bill of Rights 4(c)] IC

Observation: Information required is addressed in the facilities resident handbook.

11. Prior to or on admission persons in care are informed of the facility's policies respecting expressing concerns, making complaints and resolving disputes [RCR Sec 48(1)(b)] IC
12. Prior to and or on admission persons in care are informed on how to express concerns or make complaints to the medical health officer or the Patient Care Quality Office [RCR Sec 48(1) (c); Bill of Rights 3(e)] IC
13. Persons in care are able to have family or a representative receive advice on admission and, make complaints [RCR Sec 48(1); Bill of Rights 3(f)] IC
14. Required advice is communicated in a manner appropriate to the skills and abilities of the person or the person's parent or representative. (RCR Sec 48(2); Bill of Rights 4(e)) IC

POLICIES AND PROCEDURES/Repayment agreements

15. Persons in care who make prepayments are provided written terms and conditions under which a refund may be made [CCALA Sec 19; Bill of Rights 4(d)] IC

POLICIES AND PROCEDURES/Emergency preparations

16. There is an emergency plan displayed in a prominent place that sets out procedures to prepare for, mitigate, respond to and recover from any emergency, including procedures for evacuation and how persons in care will be cared for [RCR Sec 51(1),(4)] IC

POLICIES AND PROCEDURES/Dispute resolution

17. There is access to a fair, prompt and effective process to express concerns, make complaints or resolve disputes within the facility [RCR Sec 60; Bill of Rights 3(d)] IC

Observation: LO reviewed the facilities complaint procedure and complaint form.

POLICIES AND PROCEDURES/When restraints may be used

18. A restraint may be used if the restraint is necessary to protect the person in care or others from imminent serious physical harm, or there is agreement as per the regulation [RCR Sec 74 (1)] IC

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POLICIES AND PROCEDURES/Policies and procedures

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| 19. There are written and implemented policies and procedures to guide staff in the care and supervision of the persons in care [RCR Sec 85(1)(a), (d)] | IC |
| 20. The written policies and procedures are reviewed and revised if necessary at least once each year [RCR Sec 85(1)(b)] | IC |
| 21. All policies and procedures are available to persons in care [RCR Sec 85(1)(c)(ii.1); Bill of Rights 4(a)] | IC |
| 22. A facility providing Long Term Care has a fall prevention policy and procedure with the required elements [RCR Sec 85(2a)] | IC |
| 23. The facility has written policies and procedures as prescribed by the regulation [RCR Sec 85(2)(b-l)] | IC |
| 24. The facility has a written a policy and procedure for obtaining consent, in accordance with Part 3 of the Health Care (Consent) and Care Facility (Admission) Act, before admitting an adult to the community care facility. [RCR Sec 85(2)(m)] | IC |

CARE AND/OR SUPERVISION/Other requirements on admission

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| 25. Risk of leaving the facility without notification is assessed on admission [RCR Sec 49 (3)] | IC |
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CARE AND/OR SUPERVISION/Harmful actions not permitted

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| 26. Persons in care are not subjected to abuse, neglect, or deprivations of food or fluids as a form of punishment [RCR Sec 52(1); Bill of Rights 2(b)] | IC |
| 27. Food or fluids are not used as a form of reward to person in care [RCR Sec 52(2); Bill of Rights 2(b)] | IC |

CARE AND/OR SUPERVISION/Privacy

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| 28. The privacy of persons in care is respected, including the privacy of bedrooms, belongings and storage area. [RCR Sec 53; Bill of Rights 2 (d)] | IC |
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CARE AND/OR SUPERVISION/Identification of persons in care off-site

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| 29. Person(s) in care has been provided with the appropriate documentation to keep in their possession when away from the facility [RCR Sec 56(1)] | IC |
| 30. If a person(s) in care may leave the facility without notifying an employee and is not capable of identifying his or herself they are fitted with an identification bracelet or other means not easily removed [RCR Sec 56(3)] | IC |

