

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

**Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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
Sep 11, 2019	2019_661683_0014	012294-18, 026692- 18, 028149-18, 008609-19, 010480- 19, 013672-19	Complaint

Licensee/Titulaire de permis

Henley House Limited
200 Ronson Drive Suite 305 TORONTO ON M9W 5Z9

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

The Henley House
20 Ernest Street St. Catharines ON L2N 7T2

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

LISA BOS (683), STACEY GUTHRIE (750)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 1, 2, 9, 12, 13, 14, 15, 16, 19, 20, 21, 22, 23, 26, 27 and 28, 2019.

This inspection was completed concurrently with critical incident inspection #2019_661683_0015.

The following intakes were completed during this complaint inspection:

One log was related to housekeeping services, medication administration and falls prevention and management

One log was related to plan of care, nutrition and hydration, medication administration, housekeeping services and reporting and complaints

One log was related to personal support services and plan of care

One log was related to personal support services and the prevention of abuse and neglect

One log was related to medication administration, the prevention of abuse and neglect, housekeeping services, personal support services, continence care and bowel management

One log was related to maintenance services and skin and wound care

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director(s) of Care (ADOC), the Life Enrichment Manager, the Environmental Services Manager, registered staff, Personal Support Workers (PSW), residents and families.

During the course of the inspection, the inspector(s) reviewed resident clinical records, reviewed policies and procedures, reviewed investigation notes, reviewed training records, reviewed temperature logs, reviewed the complaints log and observed residents during the provision of care.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Contenance Care and Bowel Management
Falls Prevention
Medication
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Skin and Wound Care**

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

2 WN(s)

1 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. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that no drug was used by or administered to a resident in the home unless the drug had been prescribed for the resident.

A complaint was submitted to the Director regarding a medication incident involving resident #002.

Inspector #750 reviewed the internal "Medication Incident Report" for the noted incident which described that on an identified date, RPN #122 administered an identified number of medications to resident #002 that were not prescribed for them to receive. The Assistant Director of Care (ADOC), physician, family and the pharmacy were notified and monitoring was implemented as a result of the incident.

In an interview with RPN #102, they acknowledged that the proper steps of medication administration were not followed on the identified date. RPN #102 confirmed that resident #002 was administered medication that was not prescribed for them. [s. 131. (1)]

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 no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (3) Every licensee shall ensure that,

(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; O. Reg. 79/10, s. 135 (3).

(b) any changes and improvements identified in the review are implemented; and O. Reg. 79/10, s. 135 (3).

(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a quarterly review was undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions.

A complaint was submitted to the Director regarding a medication incident involving resident #002.

Inspector #750 reviewed the 2018 Medication Incident Binder and located completed quarterly reviews for three identified quarters. There was no evidence of a completed quarterly review for one of the identified quarters in 2018.

In an interview with the Director of Care (DOC), they confirmed that there was no quarterly review completed for the identified quarter in 2018.

The licensee failed to ensure a quarterly review was completed for an identified quarter of 2018 for all medication incidents and adverse drug reactions that have occurred in the home since the first quarter review for 2018 in order to reduce and prevent medication incidents and adverse drug reactions. [s. 135. (3)]

Issued on this 12th day of September, 2019

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

Original report signed by the inspector.