



**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 rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 19, 2017	2017_584161_0011	009573-17	Resident Quality Inspection

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
5015 Spectrum Way Suite 600 MISSISSAUGA ON 000 000

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

LONGFIELDS MANOR
330 BEATRICE DRIVE NEPEAN ON K2J 5A5

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

KATHLEEN SMID (161), MEGAN MACPHAIL (551)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): June 12, 13, 14, 15, 16, 2017.

During the course of the inspection, the inspector(s) completed a tour of resident areas, observed resident rooms, resident common areas, the delivery of resident care services, resident to resident interactions, staff to resident interactions, infection control practices, medication storage areas and medication administration, reviewed a registered nursing staff schedule, Resident and Family Council meeting minutes, resident health records, wheelchair cleaning documentation and relevant licensee policies and procedures.

During the course of the inspection, the inspector(s) spoke with Residents, Family Members, Personal Support Workers, Registered Practical Nurses, Registered Nurses, RAI Coordinator, Environmental Services Manager, Nutritional Care Manager, Recreation Manager, President of Family Council, President of Residents' Council, Director of Care and the Executive Director.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Dignity, Choice and Privacy
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Safe and Secure Home
Skin and Wound Care**



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

1 WN(s)
0 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 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 comply with O. Reg. 79/10 s.8 (1)(b) 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 to be complied with, in that the home failed to ensure compliance with the following policy.

O. Reg. 79/10, s.114(1) Every licensee of a long-term care home shall develop an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents. O. Reg. 79/10, s. 114

On June 14, 2017 at the request of Inspector #161, the Director of Care (DOC) provided the licensee's policy and procedure titled "LTC – Narcotic and Controlled Drugs Management – CARE13-010.01" effective date August 31, 2016. The policy indicated that a narcotic count is done with two nurses, one from the outgoing shift and one from the incoming shift who will count and sign off on the Narcotic and Controlled Drug Count form at every shift change.

On June 14, 2017 at 1000 hours Inspector #161 observed RN #100 documenting on the Narcotic and Controlled Substance Administration Records for several residents. Inspector #161 reviewed the Narcotic and Controlled Substance Administration Records with RN #100 for 17 residents and noted that RN #100 had documented the narcotic count at 1430 hours for each of the 17 residents, which was 4.5 hours prior to the end of



the shift. In addition to erroneously documenting that she had conducted the narcotic count at 1430 hours, RN #100 had also documented on two resident's (#028, #032) Narcotic and Controlled Substance Administration Records, the narcotic count at 1200 hours which was two hours prior to the administration of the prescribed narcotics to residents #028 and #032).

On June 14, 2017 at 1010 hours, during an interview with RN #100, she indicated to Inspector #161 that she prematurely documented the narcotic counts for the 17 residents in the morning, because it takes a lot of time at the end of her shift in the afternoon.

On June 14, 2017 at 1015 hours, Inspector #161 discussed the premature documentation of RN #100 with the DOC. At 1030 hours, the DOC reviewed the Narcotic and Controlled Substance Administration Records pertaining to the 17 residents. The DOC indicated to Inspector #161 that this was not acceptable practice at the home and contravened their policy and procedure titled "LTC – Narcotic and Controlled Drugs Management – CARE13-010.01" effective date August 31, 2016. [s. 8. (1) (b)]

Issued on this 19th day of June, 2017

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

Original report signed by the inspector.