Observation: The facility utilize the wander guard system for persons at risk of leaving the facility

CARE AND/OR SUPERVISION/Access to persons in care

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| 31. While maintaining health safety and dignity, persons in care may receive visitors of their choice at any time and are able to communicate with them in private [RCR Sec 57(2); Bill of Rights 2(e)] | IC |
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CARE AND/OR SUPERVISION/Family and resident council

32. There is an annual opportunity for persons in care and family members to establish and participate in a council or similar organization to represent their interests [RCR Sec 59; Bill of Rights 3(b)] IC
33. Persons in care are able to have family or a representative participate on the resident or family council on their own behalf. [RCR Sec. 59; Bill of Rights 3(c)] IC

CARE AND/OR SUPERVISION/Restrictions on use of restraints

34. Restraints are not used unless it is necessary to protect the person in care or others from serious physical harm, are minimal as possible; safety, physical, emotional dignity is monitored and the regulation is followed [RCR Sec 73(1),(2)] IC

CARE AND/OR SUPERVISION/Restraint Reassessment

35. If a person in care has been restrained, the need has been reassessed at least once within 24 hours after the first use [RCR Sec 75(1)] IC
36. A restraint used under section 74(1)(b) that continues either continuously or intermittently for more than 24 hours is reassessed within the specified time consulting with those who agreed to the use of the restraint [RCR Sec 75(3)] IC

CARE AND/OR SUPERVISION/Care plan needed if more than 30 day stay

37. Persons in care or their representatives participate in the development and implementation of care plans [RCR Sec 81(2)(a); Bill of Rights 3(a)] IC
38. Care plans take into account the persons in care's unique abilities, physical, social and emotional needs, and cultural and spiritual preferences [RCR Sec 81(2)(b); Bill of Rights 1(b)] IC
39. The care plan(s) contains all items that must be recorded under this regulation [RCR Sec 81(3)] IC
40. The implementation of care plans is monitored on a regular basis to ensure proper implementation [RCR Sec 81(4)(a)] IC
41. Care plan(s) is reviewed and, if necessary, modified if there is a substantial change in the circumstances of the person in care or at least once a year [RCR Sec 81(4)(b)] IC
42. To the extent reasonably practical, persons in care participate in the review and modification of their own care plans [RCR Sec 81(4)(c)] IC

NUTRITION AND FOOD SERVICES/Menu planning

43. Menu reflects food preferences and cultural background [RCR Sec 62 (2)(c)(ii)] IC
44. Menu provides variety, including seasonal variation [RCR Sec 62(2)(c)(iii)] IC

NUTRITION AND FOOD SERVICES/Food preparation and service

45. Personal preferences and cultural background are considered in food preparation and service [RCR Sec 63(2)] IC

MEDICATION/Administration of medication

46. Medications administered have been prescribed or ordered by a medical practitioner or nurse practitioner [RCR Sec 70(1)] IC

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47. Medications are handled and administered appropriately [RCR Sec 70(3)] IC

HYGIENE AND COMMUNICABLE DISEASE CONTROL/Continuing monitoring of employees

48. There is evidence of employee(s) continued compliance with the Province's immunization and TB program [RCR Sec 39(1)] IC

HYGIENE AND COMMUNICABLE DISEASE CONTROL/Other requirements on admission

49. All persons admitted comply with the Province's immunization and TB control programs [RCR Sec 49(1); DOLSOP Immunization] IC

RECORDS AND REPORTING/Records respecting admission

50. For each person in care, there is a record showing the date of admission, and the consent to be admitted or to continue to be accommodated. [RCR Sec 77.1(1)(a)(b)] IC

51. There is a record of any assessment of incapability report provided under section 22 (1) (c) of the Health Care Consent Regulation. [RCR Sec 77.1(1)(c)] IC

RECORDS AND REPORTING/Reportable incidents

52. Reportable incidents have been reported to the Medical Health Officer in the form and manner required. [RCR Sec 77(2)(c)] IC

53. Reportable incidents have been reported with appropriate notifications [RCR Sec 77(2)(a)(b)(d); DOLSOP Preventing Opioid Overdose] IC

RECORDS AND REPORTING/Short term care plan on admission

54. A short term care plan is developed on admission to guide staff in protecting and promoting the health and safety of the person in care [RCR Sec 80(1); Bill of Rights 1(a)] IC

Observation: LO observed a comprehensive short term care plan for a recently admitted resident.

