



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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	Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection November 15, 17, 2010	Inspection No/ d'inspection 2010_168_2727_15Nov055234	Type of Inspection/Genre d'inspection Follow Up review H-02842 Complaint inspection H-02480 Critical Incident review H-01721
Licensee/Titulaire Retirement Home Specialists Incorporated 120 Conception Bay Highway, Suite 110, Villa Nova Plaza Conception Bay South NL A1W 3A6		
Long-Term Care Home/Foyer de soins de longue durée Morrison Park Nursing Home 7363 Calfass Road R.R #2 Pushlinch ON N0B 2J0		
Name of Inspector(s)/Nom de l'inspecteur(s) Lisa Vink Inspector #168		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Complaint Inspection and a Critical Incident Inspection and a Follow Up Inspection to previously issued non-compliance under the Long term Care Facilities Program Manual with respect to the following issues:

Unmet criterion R3.3 related to prescription, ordering, transcription
Unmet criterion D1.2 related to orientation
Unmet criterion B5.4 related to documentation
Unmet criterion M1.18 related to human resources

During the course of the inspection, the inspector spoke with: The Administrator/Director of Nursing, front line nursing staff, Food Service Supervisor and residents.

During the course of the inspection, the inspector: reviewed relevant policy and procedures, reviewed clinical records, observed care and services provided to residents, reviewed work routines, reviewed personnel files and toured the home.

The following Inspection Protocols were used during this inspection:

Prevention of Abuse and Neglect
Safe and Secure Home
Pain
Skin and Wound
Falls Prevention
Personal Support Services

X Findings of Non-Compliance were found during this inspection. The following action was taken:

[7] WN
[7] VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

NON- COMPLIANCE / (Non-respectés)**Definitions/Définitions**

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007 c.8, s. 101(4)
Every licensee shall comply with the conditions to which the licence is subject.**

Findings:

Schedule C, "Terms and Conditions Applicable to the Funding" of the Long Term Care Home Service Accountability Agreement (LSAA) with the Local Health Integration Network (LHIN) under the Local Health System Integration Act, 2006, section 4.1 reads "The Health Service Provider shall use the funding allocated for an Envelope for the use set out in the Applicable Policy."

Front Line nursing staff clear dishes/cutlery off of the dining room tables after each meal in the dining room. This practice was observed during the breakfast meal on November 15, 2010 and confirmed by staff interviews.

Clearing dishes/cutlery is not an direct nursing and personal care duty as defined by the Ministry of Health and Long Term Care definition of Nursing and Personal Care Envelope (NPC) and therefore not an appropriate use of staff whose wages are allocated for from the NPC envelope.

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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 with ensuring that the licensee comply with the conditions to which the licence is subject under, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007 c.8, s. 20(1)
Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.**

Findings:

In August 2010, an identified Personal Support Worker (PSW) had a conversation with a co-worker, where the co-worker acknowledged improper actions towards an identified resident. The co-worker did not report this information until she was approached by the Administrator later on in August 2010. The identified co-worker did not follow the homes written abuse policy when she failed to report this information immediately.

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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 with ensuring that the licensee comply with the conditions to which the licence is subject to, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O. Reg 79/10, s. 129(1)(a)(ii)
Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart, (ii) that is secure and locked.

Findings:

On November 15, 2010, at approximately 0530 hours, the medication room, with an unlocked storage cupboard containing numerous bottles of stock medications as well as the treatment room and treatment cart was left unlocked with the doors propped open, and unattended by staff.

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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 with ensuring that all drugs are stored in an area or a medication cart that is secure and locked, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O. Reg 79/10, s. 131(1)
Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident.

Finding:

An identified resident was administered a medication, on six occasions in October 2010, without an order from the physician. This medication had been previously ordered by the physician earlier in October 2010. The physician signed the Quarterly Medication Review later in October 2010, and at this time the medication, was not reordered. Staff noted this error later in October 2010, at which time the medication was crossed off of the Medication Administration Record (MAR) to prevent additional errors.

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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 with ensuring that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O. Reg 79/10, s. 41
Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

Findings:

Four identified residents were noted to be up and in the lounge by 0600 hours on November 15, 2010. The resident's plans of care did not identify a request/desire for early rising. Night staff interviewed on November 15, 2010 indicated that these residents did not awake naturally, prior to care being provided.

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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 with ensuring that that each resident has her desired rest routines supported and individualized to promote comfort, rest and sleep, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O. Reg 79/10, s. 45(1)1.i

The following are the exceptions to the requirement that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, as required under subsection 8 (3) of the Act:

- 1 For homes with a licensed bed capacity of 64 beds or fewer,
 - i. a registered nurse who works at the home pursuant to a contract or agreement between the nurse and the licensee and who is a member of the regular nursing staff may be used.

Findings:

The home has recently been successful in their recruiting efforts for Registered Staff. The home however still does not have a sufficient number of Registered Nurses (RN) on staff to schedule and/or provide a RN on site 24 hours a day 7 days a week (in addition to the Administrator/Director of Nursing). During the period of time from October 1st until November 11, 2010, the home worked without an RN (in addition to the Administrator/Director of Nursing) present in the home as follows:

Evening shift - 21 shifts

Day shift – 31 shifts

This information was provided by the Administrator/Director of Nursing and supported by work schedules.

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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 with ensuring that one RN on duty and present in the home at all times, to be implemented voluntarily.

WN #7: The Licensee has 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, and (b) is complied with.

Findings:

Registered staff did not consistently follow the policy 8-5 "Physician's Medication Review" when processing



Quarterly Medication Reviews in October 2010. This policy directs staff to "Review each individual order and process all new, discontinued or changed orders" after the form has been reviewed/completed by the physician. This step was not completed as directed, as evidenced by, a lack of third nurses signature on the form, as required, and two separate residents who were identified that did not have their Quarterly Medication Reviews accurate for their current medication orders.

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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 with ensuring that staff comply with the homes policies and procedures, to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Criterion R3.3 Long Term Care Facility Program Manual (LTCFPM), now found in O. Reg. 79/10, 114(1)	N/A		Nursing Risk Review February 16, 2010	168
Criterion D1.2 LTCFPM, now found in O. Reg. 79/10, s. 216(1)	N/A		Nursing Risk Review February 16, 2010	168
Criterion B5.4 LTCFPM, now found in O. Reg. 79/10, s. 231(a)(b)	N/A		Nursing Risk Review February 16, 2010	168
Criterion M1.18 LTCFPM, now found in O. Reg. 79/10, s. 8(1)(b)	N/A		Nursing Risk Review February 16, 2010	168

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
Title: _____ Date: _____		Date of Report: (if different from date(s) of inspection). <i>Jan 17 11</i>	



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