



**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**

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 Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 10, 2014	2014_303563_0036	L-001247-14	Resident Quality Inspection

Licensee/Titulaire de permis

DEVONSHIRE ERIN MILLS INC.
195 DUFFERIN AVENUE, SUITE 800, LONDON, ON, N6A-1K7

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

LANARK HEIGHTS LONG TERM CARE CENTRE
46 LANARK CRESCENT, KITCHENER, ON, N2N-2Z8

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

MELANIE NORTHEY (563), INA REYNOLDS (524), RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection



**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**

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): September 23-26 and 29, 2014

Concurrent inspections: 000337-14

During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care, the Assistant Manager of Resident Care- Quality, the Assistant Manager of Resident Care- Clinical, the Pharmacist, the Social Worker, the Environmental Service Manager, the Resident Assessment Instrument Coordinator (RAI-C), a Dietary Aide, a Housekeeping Aide, eight Registered Practical Nurses, one Registered Nurse, seven Personal Support Workers, four family members and forty-one Residents.

During the course of the inspection, the inspector(s) conducted a tour of the home and made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Inspector(s) observed meal and snack service, medication administration and drug storage areas, resident/staff interactions, infection prevention and control practices, the posting of Ministry information and inspection reports and the general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Dining Observation

Falls Prevention

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Residents' Council

Safe and Secure Home

Skin and Wound Care



Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident.

Record review of treatments in Point Click Care (PCC) for resident # 54 revealed a nursing directive for a treatment related to altered skin integrity.

Staff interview with the Registered Practical Nurse (RPN) revealed the treatment plan for resident # 54 is inconsistent in direction. The RPN shared that the skin treatment is offered at different times than documented in the nursing directive.

Staff interview with the Manager of Resident Care (MRC) and the Assistant Manager of Resident Care- Clinical (AMRC) confirmed there is a lack of clear direction to staff who provide direct care related to the resident's alteration in skin integrity. The MRC confirmed the nursing directive in PCC should be worded so that the treatment is provided as planned. [s. 6. (1) (c)]

2. Record review revealed for Resident #2:

The date of the medical directives in the paper chart did not match the date of the medical directives in the electronic chart.

Record review for Resident #13:

The date of the medical directives in the paper chart did not match the date of the medical directives in the electronic chart.

Record review for Resident #8:

The medical directives in the paper chart did not match the medical directives in the electronic chart regarding a medication order.

Record review for Resident #56:

The medical directives in the paper chart did not match the medical directives in the electronic chart regarding a medication order.

Interview with the Manager of Resident Care (MRC) confirmed that the pharmacy has not inputted medical directives reviews and updates into the Electronic Medication Administration Record (eMAR) in Point Click Care (PCC). MRC confirmed that this poses a risk to residents and does not provide clear direction when the orders in residents' paper chart do not match the orders in the eMAR. [s. 6. (1) (c)]



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

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 there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to that resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that the protocol "RPN Duties - Nights" was complied with.

Observations on September 26, 2014 revealed a bottle of Gaviscon with an expiry date of August 2014 and a bottle of Multivitamins with Iron with an expiry date of May 2014 were found in the cupboard in the medication room. A Registered Practical Nurse (RPN) confirmed the expiry dates of these medications found in the medication room.

Record review of the "RPN Duties - Nights" Protocol indicated "Weekly - Monday - check for expired medications and creams".

Staff interview with a Registered Practical Nurse and the Manager of Resident Care confirmed it is the expectation that night RPN's check medication rooms and carts and remove/destroy expired medications; that the RPN night duties protocol was not followed. [s. 8. (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 that the protocol "RPN Duties - Nights" is complied with, to be implemented voluntarily.

WN #3: 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 are maintained in a safe condition and in a good state of repair.

Resident room observations revealed a bathroom wall had 2 holes repaired without sanding and paint

Resident room observations revealed the walls and door frames in multiple resident rooms and bathrooms were chipped and scraped, and bathroom doors / frames were scraped and gouged in multiple rooms.

Resident room observation revealed the wall beside the bathroom was gouged with a hole.

Observations during initial tour on September 23, 2014 revealed the following:

- "Pine" resident home area has several broken tiles in the shower area,
- "Chestnut" home care area dining room and hallway had peeling drywall tape that was held in place with a push pin and the carpet was deeply soiled and stained in the t.v. lounge area, and
- second and third floor had multiple wall corners that were damaged.

Interview with the Environmental Service Manager (ESM) on September 29, 2014 revealed there is a plan in place to repair all areas mentioned. [s. 15. (2) (c)]

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 maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey



Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee failed to seek advice of the Residents' Council and Family Council in developing and carrying out the survey and acting on the results.

The Manager of Life Enrichment who assists with Residents' Council, the Social Worker who assists with Family Council and the Administrator confirmed that the home uses a corporate satisfaction survey and that the Residents' Council and Family Council have not had input into the annual satisfaction survey. [s. 85. (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 seek advice of the Residents' Council and Family Council in developing and carrying out the survey and acting on the results, to be implemented voluntarily.

WN #5: 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. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

Observations of shared bathrooms for multiple residents revealed used and unlabeled personal care items. Observation of multiple shower rooms revealed used and unlabeled personal care items. The Personal Support worker (PSW) confirmed all personal care items must be labeled in shared bathrooms.

Staff interview with the Registered Practical Nurse (RPN) revealed all personal items in a shared bathrooms and shower rooms must be labeled for all residents at all times.

The Director of Care confirmed it is the home's expectation that all resident hygiene items are to be labeled and stored in resident rooms.

Observation of resident shared bathrooms revealed the call bell cords were stained and soiled. The Environmental Services Manager and the Housekeeping Aide confirmed both call bell cords were stained and soiled. The Environmental Services Manager stated the call bell cords will be replaced immediately and revealed the home's expectation is that all call bell cords in resident bathrooms are cleaned and disinfected daily. [s. 229. (4)]

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.



**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**

Issued on this 10th day of October, 2014

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