Ontario

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
Oct 17, 2019	2019_722630_0026	012386-19, 012410-19, 012411-19, 012412-19, 012413-19	Follow up

Licensee/Titulaire de permis

Copper Terrace Limited
284 Central Avenue LONDON ON N6B 2C8

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

Copper Terrace
91 Tecumseh Road CHATHAM ON N7M 1B3

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

AMIE GIBBS-WARD (630), CHRISTINA LEGOUFFE (730), JULIE DALESSANDRO (739), MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): September 26, 27 and 30, October 1, 2, 3, 4, 7, 8 and 9, 2019.

The following Follow-up intakes were completed within this inspection related to Compliance Orders (COs) from inspection #2019_722630_0012:
Log #012410-19 for CO #001 related to Registered Nurse (RN) staffing;
Log #012411-19 for CO #002 related to compliance with the home's policies for drug destruction and medication administration;
Log #012412-19 for CO #003 related to the written staffing plan for personal support services and nursing services;
Log #012413-19 for CO #004 related to medication administration.

The following Follow-up intake was completed within this inspection related to a Compliance Order (CO) from inspection #2019_722630_0013:
Log #012386-19 for CO #001 related to responsive behavior assessments, reassessments and interventions.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the APANS Director Special Projects, the APANS Nurse Consultant, the Director of Clinical Services (DOCS), the Associate DOCS Second Floor, the Associate DOCS Third Floor, the Director of Culinary Services, the Director of Environmental Services, the Resident Assessment Instrument (RAI) Coordinator, the Behavioural Supports Ontario (BSO) Registered Practical Nurse (RPN), Registered Nurses (RNs), RPNs, Personal Support Workers (PSWs), a Housekeeper, a Dietary Aide, family members and residents.

The inspectors also observed resident rooms and common areas, observed medication storage areas, observed medication administration, observed meal and snack service, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, reviewed the written staffing plan of the home for RNs, RPNs and PSWs, reviewed various meeting minutes and reviewed written records of program evaluations.

The following Inspection Protocols were used during this inspection:

Medication
Responsive Behaviours
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 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 # / NO DE L’INSPECTION	INSPECTOR ID #/ NO DE L’INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #004	2019_722630_0012	739
O.Reg 79/10 s. 31. (3)	CO #003	2019_722630_0012	630
O.Reg 79/10 s. 53. (4)	CO #001	2019_722630_0013	730
O.Reg 79/10 s. 8. (1)	CO #002	2019_722630_0012	563
LTCHA, 2007 S.O. 2007, c.8 s. 8. (3)	CO #001	2019_722630_0012	630

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. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Findings/Faits saillants :

1. The licensee has failed to comply with Compliance Order (CO) #004 from Follow Up inspection #2019_722630_0012 served on July 11, 2019 with a compliance due date of August 31, 2019.

The licensee was to be compliant with O. Reg.79/10 s.131(2). CO #004 also stated that the licensee was to:
"a) Ensure that all medications are administered to all residents in accordance for use specified by the prescriber and according to the established medication administration schedule for the home.
b) Ensure a procedure is developed for tracking and monitoring the accurate and timely administration of all scheduled medications used in the home to be implemented weekly, including who will be responsible.
c) Ensure the procedure developed and implemented weekly is analyzed and corrective action is taken as necessary and a written record is kept of everything.
d) Ensure the home's medication administration policy titled Hogan Pharmacy Partners IIAO1 – Medication Administration, General Guidelines is complied with. As specified in this policy medications are to be administered to residents within 60 minutes of the scheduled time, except time-sensitive medications which are to be administered within 30 minutes. For orders before, with or after meals medications are to be administered based on mealtimes.
e) Ensure that an interdisciplinary team, which includes the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meet to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. A written record must kept of this evaluation."

The licensee completed part a) and d).
The licensee failed to complete part b), c) and e).

A) As part of section b) for CO #004 the licensee was to "ensure a procedure is developed for tracking and monitoring the accurate and timely administration of all scheduled medications used in the home to be implemented weekly, including who will be responsible."

The APANS Nurse Consultant (NC) provided Inspector #563 with the weekly medication audits completed since June 2019. Inspector #563 reviewed the audits completed after

the compliance due date of August 31, 2019. The "Late Medication Audit" forms were completed weekly between September 1 and October 1, 2019. There was no identified person responsible for completion of these audits and no signature or name of the person who completed the audits weekly.

The APANS NC stated the Late Medication Audit was the weekly tracking and monitoring developed to ensure medications were accurately administered on time developed. The NC acknowledged CO #004 specifically included "who will be responsible" for the weekly implementation of the procedure developed for tracking and monitoring and verified there was no responsible person identified.

B) As part of CO #004 part c) it included that the licensee was to "ensure the procedure developed and implemented weekly is analyzed and corrective action is taken as necessary and a written record is kept of everything." The NC verified there was no written record of the analysis or corrective action for the audits completed between September 1 and October 1, 2019.

C) As part of CO #004 part e) it included that the licensee was to "ensure that an interdisciplinary team, which includes the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meet to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. A written record must kept of this evaluation."

The Medication Administration System Audit and Evaluation was completed June 25, 2019 with the Director of Clinical Services, Assistant Directors of Clinical Services, the APANS Vice President, and the APANS Nurse Consultant. The Medical Director, pharmacy service provider and Registered Dietitian were absent from the meeting. A review of the documentation for this review showed there were sections of the evaluation which were not completed.

During an interview the Director of Clinical Services (DOCS) stated the Surge eLearning Medication Administration System Audit and Evaluation was the one completed annually, and all sections of the evaluation should have been completed as part of the evaluation of the medication management system. The DOCS verified the medication management system evaluation was incomplete and that the evaluation meeting did not include all the required people.

The licensee has failed to comply with parts b), c), and e) for CO #004 from Follow Up inspection #2019_722630_0012 served on July 11, 2019 with a compliance due date of August 31, 2019. The licensee failed to ensure the person responsible for the completion of the weekly audit was identified, failed to ensure there was a written record of the analysis and corrective action necessary, and failed to ensure the Medication Administration System Audit and Evaluation was completed with the Pharmacist, Medical Director and Registered Dietitian present at the meeting. [s. 101. (3)] (563)

Issued on this 18th day of October, 2019

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

Original report signed by the inspector.