

**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
Mar 17, 2022	2022_910142_0003	004027-22	Proactive Compliance Inspection

Licensee/Titulaire de permis

0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

2020 Fisher Drive Suite 1 Peterborough ON K9J 6X6

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

Forest Hill

6501 Campeau Drive Kanata ON K2K 3E9

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

JANET MCPARLAND (142), MEGAN MACPHAIL (551)

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): March 1-4, and 7-9, 2022.

During the course of the inspection, the inspector(s) spoke with residents, family members, a representative of the Residents' Council, Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), a Registered Nurse (RN), a screener, a Housekeeper, a Dietary Aide, Staffing Coordinator, Maintenance/Environmental Manager, Nutritional Care Manager (NCM), Infection Prevention and Control (IPAC) Outreach Practitioner, the Assistant Director of Care, the Director of Care (DOC), and the Administrator.

During the course of the inspection, the inspector(s) reviewed relevant documents, including residents' health care records, selected policies and procedures, Residents' Council and Family Council meeting minutes, and other meeting minutes; and observed resident care, staff to resident interactions, meal service, housekeeping services, infection prevention and control and medication administration practices.

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.

**3 WN(s)
0 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>Légende</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 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 dessert menu items were offered to two residents.

Two residents were observed for the full duration of the lunch meal service on March 1, 2022.

One resident, who consumed a texture modified diet and thick liquids, was provided complete assistance to eat and drink by a staff member. They were escorted out of the dining room after completing their entree and beverages and were not offered dessert.

The second resident, who consumed a texture modified diet and thick liquids, was provided complete assistance to eat and drink by a staff member. They were escorted out of the dining room after completing their entree and beverages and were not offered dessert.

As per the NCM, one resident's dessert was prepared on the unit by adding an appropriate liquid (milk or juice) to the texture modified diet, and the other resident should have received a texture modified dessert.

The plans of care for the two residents were reviewed, and there was no stated contraindication to offering dessert to these two residents.

Sources: The health care records of two residents and interview with the NCM. [s. 71. (4)].

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1.The licensee has failed to ensure that meals were served course by course for two residents.

A staff member sat to assist a resident, with their beverages, at 1244 hours. At the same time, the Dietary Aide placed the resident's texture modified diet, on the table. The resident was assisted to consume all beverages before moving to the entrée at 1311 hours, 27 minutes after it was placed on the table.

A second resident was assisted to eat their texture modified diet entrée of turkey pot pie and vegetables by a PSW. Yogurt was added to the entrée.

By serving a resident a meal before the staff member assisting them was ready to offer it and by adding yogurt to second resident's entree, course by course service of meals was not provided.

The health care records of the two residents did not indicate a preference or assessed need for deviation from course by course service of meals.

Sources: The health care records of two residents and observations of the inspector. [s. 73. (1)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

- 1. All areas where drugs are stored shall be kept locked at all times, when not in use.**
- 2. Access to these areas shall be restricted to,**
 - i. persons who may dispense, prescribe or administer drugs in the home, and**
 - ii. the Administrator.**
- 3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

Findings/Faits saillants :

1. The licensee has failed to ensure that all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator.

On March 3, 2022 at approximately 1425 hours, Inspector #142 observed a staff member enter the medication room located on the fourth floor. The staff member indicated to Inspector #142 that they were delivering supplies to the medication room. The staff member was not working as the RPN on the resident home area.

Interviews held with RPNs and the DOC and they indicated that staff member has keys to the medication room to deliver supplies. The DOC indicated that staff member does not dispense, prescribe or administer drugs in the home.

Sources: an observation by the inspector; interviews with a staff member, RPNs, and the DOC [s. 130. 2.]

Issued on this 18th day of March, 2022

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

Original report signed by the inspector.