



**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**

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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
Jun 19, 2019	2019_787640_0019	006278-19, 006741- 19, 006742-19	Complaint

Licensee/Titulaire de permis

488491 Ontario Inc.
c/o Jarlette Health Services 711 Yonge Street MIDLAND ON L4R 2E1

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

Avalon Retirement Centre
355 Broadway Avenue ORANGEVILLE ON L9W 3Y3

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

HEATHER PRESTON (640)

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): June 14 and 17, 2019.

The following Follow-Up inspections were conducted:

**Follow-Up inspection log #006741-19 related to the home's HIR policy and,
Follow-Up inspection log #006742-19 related to safe lift and transfer.**

The following Complaint inspections were reviewed:

Complaint inspection, log #006278-19 related to concerns about medication.

During the course of the inspection the LTCH Inspector observed the delivery of care, toured the home, conducted interviews and reviewed policy and procedure.

During the course of the inspection, the inspector(s) spoke with residents, family, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), Environmental Services Manager (ESM), Co-Directors of Care, Assistant Director of Care, Director of Care (DOC) and the Administrator.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Medication**

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 36.	CO #002	2019_787640_0008		640
O.Reg 79/10 s. 8. (1)	CO #001	2019_787640_0008		640

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**Specifically failed to comply with the following:**

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee failed to ensure, as part of the organized program of maintenance services under clause 15 (1) (c) of the Act, that there were schedules and procedures in place for routine, preventive and remedial maintenance.

On June 14, 2019, the Long-Term Care Homes (LTCH) Inspector observed a drain fly on their work surface in the lower level of the home. They then observed all four tub rooms and the lower level resident/public washrooms and the lunch room. The women's washroom had several drain flies on the walls, floor and counter area. The men's washroom had several drain flies on the walls of the stalls. The lunch room had drain flies on the wall near the water cooler.

On June 17, 2019, the LTCH Inspector observed drain flies on the outside of the lower level women's washroom door, inside on the walls and counter area. There were no drain flies in the men's washroom or in the lunch room.

PSWs #100 and #101 told the LTCH Inspector that the resident rooms on the west side of the south wing have had flies before when their drains had been clogged. They had not seen any recently.

When drains were not sealed, or the "P" traps were dried out or broken or when drains had not been cleaned for a long time, this caused too much debris to be housed in the drain such as hair and faeces, allowing the drain flies to breed in the material. Every long-term care home was required to have in place, processes and procedures to ensure all of their floor drains were maintained such as being cleaned out and in good condition to prevent insects from breeding in them.



The licensee's policy "Environmental Services – Maintenance – Goals and Objectives" with an effective date of April 2010, stated an objective was to maintain a clean environment in all areas of the facility for the benefit of residents, workers and visitors and to ensure prompt and effective cleaning and sanitizing. The policy stated that an on-going preventive maintenance program would be conducted.

The LTCH Inspector interviewed the Environmental Services Manager (ESM) who said they do not have the cleaning of all drains included in their preventive maintenance. They do have the kitchen and laundry drains cleaned quarterly, but they do not have any documentation as to when that was to occur.

The LTCH Inspector reviewed the home's policy "Preventative Maintenance Programs", with an effective date of January 1, 2008, which did not include any schedule or procedures in place for the routine, preventive or remedial maintenance of any drains in the home.

The ESM said they were not aware of any contracted service or any process in place related to the maintenance of the floor drains.

The licensee failed to ensure that there were schedules and procedures in place to ensure that all floor drains were included in the preventive maintenance program. [s. 90. (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 the licensee must ensure, as part of the organized program of maintenance services under clause 15 (1) (c) of the Act, that there are schedules and procedures in place for routine, preventive and remedial maintenance for all drains within the home, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system



Specifically failed to comply with the following:

s. 114. (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home. O. Reg. 79/10, s. 114 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that written policies were developed for the medication management system to ensure accurate administration of all drugs used in the home.

Because of a complaint regarding incorrect medication dosages that had been administered to resident #004, the LTCH Inspector reviewed their clinical record to include the electronic and paper components related to medication, admission medication reconciliation and medication administration records.

When the resident was admitted to the home in March 2019, they presented a print out from their pharmacy service provider and the medication blister packs they were taking at home. The pharmacy service provider print out documented the resident's current medications, their dosage and times of administration.

RN # 104 transcribed the original admission medication orders which they noted were obtained from the CCAC information and a Medication Administration Record (MAR). The initial document stated the medications as per the provided list except one of the medications was transcribed incorrectly. The specific medication was changed to medication available to the Long-Term Care Home as an equivalent. The dosage written for the replacement medication was incorrect again. The medication admission record had been approved and signed by the physician. The resident did not receive the correct dosage of their medication as prescribed to them while living at home.

RN #104, the nurse who prepared the document, signed and dated the document once completed then faxed the orders to the pharmacy. RN #105 and RPN #106 signed as the nurses who completed the first and second check of the electronic MAR prepared by the home's pharmacy service provider and the admission record as signed by RN #104 and the physician. There were no checks completed, nor any review of the transcription of the resident's medication lists, from their home and the list created on the admission record medication reconciliation orders.



RPN #103 said that when doing medication reconciliation upon a resident's admission to the home, they rely on the pharmacy print out, medication containers and any other recent documents related to the resident's current medication regime. There were no guidelines or expectations that the medication reconciliation form be confirmed by a second nurse prior to the orders being faxed to the home's pharmacy service provider.

The DOC said the home did not have a policy or procedure directing staff how to complete medication reconciliation nor did they have an expectation that two nurses would check the initial medication reconciliation form prior to it being faxed to pharmacy.

The licensee failed to ensure there was a policy in place to ensure accurate administration of all drugs. [s. 114. (2)]

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 the licensee must ensure that written policies are developed for the medication management system to ensure accurate administration of all drugs used in the home, to be implemented voluntarily.

Issued on this 19th day of June, 2019

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

Original report signed by the inspector.