

Inspection Report Under the Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care Long-Term Care Operations Division Long-Term Care Inspections Branch

Ottawa District 347 Preston Street, Suite 410 Ottawa, ON, K1S 3J4 Telephone: (877) 779-5559

Original Public Report

Report Issue Date: August 15, 2024

Inspection Number: 2024-1224-0004

Inspection Type:

Complaint

Licensee: Gibson Holdings (Ontario) Ltd.

Long Term Care Home and City: Helen Henderson Nursing Home, Amherstview

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 13 - 15, 2024

The following intake(s) were inspected:

• Intake: #00120985 - Complaint regrading improper medication administration and related communication with family.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services Medication Management Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. Non-compliance with: FLTCA, 2021, s. 6 (5)



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Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decisionmaker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee failed to ensure that a resident's Power of Attorney (POA)/family was given the opportunity to participate fully in the implementation of the plan of care as the resident was administered a medication despite multiple requests by the POA/family to discontinue the medication due to their concerns regarding side effects.

Sources:

Review of resident progress notes and the Medication Administration Record (MAR), 24 hour Registered Nurse (RN) Reports, Personal Support Worker (PSW) shift change reports, email documentation and interviews with the Director of Care (DOC), Assistant DOC, a Registered Practical Nurse (RPN), a RN and other staff.