

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

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015

Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015

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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
Nov 6, 2019	2019_508137_0043	017985-19, 019777-19	Critical Incident System

Licensee/Titulaire de permis

Corporation of the County of Grey
595 9th Avenue East OWEN SOUND ON N4K 3E3

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

Lee Manor Home
875 Sixth Street East OWEN SOUND ON N4K 5W5

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

MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): October 28-30, 2019

**The following two Critical Incident System (CIS) reports were inspected:
M549-000017-19 under Log #017985-19 related to a fall with injury and
M549-000018-19 under Log #019777-19 related to missing controlled substance.**

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Associate Director of Care, Unit Clerk, Director of Long Term Care - Grey County and Registered Staff.

The Inspector also toured resident home areas, observed resident care provision, reviewed investigative records, resident clinical records and relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Medication**

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

2 WN(s)

0 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to an identified resident as specified in the plan.

Compliance order (CO) #001 from inspection 2019_787640_0024 was issued on September 25, 2019 and had a compliance due date (CDD) of November 15, 2019. The following is further evidence to support CO #001.

A Critical Incident System (CIS) report was submitted to the Ministry of Long-Term Care (MLTC), whereby an identified resident sustained a fall, with injury.

Director of Care # 102 said a staff member failed to ensure that the care set out in the plan of care, in relation to assistance with mobility, was provided to an identified resident as specified in the plan. [s. 6. (7)]

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 where the Act or this Regulation required the licensee of the long-term care home to have, institute or otherwise put in place any policy and procedure, the policy and procedure was complied with, related to medication incidents and adverse drug reactions.

In accordance with Ontario Regulation 79/10 s. 135(1), the licensee was required to ensure that staff in the home complied with the medication incidents and adverse drug reactions policies and procedures that were in place to reduce risk.

Specifically, staff did not comply with the licensee's policy, "Controlled Substances and Narcotic Counts - # VIII-F-10.50 - Current Revision January 2015.

Compliance order (CO) #002 from inspection 2019_787640_0024 was issued on September 25, 2019 and had a compliance due date (CDD) of December 6, 2019. The following is further evidence to support CO #002.

A Critical Incident System (CIS) report was submitted to the Ministry of Long-Term Care (MLTC) stating a controlled substance could not be located.

Review of the investigative records showed another medication incident occurred the same evening, as the medication policy, "Controlled Substances and Narcotic Counts - # VIII-F-10.50 - Current Revision January 2015", had not been followed. The policy showed that, during the shift to shift count, the outgoing and oncoming registered staff members were to view the container of the drug(s) to verify the container against the resident's individual drug/narcotic count sheet and that did not happen.

DOC #102 said the "Controlled Substances and Narcotic Counts policy" was not complied with. [s. 8. (1) (b)]

Issued on this 19th day of November, 2019

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

Original report signed by the inspector.