RECORDS AND REPORTING/Care plan needed if more than 30 day stay

55. Care plans are developed within 30 days of admission for admissions of 30 days or more [RCR Sec 81(1); Bill of Rights 1(a); DOLSOP Advanced Directives] IC

RECORDS AND REPORTING/Use of restraints to be recorded in care plan

56. If a person in care is restrained, the information required by the regulation is recorded in the care plan of the person in care [RCR Sec 84] IC

RECORDS AND REPORTING/Record of minor and reportable incidents

57. A record is kept of minor accidents, illnesses and medication errors involving persons in care that do not require medical attention and are not reportable incidents [RCR Sec 88 (a)] IC

Observation: An extensive binder of non-reportable incidents is maintained by facility management.

58. A record is kept of unexpected events involving persons in care [RCR Sec 88 (b)] IC

59. A record is kept of reportable incidents involving persons in care [RCR Sec 88 (c)] IC

RECORDS AND REPORTING/Confidentiality

60. Records and personal information are kept confidential [RCR Sec 93; Bill of Rights 2(d)] IC

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LICENSING/Prohibited service

61. The licensee provides the type of care on the license, not more than the maximum number and does not accommodate those less than 19 years of age in an adult facility [RCR Sec 46(2)] IC

LICENSING/Posting of licence and inspection record

62. The most recent routine inspection record is displayed in a prominent place. [RCR Sec. 11(1)(b), (2); Bill of Rights 4(b)] NIC

Follow up by: 27-Feb-2021

Observation: The most recent routine inspection was not displayed in a prominent place.

Response: Ensure the most recent routine inspection report is prominently placed and available to family and residents to review.

LICENSING/Standards to be maintained

63. The facility is operated in a manner that promotes the health, safety and dignity of persons in care, and their rights [CCALA Sec 7(1)(b)(i); Bill of Rights 2(a)] IC

64. The facility operates in a manner that promotes in the case of adult persons in care, the rights of those persons in care [CCALA Sec 7(b)(ii)] IC

65. The rights of adult persons in care are prominently displayed in the facility [CCALA Sec 7 c.1(i)] NIC

Follow up by: 27-Feb-2021

Observation: The Residents Bill of Rights was not displayed.

Response: Ensure the Residents Bill of Rights is prominently placed and available to family and residents to review.

66. The rights of adult persons in care are displayed in a form and in the manner acceptable to the minister [CCALA Sec 7 c.1(ii)] IC

67. The rights of adult persons in care are made known orally and in writing to persons in care and their families and representatives [CCALA Sec 7 c.2)] IC

PROGRAM/Program of activities

68. There is a suitable ongoing planned program of physical, social and recreational activities that meets the objectives of the care plan [RCR Sec 55(1)(a); Bill of Rights 2(c)] IC

69. Persons in care are encouraged to participate in the facility's program of activities and to take advantage of opportunities available in the community [RCR Sec 55(1)(b); Bill of Rights 2(c)] IC

70. There are opportunities to participate in events beyond the regular program of physical, social and recreational activities with or without charge [RCR Sec 55(2)] IC

71. Sufficient materials, supplies and equipment for the program of activities are readily accessible and safe, and provided without charge [RCR Sec 55(3); Bill of Rights 2(c)] IC

Long Term Care - Care & Supervision

Continuing accommodation

72. Health and safety of persons in care are regularly monitored [RCR Sec 50(1)] IC

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General health and hygiene

73. Persons in care are assisted in daily oral health care and are encouraged to have a dental exam once a year [RCR Sec 54(3)] IC

Observation: UBC Geriatric Dentistry regularly come on site to perform dental exam's for the residents in the facilities purposefully build dental clinic room.

