Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 29, 2014	2014_283544_0024	S-000318-14	Resident Quality Inspection

Licensee/Titulaire de permis

ALGONQUIN NURSING HOME OF MATTAWA LIMITED
231 TENTH STREET, P.O. BOX 270, MATTAWA, ON, P0H-1V0

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

ALGONQUIN NURSING HOME OF MATTAWA LIMITED
231 TENTH STREET, P.O. BOX 270, MATTAWA, ON, P0H-1V0

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

FRANCA MCMILLAN (544), GWEN COLES (555), MONIKA GRAY (594)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): August 25, 26, 27, 28, 29, 2014.

During the course of the inspection, the inspector(s) spoke with Administrator, Chief Nursing Officer, Director of Care, Registered Staff, Pharmacist, Unregulated Care Professionals (UCPs), Dietary, Housekeeping and Laundry Manager, Cook, Dietary Aides, Maintenance Supervisor, Residents' Council President, Family Council Chairperson, Residents and Families.

During the course of the inspection, the inspector(s) observed the daily delivery of care and services to the residents, Staff to Resident interactions, the delivery of meals and snacks, medication administration, reviewed Residents' health care records, care plans, kardexes, medication records, resident treatment records, Physicians' orders, various policies and procedures of the home, Residents' Council Meeting minutes and Family Council meeting minutes.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Dignity, Choice and Privacy
Dining Observation
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Residents' Council
Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Inspector # 544 toured the shower and tub room areas with Staff # 105.
Staff # 105 confirmed that there were cracks in the caulking and the tile edges were not flush with the wall beside the large Argo tub in the main bath area.
There was a strong odour of urine in the corner, near the counters and along the floor edges where the wood panelling was situated, in this same area.
The wood panelling had changed colour from brown to grey and was retaining the strong odour of urine. Staff # 105 was going to seek Management's permission to remove this panelling.

There was a "Do Not Use, Broken" sign posted near a switch plate above the counter in the large tub room. Staff # 105 stated that there was a tub in that area and that there was an emergency call bell that is no longer used. Staff # 105 will ensure that it will be disabled and will cover the switch with a fixed switch plate cover.

Tile was missing on the tub ledge, in another part of the tub/shower area, and there was wet plywood exposed at the tub ledge. The plywood also had some sharp edges.

Six (6) tiles, on the the wall in the large stand-up shower room, were missing. [s. 15. (2) (c)]

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the licensee responds in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations.

Inspector # 544 reviewed the Residents' Council minutes for a six month period. An issue was brought forth regarding the hanging of a specific picture in the home. The Residents' Council recommended that the picture be hung at a lower level for all Residents to see it better. Another issue brought forward was that the music was too loud when the volunteers come to play for the Residents. Issues were raised and questions were asked why students did not come to the home during the summer months. Residents' Council also had a concern that there was no replacement when the hairdresser was away for the summer months.

Inspector # 544 could not find any documentation or correspondence regarding the home's response in writing within 10 days of receiving a concern or a recommendation from the Residents' Council.
This was confirmed by Staff # 100 and Staff # 103. [s. 57. (2)]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that written response is provided to the Family Council related to concerns about the operation of the home.

Review of the Family Council Minutes indicated there were concerns regarding bed rails and communication between family and staff, questions and concerns regarding the chairs in front foyer being moved. Residents wanted to be participating in baking class activities and have the use of dining room during non-meal times as a quiet area.
There were also concerns regarding the amount of activities for all residents, the appearance of the front of the building and the difficulty Residents were having in getting an incoming telephone call to the appropriate department.

An interview was conducted with Staff # 103 who reported that copies of the Family Council minutes were forwarded to the Management Team outlining the Family Council concerns regarding the operation of the home. Staff # 103 reported that there was no evidence of written responses to the Family Council from the licensee regarding concerns related to the operation of the home. An interview was conducted with Staff # 100, and they reported receiving copies of the Family Council Minutes however, Staff # 100 had no evidence of written responses to Family Council concerns related to the operation of the home. [s. 60. (2)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,
(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).
(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).
(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the advice of the Residents' Council was sought in developing and carrying out the satisfaction survey, and in acting on its results.

