Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

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 performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 20, 2014	2014_179103_0001	O-000166-14	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF FRONTENAC
2069 Battersea Road, Glenburnie, ON, K0H-1S0

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

FAIRMOUNT HOME FOR THE AGED
2069 Battersea Road, R. R. #1, Glenburnie, On, K0H-1S0

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

DARLENE MURPHY (103), AMBER MOASE (541), BARBARA ROBINSON (572)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): March 10-14, 17-20, 2014

During the course of the inspection, the inspector(s) spoke with Residents, Family members, Resident Council President, Recreationist, Volunteer Coordinator, Dietary Aides, Food Service Manager, Housekeeping Aides, Laundry Aides, Environmental Services Manager, Administrative Clerk, Personal Support Workers (PSW), Restorative Registered Practical Nurse, Registered Practical Nurses RPN), Registered Nurses (RN), Nurse Practitioner (NP), Assistant Director of Care (ADOC), Director of Care (DOC) and the Administrator.

During the course of the inspection, the inspector(s) conducted a walk through of all resident areas, observed resident dining, observed resident activities, reviewed resident council minutes, observed medication administration, observed infection prevention and control practices, reviewed staffing schedules, reviewed resident health care records, and reviewed relevant home policies.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Laundry
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

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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	Legendé 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. 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 comply with O. Reg. 79/10 s. 8 (1) in that the policy for

drug destruction and disposal as outlined in O. Reg. 79/10 s. 136 (2) 1 was not complied with.

Staff members S#103 and S#115 were interviewed and asked how medications were disposed of when a resident refuses to take the medications after they have been poured. Both staff members stated controlled substances are placed into the sharps container on the medication cart as well as any regular medications that have not been crushed or mixed into applesauce.

The DOC was interviewed and stated it would be the home's expectation for all drugs that are for destruction or disposal to be managed in accordance with the home policy.

The home policy, "Drug Destruction and Disposal", MM-16 states that drugs that are to be destroyed and disposed of shall be stored safely and securely in the home, separate from drugs that are available for administration to a resident. Any controlled substances to be destroyed shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident. [s. 8. (1)]

2. The licensee has failed to comply with O. Reg. 79/10 s. 8 (1) in that the policy for medication administration as required under O. Reg. 79/10 s. 114 (2) was not complied with.

A medication pass was observed on March 18, 2014. The medication nurse was observed to hand Resident #10 and #12 medications in a cup and then returned to the medication cart. Upon returning to the cart each time, the RPN proceeded to review and pour medications for another resident and did not further observe the residents to ensure the medications were taken.

Additionally, the RPN was observed to sign off on the MAR for the medications administered to resident's #10, #11 and #12 prior to the resident taking the medications.

The home policy, "Medication Administration", MM-10 states the nurse administering the medications will remain with the resident until all oral medication is swallowed. The medication administration will be "signed off" by the nurse on the MAR immediately after the administration and before proceeding to the next resident. [s. 8. (1)]

3. The licensee has failed to comply with O. Reg. 79 /10 s. 8 (1) in that the policy for medication administration as required under O. Reg 79/10 s. 114 (2) was not complied with.

Resident #3031 is a cognitively impaired resident that receives an identified medication on an as needed basis for the management responsive behaviours. The resident medication administration record (MAR) was reviewed from March 1 to date of inspection. During this time, Resident #3031 received fifteen doses of the identified medication. The effectiveness of these doses was not documented seven out of the fifteen times.

Resident #4 is a cognitively impaired resident that receives an identified medication on an as needed basis for the management of responsive behaviours. The resident MAR was reviewed from March 1 to the date of inspection. During this time, Resident #4 received eight doses of the identified medication. The effectiveness of these doses was not documented six out of the eight times.

Resident #5 is a cognitively impaired resident that receives an identified medication on an as needed basis for the management of behaviours. The resident MAR was reviewed from March 1 to the date of inspection. During this time, Resident #5 received seven doses of the identified medication. The effectiveness of these doses was not documented three out of the seven times.

Resident #3075 receives an identified medication on an as needed basis for pain management. The MAR was reviewed from February 1 to March, 18, 2014. During this time Resident #3075 received twenty three doses of the identified medication and the effectiveness of these doses was not documented eighteen out of twenty three times.

Resident #2984, receives an identified medication on an as needed basis for pain management. The resident MAR was reviewed from February 1 to March 18, 2014. During this time, Resident #2984 received nine doses of the identified medication and the effectiveness of these doses were not documented seven out of nine times.

Resident #2998, receives an identified medication on an as needed basis for pain management. The resident MAR was reviewed from February 1 to March 18, 2014. During this time, Resident #2998 received seventeen doses of the identified medication and the effectiveness of these doses were not documented seventeen out

of seventeen times.

Resident #3031, is a cognitively impaired resident who receives an identified medication on an as needed basis for the management of responsive behaviours. The MAR was reviewed from January 1 to March 18, 2014. During this time Resident #3031 received forty three doses of the identified medication and the effectiveness of these doses was not documented twenty four out of forty three times.

Resident #3041, is a cognitively impaired resident who receives an identified medication on an as needed basis for the management of responsive behaviours. The MAR was reviewed from January 1 to March 18, 2014. During this time Resident #3041 received two doses of the identified medication and the effectiveness of these doses was not documented two out of two times.

