



**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
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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
Sep 2, 2015	2015_450138_0012 (A1)	O-002378-15	Resident Quality Inspection

Licensee/Titulaire de permis

GEM HEALTH CARE GROUP LIMITED
470 RAGLAN STREET NORTH RENFREW ON K7V 1P5

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

GROVES PARK LODGE
470 RAGLAN STREET NORTH RENFREW ON K7V 1P5

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

PAULA MACDONALD (138), RUZICA SUBOTIC-HOWELL (548)

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): August 24, 25, 26, 27, 28, 31, and September 1, 2015

During the course of the inspection, the inspector(s) spoke with Residents, several Family Members, Personal Support Workers, Health Care Aides, Registered Nurses including the Clinical Care Nurse, Registered Practical Nurses, Nutrition Aides, a Laundry Aide, the President of the Resident Council, the Family Council Chair, the Administrator, the Director of Care, the RAI Coordinator and Environmental/Programming Supervisor, the Nutrition Manager, the Office Manager, the Dietitian, and a Maintenance Worker.

The inspectors also conducted a tour of the home including residential and non-residential areas, reviewed resident health care records, verified several Critical Incident Reports, observed a meal service, observed a medication pass, and reviewed several Behavioural Support Ontario (BSO) documents.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care**



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

- 2 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>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 O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :



1. The Licensee failed to ensure that the home is equipped with a resident-staff communication response system.

On August 24, 2015 it was observed by Inspector #548 in these areas of the home: the front sitting area, Crystal dining room, Sapphire dining room and adjacent sitting area, on Gem wing two separate and distinct areas with lounge chairs. It was observed that in these areas residents congregate to eat, watch television, play puzzles and sit. Each area was observed to not be equipped with a resident-staff communication response system.

On August 26, 2015 the Maintenance worker accompanied Inspector #548 to each of these areas and verified that the areas are not equipped with a resident-staff communication response system.

On August 26, 2015 the Administrator accompanied Inspector #548 to each of these areas and confirmed that the areas were not equipped with a resident-staff communication response system. In addition, the Administrator indicated that there was no system in place in the gym (Gem Hall).

On August 26, 2015 during an interview the Administrator indicated that it was her understanding that if residents were supervised during activities (such as those in the Hall) that there is no need for that area to be equipped with a resident –staff communication and response system. The Administrator indicated that should the system need to be used, such as in the lounge areas on Gem wing, staff could access a resident-staff communication response system in a nearby resident room. When asked by the inspector, where would residents, family or visitors access a resident-staff communication and response system in an event if needed, the Administrator indicated she was unsure how residents, family or visitors could access the resident-staff communication response system.

As such, the licensee has failed to ensure areas where resident's access is equipped with a resident- staff communication response system. [s. 17. (1) (a)]



WN #2: 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 failed to ensure that steps are taken to ensure the security of the drug supply including the following: all areas where drugs are stored shall be kept locked at all times, when not in use.

On August 24, 2015 Inspector #548 observed the Medication Room (across from the nursing station at the front of the home) to be equipped with a lock, the door to be slightly ajar, the lock to be unlocked and no staff present. It was observed that residents walk in front of the Medication room. Once inside the room the inspector noted that there were two Medication carts (locked) in the room. It was observed that resident prescription drugs are stored in a fridge in the Medication room. The inspector was able to open the fridge. A registered nursing staff member entered the Medication Room and asked how the inspector gained access. The staff member indicated that the door is always to be locked and closed and indicated she was not sure why it was not.

On August 25, 2015 on Gem Unit at approximately 1130 hours Inspector #548 observed the Medication room door (at the nursing station) to be equipped with a lock, the lock to be locked but the door was slightly ajar. There were no staff members present. The inspector entered the room observed that resident prescription drugs were stored in a fridge. The inspector opened the fridge. The inspector was in the room for approximately 2 -3 minutes until a registered nursing staff member entered the room. RN #105 indicated that the policy is for the door to be locked and closed at all times, the RN proceeded to close the door.

On August 26, 2015 on Gem Unit at approximately 1225 Inspector #548 observed the door to the Medication room to be slightly ajar. It was observed that RN #107 was sitting at the nursing station.

As such, on three separate occasions and in two distinct areas of the home the Licensee failed to ensure that steps are taken to ensure the security of the drug supply, including those areas where drugs are stored are kept locked at all times. [s. 130. 1.]



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Issued on this 2nd day of September, 2015

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

Original report signed by the inspector.