



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

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

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**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 4, 2014	2014_281542_0015	S-000248-14	Resident Quality Inspection

Licensee/Titulaire de permis

HORNEPAYNE COMMUNITY HOSPITAL
278 FRONT STREET, P.O. BOX 190, HORNEPAYNE, ON, P0M-1Z0

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

HORNEPAYNE COMMUNITY HOSPITAL
278 FRONT STREET, P.O. BOX 190, HORNEPAYNE, ON, P0M-1Z0

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

JENNIFER LAURICELLA (542)

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): June 16, 17, 18, 19, 23, 24, 25 and 26, 2014

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), the Chief Financial Officer (CFO), Long Term Care Manager (LTC), Activities Coordinator, RAI Coordinator (Back-Up), Registered Staff, Personal Support Workers (PSWs), Residents, and Family Members.

During the course of the inspection, the inspector(s) conducted a daily walk through of resident home areas, observed staff to resident interactions, reviewed resident health care records, reviewed various policies and procedures, reviewed various home's programs, reviewed home's medication management system, quality improvement, infection prevention and control program and admission process.

The following Inspection Protocols were used during this inspection:

**Admission and Discharge
Dignity, Choice and Privacy
Dining Observation
Family Council
Infection Prevention and Control
Medication
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Residents' Council
Responsive Behaviours**

Findings of Non-Compliance were found during this inspection.



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. 26. Plan of care Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

12. Dental and oral status, including oral hygiene. O. Reg. 79/10, s. 26 (3).

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

16. Activity patterns and pursuits. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :



1. On June 18, 2014, the Inspector reviewed resident # 4's health care record. Resident's most recent care plan did not indicate any interdisciplinary assessment based on the resident's dental and oral status. Inspector interviewed staff member # 108 and was told that the home overlooked documenting resident # 4's dental and oral status on the resident's care plan.

The licensee failed to ensure that the plan of care for resident # 4 is based on an interdisciplinary assessment of the resident's dental and oral status, including oral hygiene. [s. 26. (3) 12.]

2. On June 18, 2014, Inspector reviewed resident # 4's health care record. Resident is dependent on staff for all activities of daily living including participation in recreation and social activities. Resident # 4's most recent plan of care did not indicate resident's activity patterns and pursuits. On June 19, 2014 Inspector interviewed the Activity Coordinator and was informed that the staff attempt to have resident # 4 participate in and attend activities, however the resident is easily distracted and that resident # 4 is provided with 1-1 activation and sensory stimulation. The Activity Coordinator advised Inspector that the home is behind on the documentation as there are no records of participation in activities for resident # 4 for 2 months. On June 19, 2014, Inspector interviewed staff member # 108 and was informed that they don't believe that any of the resident's have their activity patterns and pursuits on their plan of care.

The licensee failed to ensure that all resident's plan of care is based on an interdisciplinary assessment of the resident's activity patterns and pursuits. [s. 26. (3) 16.]

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 plan of care for resident # 4 is based on an interdisciplinary assessment of the resident's dental and oral status, including oral hygiene and that all resident's plan of care is based on, at a minimum, interdisciplinary assessment of their activity and patterns pursuits, to be implemented voluntarily.



WN #2: 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. On June 24, 2014 the Inspector completed an audit of the medication cart on the unit along with the Long-Term Care (LTC) Manager. It was noted that several medications were expired and some of the labels were unclear as to who the medication belonged to. One of the medications had an expiry date of 2012, this was also confirmed with the LTC Manager. Inspector also witnessed that numerous stock medications in the medication storage room were also expired. This was confirmed with the LTC Manager.

The licensee failed to ensure that drugs are stored in an area or a medication cart that complies with the manufacturer's instructions for the storage of the drugs. [s. 129. (1) (a)]

2. On June 24, 2014 the Inspector observed the medication cart unattended in the resident's home area. It was noted by the Inspector that 3 separate blister packs of controlled substances were left on top of the cart unattended and accessible to anyone. The Inspector witnessed several visitors and employees passing by the unattended medication cart. Registered staff # 110 returned to the cart after 5 minutes and informed the Inspector that they do not typically leave the medication on the top of the cart and that a mistake was made. The Inspector informed the LTC Manager of the incident.

The licensee failed 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. [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 all drugs are stored in an area or a medication cart that complies with manufacturer's instructions for the storage of the drugs, and 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 #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



Specifically failed to comply with the following:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :



1. On June 18th, 2014, the Inspector reviewed the health care records for resident # 6, 7 and 8. All three residents did not have any documentation indicating that tuberculosis (TB) screening was completed within 14 days of admission or some time in the 90 days prior to admission. On June 26, 2014 Inspector spoke with the LTC Manager and was advised that the home has not been conducting TB screening within 14 days of admission if residents have not been screened 90 days prior to admission.

The licensee has failed to ensure that each resident admitted to the home is screened for tuberculosis within 14 days of admission, unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. [s. 229. (10) 1.]

2. On June 18th, 2014 Inspector reviewed 3 resident health care records (resident #6, 7, and 8) and was unable to locate whether these residents were offered the tetanus and diphtheria vaccine (TD). Registered staff # 103 informed the Inspector that they could not locate any of the immunization records on the resident's charts. Inspector interviewed registered staff # 105 and was informed that they did not believe that TD were offered to the residents and did not know where the records were kept. On June 24, 2014 Inspector interviewed the LTC Manager and was informed that the LTC home does not offer the TD immunization.

