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

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 12, 2015	2015_259520_0020	014826-15	Resident Quality Inspection

Licensee/Titulaire de permis

HANOVER NURSING HOME LIMITED
700 19TH AVENUE HANOVER ON N4N 3S6

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

HANOVER CARE CENTRE
700-19TH AVENUE HANOVER ON N4N 3S6

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

SALLY ASHBY (520), DONNA TIERNEY (569), RUTH HILDEBRAND (128)

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): July 8, 9, 10, 13, 14, 15, 16, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, RAI Co-ordinator, Maintenance Lead, Activation Director, Housekeeping Lead, Registered Nurse (RN), two Registered Practical Nurses (RPN), an Activity Aide, five Personal Support Workers (PSW), a summer student, three Family Members and over 40 Residents.

During the course of the inspection, the inspector(s) observed Residents and staff, toured Resident home areas, reviewed Resident's clinical records, dining observation, medication administration, review of Family and Resident's Council meeting minutes, internal investigative reports and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing

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

7 WN(s)
6 VPC(s)
0 CO(s)
1 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	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 LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was at least one Registered Nurse who was an employee of the licensee and a member of the regular nursing staff on duty and present at all times.

LTCHA, 2007, c.8, s 8.(3) has been the subject of a previous non-compliance Written Notification (WN), Voluntary Plan of Correction (VPC) issued November 28, 2013 (Inspection 2013_171155_0049).
LTCHA, 2007, c.8, s 8.(3) has been the subject of a previous non-compliance Written Notification (WN), Compliance Order (CO) #001 issued June 27, 2014 (Inspection 2014_253514_0018) with a compliance date of September 24, 2014.
LTCHA, 2007, c.8, s 8.(3) has been the subject of a previous non-compliance Written Notification (WN), Compliance Order (CO) #001 issued October 31, 2014 (Inspection 2014_253514_0029) with a compliance date of February 2, 2015.
LTCHA, 2007, c.8, s 8.(3) has been the subject of a previous non-compliance Written Notification (WN), Compliance Order (CO) #001 issued March 13, 2015 (Inspection 2015_182128_0003) with a compliance date of June 30, 2015.

A review of registered nursing staff schedules of 12 hour shifts for a 4 month period of time revealed that a Registered Nurse was not on duty and present in the home 122 of 238 shifts (51% of the time). The Director of Care confirmed these shifts were not covered by a Registered Nurse.

The home currently has five Registered Nurses. In addition the home has one Registered Nurse hired and scheduled to start employment July 30, 2015. A second Registered Nurse is scheduled to return to a full-time line September 2015 and a third Registered Nurse is scheduled to return to full-time status November 2015.

The Director of Care indicated that despite advertising and recruitment efforts the home has been unable to recruit enough staff to ensure there is a at least one Registered Nurse on duty at all times. [s. 8. (3)]

Additional Required Actions:

DR # 001 – The above written notification is also being referred to the Director for further action by the Director.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment were kept clean and maintained in a good state of repair.

Observations revealed:
100% of all door frames had scrapes and chips.
Extensive stains on the tub room entrance door and on the staff room door.
Finish worn off of the wooden handrails with exposed bare wood in some sections.
Broken baseboard tile in the tub room with exposed sharp edges.
12inch by 24inch section of missing floor tile behind the tub with a build up of dust and debris.
Damaged baseboard at the base of the nursing station.
Tub room wall scrapes on lower ½ of walls and base of doors.
Extensive stains/markings on the wall across from the tub.
A commode chair with ripped upholstery on the upper back section.
Paint worn off the base of the sit/stand lift with exposed bare and corroded sections of metal. The foot plate section was noted to be soiled.
Sections of broken baseboard tile with exposed sharp edges.
White residue and scale build up in various areas of the tub.
Wall scrapes and damage in 14 of 19 (74%)Resident rooms.

A tour was conducted with the Administrator, Maintenance lead and Housekeeping lead. The staff members confirmed the identified concerns and verified it was the home's expectation that the home, furnishings and equipment were to be kept clean and maintained in a good state of repair. [s. 15. (2)]

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 home, furnishings and equipment are kept clean and maintained in a good state of repair, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 59. Family Council

Specifically failed to comply with the following:

s. 59. (7) If there is no Family Council, the licensee shall,
(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and 2007, c. 8, s. 59. (7).
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council. 2007, c. 8, s. 59. (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the licensee on an on-going basis advised families and persons of importance to residents of their right to establish a Family Council and convened semi-annual meetings to advise such persons of the right.

The Administrator reported that the home did not have a Family Council.

There was no documented evidence to support that on an ongoing basis Residents' families and persons of importance to Residents were advised of the right to establish a Family Council. Additionally, there was no documented evidence to support that semi-annual meetings were conducted to advise such persons of the right to establish a Family Council.

The Administrator confirmed during an interview that they were unaware of the expectation to convene semi-annual meetings and the requirement to advise residents' families and persons of importance to residents of their right to establish a Family Council, on an on-going basis. [s. 59. (7) (a)]

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 on an on-going basis and semi-annual meetings advise families and persons of importance to residents of their right to establish a Family Council, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system

Specifically failed to comply with the following:

s. 114. (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home. O. Reg. 79/10, s. 114 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The Director of Care was unable to produce a policy for medication administration.

