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
Jul 31, 2019	2019_661683_0012	008802-18, 020846-18, 029363-18, 003670-19, 004053-19, 004572-19	Complaint

Licensee/Titulaire de permis

The Regional Municipality of Niagara
1815 Sir Isaac Brock Way THOROLD ON L2V 4T7

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

Douglas H. Rapelje Lodge
277 Plymouth Road WELLAND ON L3B 6E3

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

LISA BOS (683), AILEEN GRABA (682), STACEY GUTHRIE (750)

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 3, 4, 5, 8, 9, 10, 11, 12, 15, 16 and 18, 2019.

This inspection was completed concurrently with critical incident inspection #2019_661683_0013.

The following intakes were completed during this complaint inspection:
Log #008802-18, IL-56726-HA - related to skin and wound
Log #020846-18, - related to the prevention of abuse and neglect and responsive behaviours
Log #029363-18, IL-61438-HA - related to the prevention of abuse and neglect, nutrition and hydration, accommodation services and continence care and bowel management
Log #003670-19 - related to admission and discharge
Log #004053-19 - related to admission and discharge
Log #004572-19 - related to the prevention of abuse and neglect, skin and wound.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Resident Care (DRC), Associate Director of Resident Care (ADRC), the Clinical Documentation and Information (CDI) lead, the Registered Dietitian (RD), registered staff, Personal Support Workers (PSW), residents and families.

During the course of the inspection, the inspector(s) reviewed resident clinical records, reviewed policies and procedures, reviewed investigation notes, reviewed training records, reviewed the complaints log and observed residents during the provision of care.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Medication
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Skin and Wound Care

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

3 WN(s)
1 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. 44. Authorization for admission to a home

Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,
(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).
(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).
(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Findings/Faits saillants :

1. The licensee failed to ensure that they reviewed the assessments and information that were required to have been taken into account under subsection 43 (6) and that they approved the applicant's admission to the home unless circumstances exist which are provided for in the regulations as being a ground for withholding approval.

A review of complaints log #003670-19 and #004053-19 identified concerns regarding applicant #014 being denied admission to Rapelje Lodge.

A review of a letter from an identified date indicated that the home declined the acceptance of applicant #014 to the facility.

In an interview with the Administrator and DRC on an identified date, they indicated the reasons for declining the acceptance of the applicant and indicated that their organization was in agreement with their decisions.

The home did not ensure that when they withheld approval of admission for applicant #014, that the circumstances on which they withheld approval were provided for in the regulations. [s. 44. (7) (c)]

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 licensee reviews the assessments and information under subsection 43 (6) and approves the applicant's admission to the home unless circumstances exist which are provided for in the regulations as being a ground for withholding approval, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home was dealt with including a response being provided to the person who made the complaint, indicating, what the licensee has done to resolve the complaint.

A review of complaint log #008802-18 identified concerns related to an identified care area for resident #002. On an identified date, the complainant expressed another concern and on that date, the Associate Director of Resident Care (ADRC) #102 provided a written response to the complainant which identified that an investigation was planned to look into their concerns. There was no evidence of a follow up discussion with the complainant explaining the actions taken, if any, and the associated outcome, in the home's internal record folder.

A review of electronic records did not include any documentation regarding the internal investigation and any possible outcomes in relation to the complaint or that the outcome and associated actions had been communicated to the complainant. The DRC was not able to locate any documentation that the complainant received a response from the home outlining the actions taken to resolve the issue.

A follow up discussion with the DRC #101 and ADRC #102 identified that the home discussed the actions taken an identified individual but they acknowledged that there was no response provided by the home to the complainant following the internal investigation.

The licensee failed to ensure that a written complaint made to the licensee or staff member concerning the care of resident #002, included a response being provided to the person who made the complaint, indicating, what the licensee did to resolve the complaint. [s. 101. (1) 3. i.]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,
(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed; O. Reg. 79/10, s. 135 (2).
(b) corrective action is taken as necessary; and O. Reg. 79/10, s. 135 (2).
(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that a written record was kept of all medication incidents.

A complaint log #029363-18 / IL-61438-HA was submitted to the Director on an identified date, related to an alleged medication incident which involved resident #004.

A review of investigative notes from an identified date indicated registered nurse (RN) #109 was notified that there was an alleged medication incident involving resident #004. On an identified date, the Administrator #105 created an electronic referral, initiating a medication incident and investigation. A review of resident #004's clinical records did not identify any evidence or information documented regarding the alleged incident.

On an identified date, Inspector #682 requested to review the medication incident involving resident #004 and the DRC #101 and Administrator #105 stated that the electronic incident report was archived. During an interview on an identified date, DRC #101 stated they attempted but were not able to retrieve the written record from the archive during the inspection. During an interview on an identified date, the DRC confirmed that the home did not have a written record, review or analysis of the alleged medication incident involving resident #004. The home did ensure a written record was kept of everything required involving all medication incidents. [s. 135. (2)]

Issued on this 31st day of July, 2019

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

Original report signed by the inspector.