Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

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

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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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, 2020	2020_829757_0004	000568-20	Other

Licensee/Titulaire de permis

Atikokan General Hospital
120 Dorothy Street ATIKOKAN ON P0T 1C0

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

Atikokan General Hospital
120 Dorothy Street ATIKOKAN ON P0T 1C0

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

DAVID SCHAEFER (757)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): January 20-24, 2020.

This inspection is a Sudbury Service Area Office initiated inspection.

PLEASE NOTE: Non-compliance of a Voluntary Plan of Correction (VPC) related to s. 6 (7) of the Long-Term Care Homes Act (LTCHA), 2007; non-compliance of a VPC related to s. 49 (2) of the Ontario Regulation (O. Reg.) 79/10; and non-compliance of a VPC related to s. 8 (1) (b) of O. Reg. 79/10 were identified during this inspection and have been issued in inspection report #2020_829757_0003, which was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Acting DOC, Resident Assessment Instrument (RAI) Coordinator, Recreationist/Resident Council Assistant, Infection Control/Risk Manager, a Registered Nurse (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.

The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, staff-to-resident interactions, and reviewed relevant resident health care records, internal incident reports, as well as specific licensee policies, procedures, and programs.

The following Inspection Protocols were used during this inspection:
Dining Observation
Falls Prevention
Medication
Reporting and Complaints
Residents' Council
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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	Légende 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 O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs were stored in an area or a medication cart exclusively used for drugs and drug-related supplies.

During an observation of resident #002's room, the inspector observed a prescription medication in the resident's bathroom.

The inspector reviewed resident #002's records and found that there was no order authorizing the medication to be left in the resident's room.

During an interview with Registered Practical Nurse (RPN) #102, they confirmed that there was no order authorizing the medication to be left in the room. The RPN subsequently removed the medication from the resident's room.

During an interview with the acting Director of Care (DOC), they confirmed that this medication should not have been left in the resident's room; and instead should have been kept in a locked medication cart, or in the medication room. [s. 129. (1) (a)]

2. The licensee has failed to ensure that controlled substances were stored in a separate, double-locked stationary cupboard in the locked area.

While conducting an observation of the medication room with RPN #105, the inspector noted that the stationary cupboard used to store controlled substances, and equipped with a double-lock, was locked with a single lock, while the second lock was left unlocked and open. The inspector also noted that a controlled substance was being separately stored in the refrigerator; however, it was stored in a container equipped only with a single lock.

During an interview with RPN #105, they confirmed that the stationary cupboard should have been locked, with both locks engaged.

During an observation conducted with the acting DOC, they confirmed that a controlled substance was being stored in the fridge with only a single lock, and that controlled substances should have been stored separately and double-locked. [s. 129. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance that ensures that drugs are stored in an area or a medication cart exclusively used for drugs and drug-related supplies; and that ensures that controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 63. If invited by the Residents' Council or the Family Council, the licensee shall meet with that Council or, if the licensee is a corporation, ensure that representatives of the licensee meet with that Council. 2007, c. 8, s. 63.

Findings/Faits saillants :

1. The licensee has failed to ensure that when invited by the Residents' Council, the licensee met with the Council or, if the licensee is a corporation, ensure that representatives of the licensee met with that Council.

The inspector reviewed the Residents' Council meeting minutes dated October 22, 2019, and July 16, 2019, which listed the DOC as a guest for the meetings, but noted that they were "unable to attend".

During an interview with the Residents' Council Assistant, they confirmed that the DOC had been invited by the Residents' Council to the meetings on October 22, 2019, and July 16, 2019, but did not attend either meeting. They also confirmed that no representative was sent in place of the DOC on either date. [s. 63.]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 100. Every licensee of a long-term care home shall ensure that the written procedures required under section 21 of the Act incorporate the requirements set out in section 101. O. Reg. 79/10, s. 100.

Findings/Faits saillants :

1. The licensee has failed to ensure that the written procedures required under section 21 of the Long-Term Care Homes Act (LTCHA), 2007, incorporated the requirements set out in section 101 of O. Reg. 79/10.

The inspector reviewed the home's written complaints procedure "Complaints Procedure – Members of The Public, ORG-PROCEDURE-RISK MANAGEMENT-8774", dated effective January 3, 2019, and found that the requirements set out in O. Reg. 79/10, s. 101 were not incorporated into the home's complaints procedure.

Specifically, the licensee failed to ensure that the following requirements set out in O. Reg. 79/10 s. 101 were incorporated in the home's written complaints procedure:
- The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint [O. Reg. 79/10, s. 101 (1) 1].
- For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances [O. Reg. 79/10, s. 101 (1) 2].
- A response shall be made to the person who made the complaint, indicating what the licensee has done to resolve the complaint, or that the licensee believes the complaint to be unfounded and the reasons for the belief [O. Reg. 79/10, s. 101 (1) 3].
- Ensure that a documented record is kept in the home that includes the nature of each verbal or written complaint; the date the complaint was received; the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; the final resolution, if any; every date on which any response was provided to the complainant and a description of the response; and any response made in turn by the complainant [O. Reg. 79/10, s. 101 (2)].
- The documented record is reviewed and analyzed for trends at least quarterly; the results of the review and analysis are taken into account in determining what improvements are required in the home; and a written record is kept of each review and of the improvements made in response [O. Reg. 79/10, s. 101 (3)]

During an interview with the Resident Assessment Instrument (RAI) Coordinator, they confirmed that this was the only complaints procedure in use by the home, and that the procedure did not incorporate the requirements set out in O. Reg. 79/10, s. 101. [s. 100.]

Issued on this 30th day of January, 2020

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

Original report signed by the inspector.