



Ministry of Health and Long-Term Care

Long-Term Care Homes Division
 Long-Term Inspections Branch

Ministère de la Santé et des Soins de longue durée

Inspection de soins de longue durée
 Division des foyers de soins de longue durée

Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Director:	Karen Simpson
Order Type:	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of Licence Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
Intake Log # of original inspection (if applicable):	Not applicable
Inspection #:	#2016_199626_0032 (A1)
Licensee:	CVH (No.6) GP Inc. as general partner of CVH (No.6) LP c/o Southbridge Care Homes Inc., 766 Hespeler Road, Suite 301, CAMBRIDGE, ON, N3H-5L8
LTC Home:	Orchard Villa 1955 Valley Farm Road, Pickering
Name of Administrator:	Angela Rodrigues

Background:	
<p>On January 24, 2017 as part of inspection #2016_199626_0032 (A1), a Director Referral was made in accordance with s. 152, paragraph 4 of the LTCHA, 2007. The Director Referral was made after the inspector reissued a fourth consecutive compliance order under s O. Reg. 79/10 s. 131. This referral was specifically related to subsection s.131(2).</p>	



Ministry of Health and Long-Term Care

Long-Term Care Homes Division
Long-Term Inspections Branch

Ministère de la Santé et des Soins de longue durée

Inspection de soins de longue durée
Division des foyers de soins de longue durée

Order:	001
---------------	-----

To CVH (No.6) GP Inc. as general partner of CVH (No.6) LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

Pursuant to: O.Reg. 79/10, s. 131. (2) Medications not administered as prescribed

Order:

The Licensee is ordered to provide the Director with a detailed written report on the status of actions taken to address the requirements of Order # 001 issued to the Licensee on January 24, 2017 as part of inspection #2016_199626_0032 (A1). In particular, the report is to identify the specifics of the nursing leadership provided by the management company, including their role, actions taken and attendance at the home. Further, the licensee is to provide the Director with a monthly update until September 30, 2017 demonstrating actions taken to ensure and sustain compliance.

In addition, the licensee is to provide the Director with a detailed plan identifying proposed actions to sustain compliance with s. 131 (2). That plan is to include the actions that will be taken, who will take these actions and when the actions will be completed.

The licensee is also ordered to provide ongoing and regular support by a nursing consultant to the registered nursing staff in the home and the Director of Nursing and Personal Care to ensure medication is administered as prescribed and corrective actions are taken in response to medication incidents. The nursing consultant will ensure:

- audits are being regularly conducted in the home;
- actions taken in response to concerns identified;
- education and re-education is completed as required; and
- that all of the above is documented to demonstrate compliance with this requirement.

Grounds:

- **November 15 to 27, 2015:** a Resident Quality Inspection was conducted at Orchard Villa. The inspection report and a compliance order CO #04 were served on the licensee on January 15, 2016. The compliance order (CO #004) was issued in relation to findings of non-compliance with O.Reg.79/10, s.131 (1) related to medication administration as medications were being administered to residents after they had been discontinued. Compliance due date was February 29, 2016. At the same time, medications were also not being kept secure or locked (issued O.Reg.79/10, s.129 (1)(a) as a WN). Appropriate actions were also not taken in response to medication incidents (issued O.Reg.79/10, s.134 (b) as a WN).
- **April 25 to May 4, 2016:** a Follow Up inspection was conducted. Non-compliance was found with O.Reg.79/10, s.131 (1) as medications continued to be administered after being discontinued. In addition, O.Reg. 79/10 s.131 (2) was issued as a medication was being administered with incorrect dosages. The inspection report and a compliance order CO #02 under s.131 (1) were served on the licensee on May 10, 2016 with a compliance due date of May 26, 2016..
- **July 5 to 18, 2016:** a Resident Quality Inspection was conducted at the LTC home. A follow-up inspection was conducted at the same time in relation to CO #02. Continued non-compliance were identified under O.Reg. 79/10 s. 131(1) & (2). The inspection report and a compliance order CO #02 and CO #03 were served on the licensee on September 8, 2016 with a compliance due date of October 31, 2016. Continued non-compliance was noted for O.Reg.79/10, s.131 (1) when the wrong medication was administered to a resident putting the resident at risk of harm. In addition, s. 131(2) was issued as an order due to medications being administered at incorrect times. The medication administration time for five residents was outside the parameter of the one hour window before or after the prescribed time of administration as per the licensee's policy.
- July 18, 2016: I met with the licensee and a LHIN representative to discuss the outstanding non-compliance in relation to O. Reg. 79/10 s. 131(1) & (2). This meeting was scheduled as a result of a Director's Referral issued by the inspector due to recurring non-compliance with this regulatory requirement identified during the Follow up inspection conducted between April 25 to May 4, 2016. At the time of the meeting it was identified that additional non-compliance was found during the Resident Quality Inspection conducted between July 5 to 18, 2016.
- By letter dated July 28, 2016, I requested a detailed plan from the licensee on the steps they were taking to address the non-compliance with O. Reg. 79/10 s. 131(1) & (2). I noted in the letter that the licensee had informed me that they were hiring an Assistant Director of Care as well as a Director of Quality Management. The plan was received as requested however on-going non-compliance has been identified in subsequent inspections.
- **December 14 to 28, 2016:** a Follow Up inspection was conducted. Continued non-



Ministry of Health and Long-Term Care

Long-Term Care Homes Division
Long-Term Inspections Branch

Ministère de la Santé et des Soins de longue durée

Inspection de soins de longue durée
Division des foyers de soins de longue durée

compliance was noted for O.Reg.79/10, s.131 (2) and a compliance order (CO#01) was reissued and served on the licensee on January 25, 2017 with a compliance due date of February 28, 2017. The compliance date was amended February 8, 2017 to **March 31, 2017** at the licensee’s request. The CO was reissued due to medications being administered at incorrect times and not as prescribed. The medication administration time for three residents was outside the parameter of the one hour window before or after the prescribed time of administration as per the licensee’s policy. In addition, corrective actions were also not taken with medication incidents, as ordered and served on the licensee on September 8, 2016, in four of thirteen incidents that occurred after the compliance date of October 31, 2016.

This order must be complied with by: March 31, 2017

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

and the

Director
c/o Appeals Clerk
Long-Term Care Inspections Branch
1075 Bay St., 11th Floor, Suite 1100
Toronto ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 10th day of March , 2017.

Signature of Director:

Name of Director:

Karen Simpson