

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

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

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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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
Jan 21, 2021	2021_769646_0001	016445-20, 017236- 20, 025727-20	Critical Incident System

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

Fountain View Care Community
1800 O'Connor Drive Toronto ON M4A 1W7

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

IVY LAM (646)

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): January 6, 7, 8, 11, 12, and 13, 2021.

The following intakes were completed during this inspection:

Log #016445-20 (Critical Incident System (CIS) #2836-000012-20) and #017236-20 (CIS #2836-000015-20) related to medication incidents; and

Log #025727-20 (CIS #2884-000013-20) related to infection prevention and control.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Directors of Care (ADOC), Infection Prevention and Control (IPAC) lead, IPAC Support, Dietary Supervisor, Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Worker (PSW), Screener, Supervisor of Housekeeping, Director of Environmental Services, Director of Resident Programs, Program Staff, and Residents.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control

Medication

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

<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 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 home's Medication policy put in place was fully complied with.

As per O.Reg. 79/10 s. 114 (2), the licensee was required to ensure that written policies and protocols were 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.

Further, O.Reg. 79/10 s. 114 (3) (a) states that written policies and protocols must be developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The home's policy titled: Section 5 Handling of Medication - Policy 5-4 Drug Destruction and Disposal; last revised 11/20 in the Medical Pharmacies Pharmacy Policy & Procedure Manual for LTC Homes showed: Disposal of Unused/Wasted Monitored Medications: Unused portions/damaged doses of monitored medication (e.g. dose refused by resident, dropped on the floor, crushed but not given, injectable with left over medication) are destroyed during shift by nursing staff and another staff member.

1. Nurse on duty obtains a witness to observe the disposal of the wasted narcotic into medication disposal container during shift.
2. Nurse and witness must document amount of wasted monitored medication under the "wasted" column and sign on the count sheet.
3. Denature the wasted medication and place into the medication disposal container.

The policy specified the Drug Destruction Best Practice Guidelines as below:

All medications identified for destruction must be destroyed safely and securely. The medication shall be altered or denatured to such an extent that its consumption is rendered impossible or improbable.

Medication disposal containers must only contain medications for disposal/destruction:

- Empty packaging or medical devices should not be disposed of in the medication disposal container.
- Tablets or capsules in pouches: cut open up the side using scissors.
- Tablets or capsules in cards: remove from their original packaging and place into the drug destruction container.

Interviews with four Registered Practical Nurses (RPNs) and one Registered Nurse (RN) showed that they did not follow the home's policy in discarding controlled substances into the medication disposal containers as per the home's policy.

Observation of the medication disposal containers in three different home areas showed that in two of the three home areas, staff had not followed the procedure for using the medication disposal containers.

An Assistant Director of Care (ADOC) and the Director of Care (DOC) stated that the registered staff should have followed the home's policy on drug destruction and disposal, and that the staff did not do so.

Sources: Home's Medication Policy "Section 5 Handling of Medication - Policy 5-4 Drug Destruction and Disposal; last revised 11/20 in the Medical Pharmacies Pharmacy Policy & Procedure Manual for LTC Homes showed: Disposal of Unused/Wasted Monitored Medications"; home's medication incident final reports; home's quarterly medication incident meetings; observations of the medication disposal container on different units; interviews with RPNs, RN, ADOC, and the DOC. [s. 8. (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 the plan, policy, protocol, procedure, strategy or system is complied with, to be implemented voluntarily.

WN #2: 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 the staff participated in the implementation of the infection prevention and control program for residents' hand hygiene.

This inspection was initiated related to a critical inspection system (CIS) intake related to the COVID-19 outbreak in the home.

The Just Clean Your Hands Implementation Guide: Ontario's step-by-step guide to implementing a hand hygiene program in your Long-Term Care Home, When to clean, showed that that residents' hands should be cleaned before and after meals or snacks.

During a meal observation, the inspector observed a Personal Support Worker (PSW) providing encouragement and feeding assistance to a resident. When the resident finished their meal, the inspector observed the PSW enter the resident's washroom and take a wet paper towel to wipe the resident's hands after the meal. The inspector did not observe any handwashing with soap for the resident or any hand sanitizing performed for the resident after the meal.

Two residents also indicated that staff were inconsistent with assisting residents with hand hygiene before and after meals or snacks.

The PSW stated that they may clean the residents' hands with paper towel and water, or hand sanitizer, and both are options that the staff can do with the residents.

The home's Infection Prevention and Control (IPAC) lead, stated it was the home's expectation for PSWs to bring the pumps to the residents to sanitize their hands before and after meals. If the residents' hands were visibly soiled, the staff should guide the resident to wash their hands with soap and water.

An ADOC and the DOC stated it was not acceptable for the staff to wipe the residents' hands with water and paper towel for their hand hygiene. The staff should consistently follow the home's hand hygiene process for residents' hand hygiene before and after meals and snacks.

Sources: Critical Incident System (CIS) report, Observation of staff and residents' hand hygiene practice, Just Clean Your Hands Implementation Guide: Ontario's step-by-step guide to implementing a hand hygiene program in your Long-Term Care Home, interviews with residents, PSW, ADOC/IPAC lead, DOC, and other staff. [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 ensure that all staff participate in the implementation of the infection prevention and control - hand hygiene program, to be implemented voluntarily.

Issued on this 17th day of February, 2021

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

Original report signed by the inspector.