Food preparation and service

74. Meals are served in a dining area [RCR Sec 63(3)(a)] IC

75. Sufficient time and assistance provided to ensure safety and comfort with eating [RCR Sec 63(5)] NIC

Follow up by: 28-Feb-2021

- *Sufficient assistance is not provided to ensure safety and comfort.*

Observation: During Inspection, Licensing Officer observed a resident laying in their bed in a slouched position with their bedside tray directly in front of them untouched. On review of the residents care plan, supervision and assistance required at mealtimes had been identified as a need. On discussion with the DOC, the resident has also been noted to be dropping weight. Facility management also added that sometimes the person in care will feed themselves, however the physical positioning of the person in care in itself hindered their ability to do so.

Response: Ensure adequate time and assistance is provided to persons in care during mealtimes.

Implementation of care plans

76. The care and supervision of a person in care is consistent with the terms and conditions of the care plan [RCR Sec 82] NIC

Follow up by: 29-Jan-2021

Observation: On review of the residents care plan, supervision and assistance required at mealtimes had been identified as a need. Licensing Officer did not observe any supervision or assistance for a person in care whom was observed to be laying in bed with their bedside table directly in front of them with untouched food.

Response: Ensure interventions identified in individualised care plans are implemented as intended.

Should a person in care be identified to require assistance with any activities of daily living, ensure the care and supervision for same is executed accordingly.

Nutrition plan

77. For facilities over 24 persons in care, the nutrition plan is developed and reviewed on a regular basis with a dietician. [RCR Sec 83(2),(3)(b)] IC

78. The nutrition plan is reviewed by a dietician if requested or required by the health professional providing care, the medical health officer or the funding program. [RCR Sec 83(3)(c)] IC

79. Unintentional significant changes in weight are immediately referred to a health professional. [RCR Sec 83(4)(b),(5)(b)] IC

80. Monthly weights are taken and recorded, if missing, the reason is documented. [RCR Sec 83(4)(a),(5)(a)] IC

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Standards to be maintained

81. The facility operates in a manner that promotes the health, safety and dignity of persons in care [CCALA Sec 7(b)(i);Bill of Rights 2(a)] NIC

Follow up by: 27-Feb-2021

Observation: Licensing Officer observed two persons in care on two different floors to be fully clothed, sitting in their wheelchair in the common areas with the sling used for mobilizing still in place. LO asked if this was regular practice and DOC stated that it is not and immediately directed the care staff to assist the resident in removal of the sling and escorted the person's in care to their individual suite in order to do so.

Response: Discussed the issue with facility management and explained how it is not conjunctive to persons in care dignity.

Ensure equipment utilized for assistance with activities of daily living is used and removed in the manner intended, promoting the dignity of the person in care.

Long Term Care - Medication**Medication safety and advisory committee (MSAC)**

82. There is a MSAC with the appropriate membership [RCR Sec 68(1)] IC
83. A supervising pharmacist has been appointed RCR [Sec 68(2)] IC

Return of medication to pharmacy

84. Medication is returned to the dispensing pharmacy if the person in care is no longer taking the medication(s)[RCR Sec 72(a)] IC
85. Expired medication is returned to the dispensing pharmacy as required [RCR Sec 72(b)] IC

Long Term Care - Nutrition and Food Services**Menu planning**

86. Minimum 4 week menu plan used [RCR Sec 62(1)(b)] IC
87. Menu considers texture, colour, taste, visual appeal and food safety [RCR Sec 62)(2)(c)(iv)] IC

