



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 23, 2014	2014_326569_0020	L-001585-14	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF LONDON
c/o Dearness Home for Senior Citizens 710 Southdale Road East LONDON ON N6E
1R8

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

DEARNESS HOME FOR SENIOR CITIZENS
710 SOUTHDALE ROAD EAST LONDON ON N6E 1R8

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

DONNA TIERNEY (569), JANET GROUX (606), JOAN WOODLEY (172), JULIET
MANDERSON-GRAY (607), REBECCA DEWITTE (521), RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): December 1, 2,3,4,5,8,9,10, 2014.

3 concurrent Critical Incident inspections #M514-000028-14, #M514-000029-14 and #M514-000042-14 were conducted during this inspection

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), 2 Assistant Directors of Care (ADOC), Manager of Environmental Services, Manager of Community Life, Behavioural Support Ontario team (BSO), 2 RAI-Coordinators, 5 Registered Nurses (RN), 9 Registered Practical Nurses (RPN), 1 Physiotherapy Assistant (PTA), 1 Pharmacist, 1 Food Service Supervisor (FSS), 1 Human Resource professional (HR), 1 Administrative Assistant, 12 Personal Support Workers (PSW), Residents, and Family members

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**



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

- 8 WN(s)
- 8 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

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>Legendé</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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that every Resident has the right to be treated with courtesy and respect and in a way that fully recognizes the Resident's individuality and respects the Resident's dignity.



Record review of the home's internal investigation file revealed complaints made to the home [REDACTED] by a Registered staff member.

An interview with the Director of Care confirmed it is the homes expectation that Residents [REDACTED] should be treated with courtesy and respect. [s.3.(1)1.]

2. The licensee has failed to ensure that every Resident has the right to have his or her personal health information kept confidential in accordance with the Act.

Observations during this inspection of the home revealed several times the point of care (POC) screen and the electronic Medication Administration Record (eMar) which contained personal health care information was left open and unattended in several Resident home areas with Resident information visible.

Interview with staff confirmed that it was open and it was the home's expectation that the screen be locked when unattended to ensure that Resident's personal health care information remains confidential. [s.3.(1)11.iv.]

3. The licensee has failed to ensure that the following rights of Residents are fully respected and promoted: Every Resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

Record review and interview revealed a visitor was refused entry to visit their family member [REDACTED].

[REDACTED]

The Administrator confirmed that Resident's rights to meet privately with his or her spouse should be fully respected and promoted. [s.3.(1)21.]



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 every Resident has the right to be treated with courtesy and respect and in a way that fully recognizes the Resident's individuality and respects the Resident's dignity, to be implemented voluntarily.

WN #2: 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 has failed to ensure that the care set out in the plan of care was provided to the Resident as specified in the plan.

[REDACTED]

[REDACTED]

Interview with a member of the Registered staff and the Director of Care confirmed [REDACTED] that it is the home's expectation that the care was provided as specified in the plan. [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 provided to the Resident as specified in the plan, to be implemented voluntarily.

WN #3: 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 has failed to ensure the policy is complied with.

Record review revealed the policy on Resident Abuse - Staff to Resident dated March 2013 page 4 states: "2. The evaluation of the abuse policy is outlined in the program evaluation document. This document must be updated at least annually."

Interview with the DOC confirmed the document was not updated annually and it is the home's expectation that it would be. [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 have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, that is in compliance with and is implemented in accordance with applicable requirements under the Act; and is complied with, to be implemented voluntarily.

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that where bed rails are used the Resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and if there are none, in accordance with prevailing practices, to minimize risk to the Resident.

Record review revealed the last bed assessment evaluation for the home was conducted in August 2012.

Interview with the Environmental Services Manager on December 8, 2014 confirmed that the last bed assessment evaluation for the home was conducted in August 2012.

A ministry memo sent to all Long Term Care Homes dated August 21, 2012 regarding "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards" recommends homes to use this best practice document as a guideline in their homes.

Interview with the Administrator and the DOC confirmed the home has not been evaluating the bed systems in accordance with evidence-based practices. [s.15.(1)(a)]

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 bed rails are used the Resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and if there are none, in accordance with prevailing practices, to minimize risk to the Resident, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).



Findings/Faits saillants :

1. The licensee has failed to protect Residents from abuse by anyone and ensure that Residents are not neglected by the licensee or staff.

Observation revealed a PSW was not respecting a Resident's rights during meal time.

An interview with the Administrator confirmed this incident was a form of abuse and that it is the home's expectation that Residents are protected from abuse by anyone.

Appropriate measures were immediately taken by the home to address this incident.

[s.19.(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 protect Residents from abuse by anyone and shall ensure that Residents are not neglected by the licensee or staff, to be implemented voluntarily.

**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76.
Training**



Specifically failed to comply with the following:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

- 1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).**
- 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
- 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
- 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
- 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
- 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
- 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
- 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below: All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.

Interviews with 3 members of the Registered staff specific to Medication Administration Record (MAR) policies revealed:

- a) They would access the medical pharmacy policies from the hard copy which was dated 2005.
- b) They had not yet received training on how to access the up to date MAR policies on line.

Interview with the pharmacy revealed the home has always had electronic access to the MAR policies.

Interview with the Director of Care revealed that only as of December 9, 2014 and not before, all Registered staff had received an email explaining where and how to access the medication policies on line. She confirmed it was the home's expectation that all Registered staff should have access to required policies on line and be trained on how to access them. [s.76.(2)10.]

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 no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below: 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 125. Monitored dosage system



Specifically failed to comply with the following:

s. 125. (2) The monitored dosage system must promote the ease and accuracy of the administration of drugs to residents and support monitoring and drug verification activities. O. Reg. 79/10, s. 125 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the monitored dosage system promotes the ease and accuracy of the administration of drugs to Residents and support monitoring and drug verification activities.

Record review revealed a Resident was hospitalized secondary to a medication related incident. The Resident's MAR did not include special instructions regarding the medication.

An interview with the Pharmacist revealed that the usual practice of pharmacy is to include a special instruction on the MAR with certain medications and confirmed that those instructions were absent from the Resident's MAR. [s.125.(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 the monitored dosage system must promote the ease and accuracy of the administration of drugs to Residents and support monitoring and drug verification activities, to be implemented voluntarily.

WN #8: 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 :

Observations during the Initial tour on December 1, 2014 revealed:

- a) Numerous unlabeled care items such as slipper pans, deodorant, nail clippers, jars containing ointments, combs, a catheter bag, and urinals in both private and shared Resident spas and washrooms.
- b) Urinals used to empty catheter bags stored on the back of toilet tanks or placed on the floor in several Resident's washrooms.
- c) No paper towels in a public washroom.

Interviews with staff and management revealed:

- a) All Residents' personal care items are to be labeled upon admission and ongoing as needed.
- b) The urinals used to empty urine from catheter bags should be returned to the dirty utility room, sanitized and not stored in the Residents' bathrooms. Catheter bags should not be placed on the floor.
- c) The public washrooms should be cleaned daily by housekeeping staff and supplies restocked and there should be sufficient paper supplies available for use. [s.229.(4)]



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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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 7th day of January, 2015

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

Original report signed by the inspector.