



**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**

**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**

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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 |
|---|---|--------------------------------|--|
| Mar 20, 2015 | 2015_228172_0009 | 001554-15 | Complaint |

Licensee/Titulaire de permis

SHARON FARMS & ENTERPRISES LIMITED
1340 HURON STREET LONDON ON N5V 3R3

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

KENSINGTON VILLAGE
1340 HURON STREET LONDON ON N5V 3R3

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

JOAN WOODLEY (172)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 27, 2015

Helene Desabrais Inspector # 615 participated in this inspection as part of her orientation

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care, one Registered Nurse, one Registered Practical Nurse, RAI Coordinator, one Personal Support Worker. The inspectors also made observations, reviewed health care records, the bath list and other relevant documents.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Pain

Personal Support Services

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

6 WN(s)

5 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| Legend | Legendé |
|---|--|
| WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order | 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). | 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. |
| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. | 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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



1. The Licensee has failed to ensure that the home is a safe and secure environment for its residents

During a fire drill 2 inspectors were walking in the hallway when the alarm sounded – Inspector # 172 spoke with the first staff member they encountered and asked what would the home want them to do? The staff member replied you are fine or you can go through those doors. These doors were closed fire doors located between fire zones.

Resident observations revealed a resident knocking on the fire door. Staff on the other side opened the door and informed the resident of the fire drill and then asked if he/she wanted through and let him/her through the fire door, crossing fire zones during the drill.

Interview with Administrator/ Director of Care confirmed all staff receive training on their role and responsibilities when the fire alarm sounds as part of their orientation. The Administrator/Director of Care also verified it is the home's expectation that all staff receive fire safety and training which would include not opening fire doors to allow individuals to cross fire zones as part of their orientation and annual retraining. [s. 5.]

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 the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that when the resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Chart review revealed a specific Resident was receiving a narcotic analgesic every 12 hours and could have another narcotic analgesic, if needed, for breakthrough pain. As well, this Resident was on pain medication which was discontinued and then restarted. The dosage was also increased . Physio is involved with pain management also.

Chart review revealed no pain assessments either electronically or hard copy.

Interview with the Administrator/Director of Care confirmed no pain assessments could be found for this resident.

Interview with the Administrator/Director of Care confirmed it is the home's expectation that pain assessments would be done on admission, quarterly, when there is a change in resident status, and when there is a change in pain medication to determine if medication has been effective or not. [s. 52. (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 when the resident's pain is not relieved by initial interventions, that the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

WN #3: 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, (a) drugs are stored in an area or a medication cart, (ii) that is secure and locked.

Observations revealed an unlocked and unattended treatment cart in front of the nurses' station that contained prescription medications.

Interview with a member of the registered staff confirmed that the treatment cart was unlocked, unattended and is usually not parked in front of the nurses' station.

Interview with the Administrator/Director of Care confirmed it is the home's expectation that the treatment cart would be locked when registered staff are not in attendance. [s. 129. (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, (a) drugs are stored in an area or a medication cart, (ii) that is secure and locked, to be implemented voluntarily.

WN #4: 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 is used by or administered to a resident in the home unless the drug has been prescribed for the resident.

Physician orders were reviewed for a specific resident and revealed an order was written on Feb. 6, 2015.

On February 18, 2015, the physician signed the 3 month medication review. The order from Feb 6, 2015, was not included on the medication review as the quarterly (medication review) had been checked on Feb. 2, 2015. Review of the E-MAR's revealed the order from February 6, 2015 was shown to be current.

Staff interviews with members of the registered staff confirmed the omission in adding the new order, received after the initial check of the three month review, to the three month medication review as any order prior to the three month review is to be null and void unless reordered as part of the three month review.

Interview with a member of the registered staff confirmed it is the home's expectation that prior to the physician signing the 3 month review any new medications orders that occurred since the med review was checked will be added so that there are current medications orders for all medications being administered. [s. 131. (1)]



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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 #5: The Licensee has failed to comply with O.Reg 79/10, s. 213. Director of Nursing and Personal Care

Specifically failed to comply with the following:

s. 213. (1) Every licensee of a long-term care home shall ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:

5. In a home with a licensed bed capacity of 65 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 213 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week: 5. In a home with a licensed bed capacity of 65 beds or more, at least 35 hours per week.

Interview with the Administrator/ Director of Care revealed:

1. She is the Administrator of the LTC home

2. She is the Director of Care for the LTC home

3. She replied "I'm it" in response to inspector's questions and shared there was a special arrangement

4. The Administrator/ Director of Care shared the home has 73 beds.

5. Interview with the Administrator/ Director of Care confirmed she is on site 40 hours per week.

6. This individual's name tag identifies her as the Administrator as does her business card.

Interview with a member of the registered staff revealed this individual is the Director of Care.

According to the Southwest Healthline this home is licensed for 78 beds.

Interview with the MOHLTC London Service Area Office Manager revealed no arrangement has been made with the licensee and the expectation is that the home would have a Director of Care 35 hours per week when the home has a capacity of 65 beds or more and an Administrator 24 hours a week when a home has 65 - 90 beds.

Interview with the MOHLTC Licensing Division confirmed this Long Term Care Home is licensed for a total of 78 beds. (76 long term care and 2 short stay) [s. 213. (1) 5.]



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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's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week: 5. In a home with a licensed bed capacity of 65 beds or more, at least 35 hours per week, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

- s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**
- 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).**

Findings/Faits saillants :



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1. The licensee has failed to ensure that the following rights of residents are fully respected and promoted: 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

Resident observations on Feb. 27, 2015, revealed a resident sitting in direct line of the main doors of the home not wearing any shoes, socks or slippers, mid-morning.

Interview with the Administrator/Director of Care revealed this resident does not like to wear socks but a covering should be applied to keep the resident warm. It is the home's expectation that all residents will be dressed properly.

Resident observations revealed a personal support worker apply a covering to this resident's legs and feet shortly thereafter.

Resident observation mid-afternoon revealed resident sitting again in direct line of the main doors of the home not wearing any shoes, socks or slipper, nor did he/she have a covering on his/her legs and feet. [s. 3. (1) 4.]

Issued on this 20th day of March, 2015

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

Original report signed by the inspector.