Long Term Care - Physical, Equip, Furnishing**Accessibility**

88. Persons in care with a mobility aid are able to access all areas intended for their use [RCR Sec 14(1)] IC

Windows

89. If necessary windows are secured in a manner that prevents a person in care from falling, or exiting (does not apply to emergency exits that are window-accessed) [RCR Sec 15] IC

Lighting

90. Bedroom(s), bathroom(s) and common room(s) are lit sufficiently [RCR Sec 16(2)] IC

Water Temperature

91. Water accessible to a person in care, from any source, is not to exceed 49° Celsius [RCR Sec 17] IC

Readings Taken: Resident Bedroom: 44.3°C

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Telephones

92. There is at least one accessible and conveniently located telephone, for use only by persons in care [RCR Sec 18] IC

Equipment and furnishings

93. Furniture and equipment meets the needs, of the persons in care, are compatible with the health safety and dignity, are well maintained, and clean. [RCR Sec 21] IC

Bedroom occupancy

94. Each person in care has a separate bedroom [RCR 25(1)] IC

Physical requirements of bedrooms

95. Each bedroom is directly accessible from a hallway without passing through any other room [RCR Sec 26 (2)] IC
96. If suitable the bedroom door can be locked from the inside and unlocked in an emergency from the outside [Sec 26(3),(4)] IC

Bedroom windows

97. Each bedroom has a window that provides natural light, with coverings that block out light and protect the privacy of the occupant [RCR Sec 28(1)] IC

Bedroom furnishings

98. Persons in care are provided at no cost bedroom furnishings, including a safe, secure place to store valuable property, and a closet or wardrobe cabinet measuring at least 0.50 m²[RCR Sec 29(1)] IC

Physical requirements of bathrooms

99. Bathrooms have conveniently located and securely attached grab bars beside toilet(s), bathtub (s) and shower(s) to meet the needs and preferences of persons in care [RCR Sec. 30(c)] IC
- 100 Bathrooms have equipment that is necessary to protect health, safety and dignity of the persons in care [RCR Sec. 30(d)] IC

Designated work areas

- 101 There are appropriately furnished and equipped work areas for administrative work and other staff use [RCR Sec 35(1)(a)] IC

Long Term Care - Policies & Procedures

Policies and procedures

- 102 All policies and procedures are available to employees, the medical health officer and the person in cares' representative on request [RCR Sec 85(1)(c)(i, ii, iii)] IC

Long Term Care - Records & Recording

Long Term Care - Staffing

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Continuing monitoring of employees

103 Employee performance is reviewed regularly to ensure that they continue to meet the requirements of this regulation and demonstrates the competence required for their duties [RCR Sec 40(1),(3)] NIC

Follow up by: 28-Apr-2021

- Employee performance is not reviewed regularly.

Observation: On review of a select number of employee records, two employees did not have a performance review on file since 2015 and 2016.

Response: Ensure performance reviews are conducted on an annual basis of all facility staff.

Employee trained in first aid

104 Persons in care have at all times immediate access to an employee who is certified in first aid and CPR, knowledgeable about their medical condition and able to communicate with emergency personnel [RCR Sec 43(1);DOLSOP Preventing Opioid Overdose] IC

105 First aid supplies are readily accessible to all employees, including while care is provided off the facility premises [RCR Sec 43(2);DOLSOP Opioid Overdose Prevention] IC

How long records must be kept

106 Signed original forms authorizing criminal record checks are kept for 5 years [RCR Sec 92(2)] IC

Long Term Care - VCH CCFL - Order of the Medical Health Officer

Long Term Care - VCH CCFL RC - Communicable Disease Assessment

Action(s) Taken

Actions Required by Licensee

Contraventions identified which Licensee must address

Action(s) Required by Licensing Officer

Review and monitor corrective action plan

Review of requested information required to assess compliance

Notes and Attachments

28-Jan-2021 3:27 PM

Risk Assessment 2021

28-Jan-2021 3:27 PM

Original file name: Villa Cathay Routine RA.xlsx

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Received By:

Inspector:

Szu Chi Lee

Niamh Breen