Ontario

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

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 apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 29, 2018	2018_742527_0008	003343-18	Complaint

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Hawthorn Woods Care Community
9257 Goreway Drive BRAMPTON ON L6P 0N5

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

KATHLEEN MILLAR (527)

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): April 18, 19, 20, 23, 24, 26, 27, 30, May 1, 2, and 3, 2018.

The following Complaint Inspection was conducted: Log #003343-18 related to Improper Care and Alleged Abuse.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Associate Director of Care, the Scheduling Coordinator, the RAI Coordinator, the Environmental Director, the Food Service Director, the Physiotherapist (PT), the Physiotherapy Assistants (PTA), the registered nurses (RNs), the registered practical nurses (RPNs) and the Personal Support Workers (PSWs).

During the course of the inspection, the LTCH Inspector(s) toured the home, reviewed clinical records, interviewed staff, residents and families, reviewed policies and procedures, reviewed training records and observed the provision of resident care.

The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition
Medication
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. (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 failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Resident #001 had specific symptoms related to their disease. The resident was capable of making their own health care decisions. The resident's plan of care was reviewed, which provided staff with directions as to how to administer medications. The written plan of care dated November 2017 directed staff to use a specific technique when administering medications. In addition, the clinical documentation revealed the resident had refused their medications on a specific date in December 2017. The resident communicated to staff using a specific communication method. The Director of Care (DOC) was interviewed and confirmed that when the registered staff was administering the resident their medications, they did not comply with the technique for medication administration as outlined in the written plan of care.
The licensee failed to ensure that the care set out in the plan of care related to medication administration for resident #001, was provided to the resident as specified in the plan.

This area of non-compliance was identified during a Complaint Inspection, log #003343-18. [s. 6. (7)]

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 care set out in the plan of care is provided to the resident as specified in the plan, 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 failed to ensure that, 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, (b) is complied with.

In accordance with Regulation, s.114 (2), required the licensee to ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home. O. Reg. 79/10.

A) Resident #001 had a specific disease and was admitted to the long term care home several years ago.
The licensee's policy titled "Do Not Resuscitate - Cardiopulmonary Resuscitation", number VIII-C-10.70, and last revised January 2015, directed staff that if a resident suffered from a cardiac arrest it was treated as an emergency. In an emergency, the staff were to consider if there was a Do Not Resuscitate (DNR) order or if the resident had given instruction not to be resuscitated. If this was the case then cardiopulmonary resuscitation would not be administered. In addition, the policy indicated that the resident's wishes would be implemented utilizing the DNR form and there was no expiry date on the form.
The resident's clinical record was reviewed and there was a DNR confirmation form that resident #001 had completed late 2015. The resident's health directives were reviewed and identified the resident did not want to be resuscitated and it was documented on the plan of care.
RPN #119, who was present at the time of the incident, stated the nursing staff did not perform CPR; however the Paramedics did perform CPR when they arrived at the home

as they were unable to find the resident's DNR form from 2015. The RPN said they looked for the DNR form, but was unable to locate it on the resident's clinical record. The RPN said that the staff were well aware of the resident's wishes and the physician ordered no CPR since the resident was admitted to the home.
The Administrator and the DOC were interviewed and acknowledged the staff did not perform CPR based on their investigation and a review of the video surveillance. They acknowledged that staff knew the resident's wishes to not be resuscitated. The Administrator and DOC acknowledged that the staff were unable to find the 2015 DNR form that was located in the hard copy clinical record, which should have been provided to the paramedics to prevent CPR from being performed on the resident.
The licensee failed to comply with the DNR - CPR policy, which resulted in resident #001's expressed wishes being breached.

B) Resident #001 had a specific disease causing the resident to experience specific symptoms. The clinical record was reviewed and revealed that the resident had refused their medication in December 2017; however the registered staff did not listen to the resident and continued to try and administer the medication.
The licensee's policy titled: "The Medication Pass", number 3-6, and last revised February 2017, stated the resident had the right to refuse the medication.
The Director of Care (DOC) was interviewed and acknowledged that based on their investigation, the resident refused their medication and the staff member did not listen to the resident, they continued to try and administer the medication to the resident and the staff member did not follow their policy and procedures related to medication administration.
The licensee failed to comply with their policy related to medication administration for resident #001.

This area of non-compliance was identified during a Complaint Inspection, log #003343-18. [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 to ensure that 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, (b) is complied with, to be implemented voluntarily.

Issued on this 26th day of June, 2018

[redacted]

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

Original report signed by the inspector.