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
Feb 25, 2022	2022_747725_0005	002454-22	Proactive Compliance Inspection

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

CASSANDRA TAYLOR (725), DEBRA CHURCHER (670)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Proactive Compliance Inspection.

This inspection was conducted on the following date(s): February 15-18, 22-24, 2022.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care and Clinical Services, two Associate Directors of Care and Clinical Services, the Director of Culinary Services, the Director of Programs and Support Services, the Environmental Services Manager, the Infection Prevention and Control Lead, five Registered Practical Nurses, eight Personal Support Workers, one Dietary Aide, two Housekeepers, one Maintenance Staff, one Screener and one agency Registered Practical Nurse

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
Residents' Council
Skin and Wound Care

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 O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The Licensee has failed to ensure that the tub room door was closed and locked when the room was left unsupervised.

On February 17, 2022, inspector observed the tub room door open with the curtain pulled and could hear the tub filling with water. The inspector knocked and entered the room to find no staff present. The inspector stood outside of the room and approximately 2 minutes later Personal Support Worker (PSW) #121 appeared. PSW #121 indicated they always leave the door open when the tub is filling and the room is unsupervised as “it gets hot in there”. Staff interviews with PSW’s #122, #123 and the Executive Director (ED) all indicated the door is to remain closed and locked when unsupervised.

Leaving the door open and unlocked while unsupervised placed residents at risk for potential injury

Sources: Observation and staff interviews with PSWs #121, 122, 123 and the ED. [s. 9. (1) 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 to ensure that all tub room doors are closed and locked when left unsupervised, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the planned menu items were offered at mealtimes.

During record review of the homes temperature logs for February 15, 2022, for the meal service the Inspector noted that the pureed vegetable was hot. However, the planned menu for the day did not have a hot vegetable noted. During an interview with Dietary Aide #107 and the Director of Culinary Services (DOCS) #108 both confirmed that the salads that were posted as the menu items are not pureed and a hot vegetable is substituted and not communicated on the menu.

Not serving the planned menu items and not advising residents of the menu substitution may potentially effect the residents autonomy in choosing their meal.

Sources: Record review temperature logs and staff interviews with Dietary Aide #107 and DOCS #108. [s. 71. (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 the planned menu items are offered at mealtimes , to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (3) The drugs must be destroyed by a team acting together and composed of,
(b) in every other case,
(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
(ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 79/10, s. 136 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that where a drug that is to be destroyed is not a controlled substance, it will be done by a team acting together and composed of one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and one other staff member appointed by the Director of Nursing and Personal Care.

During an interview with Registered Practical Nurse (RPN) #120 they stated that if a non-controlled substance is to be destroyed the registered staff on duty will do this alone.

During an interview with the Director of Care (DOC) #119 they stated that the process in the home was to have the registered staff on duty dispose of non-controlled substances without the presence of another staff member.

A large plastic bin with a one-way door was observed in the medication room. RPN #120 confirmed that this was utilized for non-controlled substances disposal and destruction.

The homes failure to ensure non-controlled substances were destroyed by a member of the registered staff and one other staff member posed a risk of medication misappropriation.

Sources: Interview with RPN #120 and DOC #119 and observation of a non-controlled destruction bin. [s. 136. (3) (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 where a drug that is to be destroyed is not a controlled substance, will be done by a team acting together and composed of one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and one other staff member appointed by the Director of Nursing and Personal Care, 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 residents were offered or assisted with the opportunity to complete hand hygiene.

An observation was completed on February 16, 2022, for the dining service. The inspector observed residents being assisted and independently entering the dining room and at no point were the residents offered or assisted to complete hand hygiene. Staff interviews with PSW #109 and PSW #110 indicated that residents are assisted with hand hygiene after lunch but not prior. Review of the homes policy indicated, “Residents will be encouraged and/or assisted to perform hand hygiene after toileting, before leaving their room and prior to meals". During an interview with Infection Control and Prevention (IPAC) Lead #116, indicated that residents should be offered or assisted with the opportunity to complete hand hygiene prior to meals.

Not offering the opportunity to complete hand hygiene prior to meals placed residents at potential risk, by not breaking the potential chain of infection.

Sources: Observation, Staff interviews with; PSWs #109 and #110 and IPAC Lead #116 [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 residents are offered or assisted with the opportunity to complete hand hygiene, to be implemented voluntarily.

Issued on this 25th day of February, 2022

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

Original report signed by the inspector.