Resident #3075 receives an identified medication on an as needed basis for pain management. The MAR was reviewed from February 1 to March, 18, 2014. During this time Resident #3075 received twenty three doses of the identified medication and the effectiveness of these doses was not documented eighteen out of twenty three times

The home policy, "Medication Administration", MM-10 states when charting administration of any PRN(as-needed) medication, the nurse will record such on the MAR and will chart full details including resident symptoms, method, route and time of administration, effect of medication and signature, on the progress notes and/or back of MAR. [s. 8. (1) (b)]

4. The licensee failed to comply with O.Reg. 79/10 s. 8 (1) (b) in that the process to report and locate residents' lost clothing and personal items as required under O. Reg. 79/10 s. 89 (1) (a) (iv) was not complied with.

Home policy, "Missing Clothing/Lost and Found", LAU-2 under Procedure, states, a lost and found form is to be filled out and forwarded to the Manager of Environmental Services for investigation. According to resident 3025, a missing nightgown was reported to a laundry staff person approximately one month ago. The resident stated he/she was not asked to complete a lost and found form. The nightgown has not been located. [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 ensure drugs are disposed of according to the drug destruction policy, medications are administered and effectiveness monitored in accordance with the policy on medication administration and reported lost laundry is recovered in accordance with the policy on lost and found clothing, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10 s. 129 (1) (b) whereby controlled substances are not stored in a separate, locked area within the locked medication cart.

During the observation of the 2 North medication cart, regular doses of benzodiazepines were observed in the compliance pack for Resident #1. Additionally, medication cards containing as required benzodiazepines were found for Residents #2 and #3.

The Director of Care confirmed benzodiazapines utilized in the home are not stored within a separate locked area within the locked medication cart. [s. 129. (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 work with the home's pharmacy provider to ensure all controlled drugs are stored in a separate, double-locked area within the medication cart, to be implemented voluntarily.

WN #3: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007 s. 6 (1) (c) whereby a resident plan of care failed to provide clear direction to staff.

In an interview with Resident #2984, he/she advised he/she likes to have two bed rails up at all times when he/she is in bed because it makes him/her feel safe. The resident denied being able to utilize the bed rails for the purpose of repositioning him/herself in bed due to a lack of hand strength and function. Throughout the inspection, the resident was observed to have two bed rails up throughout the day when in bed.

Staff were interviewed and stated this resident uses the two bed rails when in bed and that the resident would not be capable of getting out of bed on his/her own. Staff also stated this resident required staff assistance for all bed mobility and repositioning.

The resident plan of care in effect at the time of this inspection was reviewed. It indicated the resident required extensive assistance with bed mobility by two or more staff and indicated bed rails at hs -PASD (personal assistance services device).

The plan of care fails to provide clear direction to staff on the use of bed rails for this resident. [s. 6. (1) (c)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
(a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
(b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
(h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
(i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
(j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
(k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
(p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
(q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :

1. The licensee has failed to comply with the LTCHA, 2007 s. 79 (3) (k) in that copies of the inspection reports from the past two years for the long term care home were not posted.

The inspection reports are posted in the main lobby of the home. It was noted that there were no MOHLTC inspection reports posted for October 2012, and August 2012 that correspond with inspections made to the home. [s. 79. (3) (k)]

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007, s. 85. (3) by not seeking the advice of the Residents' Council in developing and carrying out the satisfaction survey.

The Resident Council President was interviewed and stated she was unsure if the council had provided advice in regards to the satisfaction survey conducted in 2013.

The Council assistant, S#128 provided minutes of Resident Council meetings and confirmed that the council had not provided advice in developing and carrying out the satisfaction survey last year. [s. 85. (3)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 87 (2) d whereby procedures have not been developed and implemented to address incidents of lingering offensive odours in the home.

On March 17th, 2014 during a walk-through of resident unit, an odour was noted in an identified room.

S#103 was interviewed and stated the odour issue has been ongoing for several weeks.

Housekeeping staff S#109 was interviewed and confirmed the odours in the identified room have been an ongoing challenge for many weeks. The staff member stated housekeeping staff clean the room a minimum of twice daily, the furniture and mattress are wiped down daily and the room now has a plug in room deodorizer. The staff member confirmed the room had just been thoroughly cleaned and the odours were still evident to this inspector. S#109 did not feel the current interventions were effective in decreasing the odours.

The odours continued to be evident both outside and inside the identified room at various documented times of the day on March 18-19, 2014.

The Manager of Environmental Services was interviewed and stated when an odour is identified, the area is cleaned a minimum of twice daily, portable deodorizers are utilized, and housekeeping works with the nursing department to assist with resident care issues that may be responsible for the odours. The home currently does not have procedures developed for addressing incidents of lingering offensive odours [s. 87. (2) (d)]

WN #7: 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. (12) The licensee shall ensure that any pet living in the home or visiting as part of a pet visitation program has up-to-date immunizations. O. Reg. 79/10, s. 229 (12).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg 79/10 s. 229(12) whereby all pets living in the home or visiting as part of a pet visitation program do not have up-to-date immunizations.

The immunization records for all 20 visiting pets were reviewed and 18 of those visiting pets do not have an up-to-date immunization record. [s. 229. (12)]

Issued on this 20th day of March, 2014

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

J McParland for D. Murphy