Inspector # 544 reviewed Residents' Council meeting minutes for the year 2013 and identified that no documentation could be found that could substantiate that the licensee sought the advice of the Residents' Council in developing and carrying out the satisfaction survey and in acting on its results.

Inspector # 544 interviewed the Resident # 010 who confirmed that the licensee did not seek the advice of the Residents' Council in developing and carrying out the satisfaction survey and in acting on its results.
Staff # 103, confirmed that they were away for a year (2013) and the survey was not completed.
Staff # 103 confirmed that the 2014 survey will be distributed in September 2014 and will have the Residents' Council input. [s. 85. (3)]

2. The licensee has failed to ensure that the Family Council was involved in the developing and carrying out of the satisfaction survey.

In an interview conducted with Staff # 010, it was identified by Staff # 010, that a satisfaction survey was sent to families in 2014 but Family Council was not involved in the development of the survey. In an interview with Staff # 103, it was reported that in 2013 and 2014 there was no Family Council involvement in the development of a satisfaction survey. [s. 85. (3)]

3. The licensee has failed to ensure to document and make available to the Residents' Council the results of the satisfaction survey in order to seek the advice of the Council about the survey.

Inspector # 544 interviewed Staff # 103 and identified that no documentation was available to the Resident Council regarding the results of the satisfaction survey in order to seek their advice about the survey.
It was confirmed by Staff # 103 that the results for the 2013 survey were not available and the survey was not completed in 2013.
Staff # 103 confirmed that the 2014 satisfaction survey results will be made available to the Residents' Council in order to seek the advice of the Council about the survey. [s. 85. (4) (a)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (3) The drugs must be destroyed by a team acting together and composed of,
(b) in every other case,
(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
(ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 79/10, s. 136 (3).

s. 136. (6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable. O. Reg. 79/10, s. 136 (6).

Findings/Faits saillants :

1. The licensee has failed to ensure that where a drug, that is to be destroyed is not a controlled substance, it will be done by a team acting together and composed of:
i. one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
ii. one other staff member appointed by the Director of Nursing.

Inspector # 544 could find no evidence that drugs, which have been destroyed, were done so by a team acting together and composed of one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and one other staff member appointed by the Director of Nursing.

Inspector # 544 identified that there was a directive from Staff # 113 that read, "Documentation for non-narcotics surplus prescribed drugs is no longer mandatory. Simply put the medication for destruction in the medication for destruction cupboard."

Staff # 101, Staff # 107 and Staff # 108, confirmed that this was written by Staff # 113.

Inspector # 544 conducted a telephone interview with Staff # 113, who stated that they wrote the above directive and stated that it was not properly written in order to direct

staff. They stated that they will implement a system, in consultation with Staff # 101, to ensure that there will be evidence of proper destruction of non- narcotic surplus drugs that need to be destroyed. [s. 136. (3) (b)]

2. The licensee has failed to ensure that when a drug is destroyed, the drug is altered or denatured to such an extent that its consumption is rendered impossible or improbable.

Inspector # 544 identified that there was a directive from Staff # 113 that read: "Documentation for non-narcotics surplus prescribed drugs is no longer mandatory. Simply put the medication for destruction in the medication for destruction cupboard." Staff # 113 confirmed that they had written this.

Staff # 101, Staff # 107 and Staff # 108 confirmed that this was written Staff # 113.

Inspector # 544 observed that there were non-controlled surplus prescribed drugs, in the original containers, that were in an open steri plastic container, not in a locked cupboard. Inspector # 544 was told by Staff # 107 and Staff # 108 that the drugs were to remain in this container until Staff # 113 came to remove them for destruction. Inspector # 544 observed that the drugs were not altered or denatured to such an extent that consumption was rendered impossible or improbable.

Inspector # 544 had a telephone interview with Staff # 113 who stated that they wrote this directive and stated that it was not properly written in order to direct staff regrading the destruction of non-controlled surplus medications. [s. 136. (6)]

Issued on this 29th day of September, 2014

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