The licensee failed to ensure that residents are offered the tetanus and diphtheria immunization in accordance with the publicly funded immunization schedules posted on the Ministry website. [s. 229. (10) 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 each resident is screened for tuberculosis with 14 days of admission, unless the resident has already been screened at sometime in the 90 days prior to admission, and that the residents are offered the tetanus and diphtheria immunization in accordance with the publicly funded immunization schedules posted on the Ministry website, to be implemented voluntarily.



WN #4: 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. On June 24, 2014, during an interview with the LTC Manager it was reported that the home does not have a Family Council and does not convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The licensee failed to ensure that if there is no Family Council established in the home, semi-annual meetings are convened by the home to advise families and persons of importance to residents of their right to establish a Family Council. [s. 59. (7) (b)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program



Specifically failed to comply with the following:

s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,

(a) the provision of supplies and appropriate equipment for the program; O. Reg. 79/10, s. 65 (2).

(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends; O. Reg. 79/10, s. 65 (2).

(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests; O. Reg. 79/10, s. 65 (2).

(d) opportunities for resident and family input into the development and scheduling of recreation and social activities; O. Reg. 79/10, s. 65 (2).

(e) the provision of information to residents about community activities that may be of interest to them; and O. Reg. 79/10, s. 65 (2).

(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).

Findings/Faits saillants :

1. Over the course of the Inspection, the Inspector did not observe any recreation and social activities being offered during the day. The Activity Coordinator stated in an interview on June 19, 2014 that the home does not have any scheduled activities offered during the day, only during evening hours of 4-8 PM, Monday to Friday. The Inspector reviewed the home's activity calendar which also indicated that there are no scheduled recreation and social activities offered during the day.

The licensee failed to ensure that the organized recreation and social program, offers recreation and social activities to residents during the days, evenings and weekends.
[s. 65. (2) (b)]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information



Specifically failed to comply with the following:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,

(a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)

(b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)

(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)

(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)

(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)

(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)

(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)

(h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)

(i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)

(j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)

(k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)

(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)

(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)

(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)

(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)

(p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)

(q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :



1. On June 16, 2014 during the initial tour of the home, Inspector noted that the policy to promote zero tolerance of abuse and neglect of residents was not posted in the home. Inspector interviewed staff member #102 and registered staff # 112 and both were unable to locate the posted information.

The licensee failed to ensure that the long-term care home's policy to promote zero tolerance of abuse and neglect of residents is posted in a conspicuous area of the home. [s. 79. (3) (c)]

2. On June 16, 2014 during the initial tour of the home, Inspector noted that the procedure for initiating complaints to the licensee was not posted in the home. Inspector interviewed staff member # 102 and registered staff # 112 and both were unable to locate the required posted information. On June 25, 2014, Inspector spoke with the LTC Manager and it was confirmed that the home had a complaint procedure included in the home's admission package however it was not posted.

The licensee failed to ensure that the long-term care home's procedure for initiating complaints to the licensee is posted in a conspicuous area of the home. [s. 79. (3) (e)]

**WN #7: 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. (4) Where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy must provide that the team composed of the persons referred to in clause (3) (a) shall document the following in the drug record:

- 1. The date of removal of the drug from the drug storage area. O. Reg. 79/10, s. 136 (4).**
 - 2. The name of the resident for whom the drug was prescribed, where applicable. O. Reg. 79/10, s. 136 (4).**
 - 3. The prescription number of the drug, where applicable. O. Reg. 79/10, s. 136 (4).**
 - 4. The drug's name, strength and quantity. O. Reg. 79/10, s. 136 (4).**
 - 5. The reason for destruction. O. Reg. 79/10, s. 136 (4).**
 - 6. The date when the drug was destroyed. O. Reg. 79/10, s. 136 (4).**
 - 7. The names of the members of the team who destroyed the drug. O. Reg. 79/10, s. 136 (4).**
 - 8. The manner of destruction of the drug. O. Reg. 79/10, s. 136 (4).**
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Findings/Faits saillants :

1. On June 24, 2014 Inspector met with the LTC Manager and conducted observations in the home's Medication Storage room. Inspector asked for the drug destruction records and LTC Manager stated that the home did not document the destruction of controlled substances. The LTC Manager stated that the pharmacy comes to the home to pick up the medications for destruction and the pharmacy takes care of it. On June 25, 2014 Inspector reviewed home's policy titled, "When Medication is Destroyed or Removed From Residents of the LTC Facility." The policy indicated the following, "The CNO shall make a note in the resident's records and send the medications back to the pharmacy."

The Licensee has failed to ensure that where a drug that is to be destroyed is a controlled substance, the policy provides that the applicable team documents in the drug record, the date of removal of the drug from the drug storage area, the name of the resident for whom the drug was prescribed, where applicable, the prescription number of the drug, where applicable, the drug's name, strength and quantity, the reason for destruction, the date when the drug was destroyed, the names of the persons who destroyed the drug and the manner of destruction of the drug. [s. 136. (4)]



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