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
Aug 3, 2021	2021_738753_0014	008233-21	Complaint

Licensee/Titulaire de permis

Corporation of the County of Bruce
30 Park Street Walkerton ON N0G 2V0

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

Brucelea Haven Long Term Care Home - Corporation of the County of Bruce
41 McGivern Street West P.O. Box 1600 Walkerton ON N0G 2V0

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

KATHERINE ADAMSKI (753)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): July 12-16, 19, 2021.

The following intakes were completed in this complaint inspection:
Log #008233-21/IL-90480-CW related to an allegation of neglect.

During the course of the inspection, the inspector(s) spoke with the Administrator, previous Director of Nursing (DON), Director of Care (DOC), Maintenance Manager and Maintenance Staff, Registered Practical Nurses (RPN), Residents, Personal Support Workers (PSW), Dietary Staff, and Resident Care Aides (RCA).

The inspector also toured the home, observed infection prevention and control practices and staff and resident interactions and reviewed pertinent documentation.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Medication
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **4 WN(s)**
- **4 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that care was provided to resident #001 as specified in their plan in relation to medication administration.

Resident #001 required their medications to administered in a specific way.

On a specific date, resident #001 was not administered their medications as per their plan of care by Registered Practical Nurse (RPN) #108. Resident #001's family found the medications partially dissolved on the resident's tongue. Resident #001 was lethargic and drowsy at that time.

RPN #108 acknowledged that they had administered resident #001's medications not as specified in their plan of care.

By administering resident #001’s medication not as specified in their plain of care, the resident was at risk of choking and not receiving the full therapeutic benefit of the medication.

Sources: Interviews with the Administrator, Director of Care (DOC), RPN #108 and resident #001's substitute decision maker (SDM), review of resident #001’s plan of care including special instructions, electronic medication administration record (eMAR, dated May 2021), and progress notes, a photograph of the medication. [s. 6. (7)]

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 to ensure that the care set out in the plan of care is provided to residents as specified in the plan related to medication administration, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the home's medication administration policy titled "Policies & Procedures: Manual for MediSystem serviced homes" (dated June 2020) was complied with for resident #001.

O. Reg. 79/10, s. 114 (2) requires 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.

Specifically, staff did not comply with the home's "Policies & Procedures: Manual for MediSystem serviced homes" program policy (dated June 2020) which stated the following:

*Verbal or telephone orders must be read back to the prescriber and immediately recorded on the Prescribers Order Form. The orders must be dated and signed with both the nurses and prescribers name (page 31).

*Administer medications to the resident ensuring that all oral medications have been swallowed (page 24).

*For eMAR Homes, update the eMAR with the medication administered, and make the appropriate documentation for medications which could not be given by choosing the appropriate reason code (page 24).

a) On May 20, 2021, resident #001's Primary Care Physician (PCP) provided a stat verbal order to RPN #106 for a specified medication. RPN #106 administered the

medication as ordered, however they did not immediately record the verbal order on the prescribers order form or ensure that the PCP had done so. Additionally, RPN #106 did not record that this medication had been administered to resident #001 on the resident's eMAR as required by the home's medication administration policy.

b) On the morning of May 21, 2021, resident #001 was administered several medications and staff did not ensure that all oral medications were swallowed. As a result, some of the medications were found partially dissolved on the resident's tongue.

As a result of staff not complying with the home's medication administration policy, resident #001's eMAR did not accurately reflect the medications administered. Additionally, there was risk to resident #001 not receiving the full therapeutic benefit of the medication when the nurse did not ensure that it was swallowed by the resident.

Sources: Interviews with the DOC and other staff and the resident's SDM, resident #001's physical chart including orders, electronic chart in Point Click Care including progress notes, eMAR, and orders, and the home's "Policies & Procedures: Manual for MediSystem serviced homes" program policy (dated June 2020) page 24 and 31. [s. 8. (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 to ensure that the home's medication administration policy titled Policies & Procedures: Manual for MediSystem serviced homes is complied with by registered staff, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).
4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that an allegation of neglect related to resident #001 was reported to the Director.

On May 21 and May 31, 2021, the home received written correspondence alleging neglect of resident #001. Specifically, the complainant alleged that lack of care and action was taken by the home in response to resident #001's decline in health status.

A review of the Ministry of Long Term Care (MLTC) reporting portal, showed that a Critical Incident System (CIS) report had not been submitted to the Director related to these allegations of neglect.

In response to this allegation, the home conducted an internal investigation, but did not report the allegation to the Director. The Administrator and previous Director of Nursing (DON) acknowledged that a CIS report had not been submitted because the home was dealing with the allegation internally and the allegation was unfounded.

By not reporting the allegations of neglect to the Director immediately, the Director was unable to respond to the incident immediately.

Sources: MLTC reporting portal, email correspondence dated May 21 and 31, 2021 between the resident's SDM and the home, interviews with the Administrator and other staff. [s. 24. (1)]

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 to ensure that all allegations of neglect are immediately reported to the Director, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff fully participated in the implementation of the infection prevention and control program in relation to performing hand hygiene for residents.

The home's Hand Hygiene Program Policy #: IX-G-10.10 (revised July 15, 2021) stated that Personal Support Workers (PSWs), Resident Care Aide (RCAs) and Recreational and Leisure Team staff will wash resident's hands before and after eating and after activities involving touching and eating with either hand washing or the use of alcohol-based hand rub.

a) On July 12, 2021, residents attending the dining area on three south were not reminded, encouraged or assisted by staff to perform hand hygiene before or after their lunch meal.

b) On July 14, 2021, residents attending the dining area on two west were not reminded, encouraged or assisted by staff to perform hand hygiene before their dinner meal.

RCA #105 acknowledged that not all residents performed hand hygiene prior to lunch or after lunch. RPN #102 acknowledged that residents who were independent, were not reminded or encouraged to perform hand hygiene, while others who require assistance would have their hands wiped with a cloth and water after their meal. They also stated that staff were not ensuring residents performed hand hygiene at snack time and were not aware if there was a policy in place related to resident hand hygiene and snack time. RPN #102 acknowledged that staff not reminding, encouraging or assisting residents with hand hygiene before and after meals was a widespread issue throughout the home.

Resident #002 stated that staff were not consistently assisting residents who are cognitively impaired in the dining room and at snack time with performing hand hygiene. Resident #003 stated that staff did not remind, encourage or assist them to perform hand hygiene before or after meals. They also stated that they did not observe staff assisting residents with this task before meals. Resident #004 stated that staff were inconsistent

with assisting residents perform hand hygiene and they did not remind them to perform hand hygiene prior to or after meals.

Additionally, alcohol-based hand rub or disinfectant hand wipes were not observed on the dining room tables or in the dining area on three west, three south, or two south.

Not ensuring residents were performing hand hygiene before or after having a meal or snack placed staff, essential visitors and residents at risk for disease transmission.

Sources: Observations of lunch and dinner service on two resident home area's, interviews with RPN #102, and other staff, resident #002, #003, and #004, the home's Hand Hygiene Program Policy (# IX-G-10.10, last revised July 15, 2021), Best Practices for Hand Hygiene in All Health Care Settings, 4th edition April 2014. [s. 229. (4)]

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 to ensure that staff fully participate in the implementation of the infection prevention and control program related to ensuring residents perform hand hygiene before and after meals and snacks, to be implemented voluntarily.

Issued on this 5th day of August, 2021

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

Original report signed by the inspector.