Ontario

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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
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
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347, rue Preston, 4iém étage
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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
January 19-21, 2011	2011-126-2746-19Jan140544	Follow up to Critical Incident

Licensee/Titulaire
Genesis Gardens Inc.,
438 Presland Road,
Ottawa On K1K 2B5
Fax: (613) 443-5950

Long-Term Care Home/Foyer de soins de longue durée
Foyer St-Viateur
1003 Limoges Road
Limoges, ON K0A 2M0
Fax: (613) 443-5950

Name of Inspector(s)/Nom de l'inspecteur(s)
Linda Harkins

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow up inspection to a critical incident.

During the course of the inspection, the inspector spoke with the home's Administrator, the Director of Care, Registered staff, and Health Care Aides and the Physician.

During the course of the inspection, the inspector reviewed the resident's health care record, examined the tub room and the resident room.

The following Inspection Protocols were used in part or in whole during this inspection:

Hospitalization and death Inspection Protocol
Medication Inspection Protocol

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN
2 CO: CO # 001, #002

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN#1: The Licensee failed to comply with: O. Reg. 79/10, s. 134.

134. Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs.

Findings:

1. The resident was on Coumadin (anticoagulant) 3.5 mg by mouth daily.
2. On January 6, 2011, around 07:00 am, two Health Care Aides (HCA) providing the care to the resident noted that he had swelling on his chest between his left breast and left shoulder. No skin discoloration was noted at that time. One of the (HCA) reported her findings to the Director of Care (DOC) shortly after. The Family Physician was contacted by the DOC at 11:20 am and he assessed the resident at 12:30 pm that same day. He ordered to apply ice pack to the affected area and to hold the Coumadin.
3. Over the next 3 days, registered nursing staff reported in the resident progress notes that the resident's condition was deteriorating: more bruising and edema were noted, resident was experiencing pain and resident less responsive to verbal stimuli. Registered Nursing staff who was monitoring the resident during this period did not take appropriate action considering the high risk level associated with the administration of Coumadin.
4. The resident was sent to the hospital on January 9, 2011 upon the request of his family. At the hospital, his blood work revealed a hemoglobin of 52 (normal 135-170 gram/liter)) and International Normalized Ratio (INR) of 11.7 (normal 2.0-3.0) both outside normal limits.

Compliance Order #001 was faxed to the licensee on January 21, 2011-See order report

Inspector ID #:	126

WN#2: The Licensee has failed to comply with LTCHA, 2007, c.8, s.6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary; or

(c) care set out in the plan has not been effective.

Findings:

1. On January 6, 2011, around 07:00 am, two Health Care Aides (HCA) providing the care to a resident noted that he had swelling on his chest between his left breast and left shoulder. No skin discoloration was noted at that time. One (HCA) reported her findings to the Director of Care (DOC) shortly after. The Family Physician was contacted by the DOC at 11:20 am and he assessed the resident at 12:30 pm that same day. He ordered to apply ice pack to the affected area and to hold the Coumadin.
2. Over the next 3 days, registered nursing staff reported in the resident progress notes that the resident's condition was deteriorating: more bruising and edema were noted, resident was experiencing pain and resident less responsive to verbal stimuli. Registered Nursing staff who was monitoring the resident during this period did not take appropriate action to meet the resident's changing needs and the care plan was not revised to captures changes in the resident condition.
3. The resident care plan dated November 4, 2010, indicated under blood work, "supervise for any abnormal bleeding, bruises, report to physician immediately (every shift)".The nursing staff contacted the Physician on January 6, 2011 when swelling was noted on the resident chest but failed to contact him immediately as per care plan when bruising appeared.

Compliance Order #002 was faxed to the licensee on January 25, 2011- See Order Report

Inspector ID #	126

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. Colette Assebin for Linda Harkins
Title: Date:	**Date of Report:** (if different from date(s) of inspection). Feb. 3, 2011

Ontario

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
nspector:	Linda Harkins	**Inspector ID #**	126
Log #:	O-000082, CIS 2746-000001-11		
Inspection Report #:	2011-126-2746-19Jan140544		
Type of Inspection:	Critical Incident		
Date of Inspection:	January 19-21, 2011		
Licensee:	Genesis Gardens Inc., 438 Presland Road, Ottawa On K1K 2B5 Fax: (613) 443-5950		
LTC Home:	Foyer St-Viateur 1003 Limoges Road Limoges, ON K0A 2M0 Fax: (613) 443-5950		
Name of Administrator:	Richard Marleau		

To Genesis Gardens Inc, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order #:	#1	**Order Type:**	Compliance Order, Section 153 (1)(b)

Pursuant to: The Licensee failed to comply with: O. Reg. 79/10, s. 134.

134. Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs.

Order: The licensee shall prepare, submit and implement a plan for achieving compliance to ensure that there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs and that appropriate actions are taken in response to any adverse drug reaction. The plan must be submitted to Linda Harkins, LTC Home Inspector, by January 28, 2011 via (fax)613.569.9670

Grounds:

1. **The resident was on Coumadin (anticoagulant) 3.5 mg by mouth daily.**
2. **On January 6, 2011, around 07:00 am, two Health Care Aides (HCA) were providing the care to the resident and noted that he had swelling on his chest between his left breast and left shoulder. No skin discoloration was noted at that time. One (HCA) reported her findings to the Director of Care (DOC) shortly after. The Physician was contacted by the DOC at 11:20 am and he assessed the resident at 12:30 pm that same day. The Physician ordered to apply ice pack to the affected area and to hold the Coumadin.**
3. **Over the next 3 days, registered nursing staff reported in the resident progress notes that the resident's condition was deteriorating: more bruising and oedema were noted, resident was experiencing pain and resident less responsive to verbal stimuli. Registered Nursing staff who was monitoring the resident during this period did not take appropriate action considering the high risk level associated with the administration of Coumadin.**
4. **The resident was sent to the hospital on January 9, 2011 upon the request of his family. At the hospital, his blood work revealed an haemoglobin of 52 (normal 135-170 gram/liter)) and International Normalized Ratio (INR) of 11.7 (normal 2.0-3.0) both outside normal limits.**

This order must be complied with by:	January 28, 2011

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007.*

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:.

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care

Ontario

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 21st day of January, 2011.	
Signature of Inspector:	Colette Asselin for Linda Harkins
Name of Inspector:	LINDA HARKINS
Service Area Office:	OSAO

Ontario

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
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Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Name of Inspector:	Linda Harkins	**Inspector ID #**	126
Log #:	O-000082, CIS 2746-000001-11		
Inspection Report #:	2011-126-2746-19Jan140544		
Type of Inspection:	Critical Incident		
Date of Inspection:	January 19-21, 2011		
Licensee:	Genesis Gardens Inc., 438 Presland Road, Ottawa On K1K 2B5 Fax: (613) 443-5950		
LTC Home:	Foyer St-Viateur 1003 Limoges Road Limoges, ON K0A 2M0 Fax: (613) 443-5950		
Name of Administrator:	Richard Marleau		

To Genesis Gardens Inc, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order #:	#2	**Order Type:**	Compliance Order, Section 153 (1)(b)

Persuant to: The Licensee failed to comply with: LTCHA 2007, c.8, s. 6 .

(10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary; or

(c) care set out in the plan has not been effective.

Order: The licensee shall prepare, submit and implement a plan for achieving compliance to ensure that there is reassessment of the plan of care when the resident care needs change or when the care set in the plan is not effective. The plan must be submitted to Linda Harkins, LTC Home Inspector, by February 1, 2011 via (fax) 613.569.9670	
Grounds: 1. **On January 6, 2011, around 07:00 am, two Health Care Aides (HCA) providing the care to a resident, noted that he had swelling on his chest between his left breast and left shoulder. No skin discoloration was noted at that time. One (HCA) reported her findings to the Director of Care (DOC) shortly after. The Physician was contacted by the DOC at 11:20 am and he assessed the resident at 12:30 pm that same day. The Physician ordered to apply ice pack to the affected area and to hold the Coumadin.** 2. **Over the next 3 days, registered nursing staff reported in the resident progress notes that the resident's condition was deteriorating: more bruising and oedema were noted, resident was experiencing pain and resident less responsive to verbal stimuli. Registered Nursing staff who was monitoring the resident during this period did not take appropriate action to meet the resident's changing needs and the care plan was not revised to captures changes in the resident condition.** 3. **The resident care plan dated November 4, 2010, indicated under blood work, "supervise for any abnormal bleeding, bruises, report to physician immediately (every shift)".The nursing staff contacted the Physician on January 6, 2011 when swelling was noted on the resident chest but failed to contact him immediately as per care plan when bruising appeared.**	
This order must be complied with by:	February 1, 2011

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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Director
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Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 25th day of January, 2011.	
Signature of Inspector:	Colette Cassell for Linda Harkins
Name of Inspector:	LINDA HARKINS
Service Area Office:	OSAO