Interviews with the Director of Care and the RAI co-ordinator confirmed the absence of a policy for medication administration. The Director of Care acknowledged the need to write a current policy addressing medication administration in the home. [s. 114. (2)]

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 written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home, to be implemented voluntarily.

WN #5: 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 ensure that controlled substances were stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

During a medication observation, the Inspector noted the narcotics bin in the medication cart to be unlocked. The Registered Staff Member confirmed the unlocked narcotics bin and stated the narcotics bin should be locked between medication administrations. The Registered Staff Member further confirmed the last narcotic administration had occurred 45 minutes prior and that the narcotics bin had been unlocked within the medication cart for 45 minutes.

An interview with the Administrator confirmed the above situation did not guarantee the security of the controlled substances and verified the expectation of the home was to ensure controlled substances were stored in a separate, double-locked stationary cupboard in the locked area or stored in 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 ensure that 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, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (2) The drug destruction and disposal policy must also provide for the following:
1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs. O. Reg. 79/10, s. 136 (2).

s. 136. (2) The drug destruction and disposal policy must also provide for the following:
2. That any controlled substance that is to be destroyed and disposed of 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, until the destruction and disposal occurs. O. Reg. 79/10, s. 136 (2).

s. 136. (6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable. O. Reg. 79/10, s. 136 (6).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a policy that provided for:
1) drugs that were to be destroyed and disposed of were stored safely and securely within the home, separate from drugs that were available for administration to a resident, until the destruction and disposal occurred.

During the medication observation, the Inspector noted discarded or discontinued medications were housed in a white stericycle bucket in a cupboard in the medication room. When full, this bucket was moved to another location and placed in a shower stall where a lid was hammered on. This lid has a screw cap which may be removed to access medications in the stericycle bucket. Stericycle buckets were picked up and removed by a disposal company every eight weeks.

This alternate location was utilized by all staff in the home. The area within this location which housed the stericycle buckets was not locked and accessible to all who utilized this alternate location.

The RAI co-ordinator confirmed the stericycle buckets were housed in the shower stall and that medications were accessible to all staff who utilized this alternate location. The RAI co-ordinator further confirmed that there was no way of knowing if any medications had been removed as the buckets were not in a locked area and had not been denatured with a liquid.

The Administrator, Director of Care and RAI co-ordinator all verified that drugs to be destroyed and disposed of were not stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.

Further verification revealed that there was no "process in place" to ensure drugs that were to be destroyed and disposed of were stored safely and securely within the home, separate from drugs that were available for administration to a resident, until the destruction and disposal occurred. [s. 136. (2) 1.]

2. The licensee has failed to ensure that there was a policy that provided for:
2) any controlled substances that were to be destroyed and disposed of were stored in a double-locked storage area within the home, separate from any controlled substance that were available for administration to a resident, until the destruction and disposal occurred.

Controlled substances to be destroyed were housed in a stand alone mailbox type cupboard. This cupboard was located in the Director of Care's office under a single lock. The Director of Care felt that the office door would be considered a second lock but confirmed that the office door is open most of the day and unattended for periods of time

throughout the day.

Further verification revealed that there was no "process in place" to ensure controlled substances that were to be destroyed and disposed of were stored in a double-locked storage area within the home, separate from any controlled substance that were available for administration to a resident, until the destruction and disposal occurred. [s. 136. (2) 2.]

3. The licensee has failed to ensure that there was a policy that provided for:
3) a drug that was considered to be destroyed was altered or denatured to such an extent that its consumption was rendered impossible or improbable.

The home had just been informed by their medication provider to add water to the bucket. This liquid will denature the medications and remove Personal Health Information (PHI) from the medication packages. Up to this date, the home had not been adding water to the bucket thereby not altering or denaturing the drug.

Further verification revealed that there was no "process in place" to add the water and who would be responsible for adding this liquid. [s. 136. (6)]

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 drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs. To ensure that any controlled substance that is to be destroyed and disposed of 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, until the destruction and disposal occurs. Also to ensure that a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement
Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:
1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
i. the matters referred to in paragraph 3,
ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Findings/Faits saillants :

1. The licensee has failed to ensure that improvements made through the quality improvement and utilization review system to accommodations, care, services, programs, and goods provided to the Residents were communicated to the Residents' Council.

A review of Residents' Council meeting minutes revealed that there was no documented evidence to support that improvements made through quality improvement initiatives were communicated to Residents' Council.

During interviews with the Activation Director, Director of Care and Administrator, it was acknowledged that improvements made through the quality improvement and utilization review system to accommodations, care, services, programs, and goods provided to the Residents were not communicated to the Residents' Council. [s. 228. 3.]

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 improvements made through the quality improvement and utilization review system to accommodations, care, services, programs, and goods provided to the residents were communicated to the Residents' Council, to be implemented voluntarily.

Issued on this 13th day of August, 2015

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

Original report signed by the inspector.