Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 8, 2014	2014_369153_0011	T-788-14	Complaint

Licensee/Titulaire de permis

HUNTSVILLE LONG TERM CARE CENTRE INC.
689 YONGE STREET MIDLAND ON L4R 2E1

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

MUSKOKA LANDING
65 ROGERS COVE DRIVE HUNTSVILLE ON P1H 2L9

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

LYNN PARSONS (153)

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): September 23, 24, October 3, 15, 2014.

During the course of the inspection, the inspector(s) spoke with administrator, current and previous directors of care (DOC), food services supervisor (FSS), registered nurse (RN), personal support workers (PSW), substitute decision maker (SDM) and family member.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Medication
Pain
Reporting and Complaints

During the course of this inspection, Non-Compliances were issued.
- 5 WN(s)
- 5 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

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 plan of care is based on an assessment of the resident and the resident's needs.

A review of the resident assessment instrument minimum data set (RAI MDS) assessments completed in 2013, indicated that resident #01 was prone to constipation.
A review of the written plan of care for resident #01 failed to identify constipation as a focus nor provide any interventions to respond to the condition.
A review of the clinical record failed to reveal a referral to the registered dietitian (RD) for an assessment of resident #01's constipation as per the home's policy.
An interview with the DOC confirmed the written plan of care did not contain constipation as an identified need and had not been care-planned. [s. 6. (2)]

2. 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.

A review of resident #01's clinical record revealed the following interventions for constipation:
Day 3 - if no bowel movement after 2 days administer milk of magnesia 30ml by mouth
Day 4 - if no bowel movement after 3 days administer one bisacodyl suppository rectally
If no result from the suppository, notify attending physician to review individualized bowel management.

A review of the medication administration records and bowel movement records revealed resident #01 did not receive the appropriate intervention for constipation on the following dates:
June 13, 14 and 15, 2013, - no intervention provided for day 3 without a bowel movement

June 24, 25, 26, 27, 2013, - no intervention provided for day 3 and 4 without a bowel movement
July 2, 3, 4, 2013, - no intervention for day 3 without a bowel movement and the incorrect intervention for day 4, and 5.

A review of the progress notes for August 3, 2013, revealed resident suffering from abdominal discomfort related to mild constipation. Another entry in the progress notes for August 3, 2013, indicated resident calling out in pain, notably constipated, distended abdomen, bowel sounds x4. Resident also expressed abdominal discomfort related to

constipation and had two constipated bowel movements this afternoon.
In August 2013, the resident was transported to hospital by family for assessment and diagnosed with constipation.
An interview with the DOC confirmed the care set out in the plan of care for resident #01 was not provided for constipation. [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 plan of care is based on an assessment of the resident and the resident's needs
- 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 any policy or procedure instituted or otherwise put in place is complied with.

A review of the home's policy titled, Medication Management - effective date October 21, 2013, under the procedure indicated:
- document the administration of medications on the Medication Administration Record

(MAR).
A review of the documentation of the MAR and resident's individual narcotic and controlled drug count sheets revealed discrepancies in the entries between the two pieces of information for the following dates:
- July 3, 7, 17, 18 20, 2013,
- August 6, 10, 12, 13, 17, 2013.

An interview with the DOC confirmed the individual resident's narcotic and controlled drug count sheets were signed to indicate removal of the controlled drug from the storage area but there were no corresponding MAR entries or documentation in the progress notes to indicate the medication had been administered for the above noted dates. The DOC confirmed there should be corresponding documentation on the MARs to support the removal of the controlled drug as documented on the resident's individual narcotic and controlled drug count sheets. [s. 8. (1)]

2. The home's policy titled, Nutrition Referral , effective August 1, 2003 and revised October 7, 2013, under chronic conditions that may affect nutritional status indicates completing a referral to Food Services Supervisor (FSS) and Registered Dietitian (RD) for ongoing constipation and if the condition does not improve.
An interview with the FSS confirmed a referral for constipation was never received by the dietary department for resident #01 when the resident was assessed with constipation. The FSS confirmed interventions for constipation had not been incorporated into resident #01's nutritional care plan. [s. 8. (1) (a),s. 8. (1) (b)]

3. The home's policy titled, Concerns and Complaints Management, revised November 2012, under procedure indicates the following actions for the department supervisor:
- #1 immediately document the concern on a complaint/concern form (if not already started) and begin the investigation if not already started
- #4 immediately forward the concern form to the Administrator, keeping a copy for themselves to document initial follow-up.

A review of the concern/complaint form indicated a complaint was initiated February 22, 2013, and received by the Administrator on April 23, 2013.
An interview with the Administrator confirmed the complaint form was received April 23, 2014, and not immediately as per home policy. [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 any policy or procedure instituted or otherwise put in place is complied with related to the following:
- documentation of the administration of controlled drugs on the MAR
- forwarding concern/complaints to the Administrator immediately, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that when the resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

A review of the pain assessments revealed resident #01 experienced moderate pain less than daily but more than weekly.
A review of the MARs revealed resident #01 experienced a significant increase in frequency and intensity of the pain in September 2013, that required additional pain medication for relief.
A review of the clinical record failed to reveal the resident was assessed with a clinically appropriate assessment instrument when the resident's pain intensified and required additional pain medication as a result in a change of the resident's medical status.
An interview with the DOC confirmed resident #01 should have been assessed using a clinically appropriate assessment tool in September 2013, when there was a change in the resident's pain status. [s. 52. (2)]

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 when the resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that every verbal complaint made to a staff member concerning the care of a resident has been responded to within 10 business days of receipt of the complaint.

A review of the progress notes for January 25, 2013, revealed the Substitute Decision-Maker (SDM) was upset the resident had not received care despite the refusal of the resident to allow care provision.
An interview with the SDM revealed concern at the resident not receiving care and the manner the registered staff had explained the reason for not providing care. An interview with the previous DOC confirmed a discussion with the SDM occurred some time January/February 2013, when the SDM expressed a complaint regarding the manner in which a registered staff had spoken to him/her when the SDM expressed concerned that resident #01 had not received care by lunch time on a previous visit.
The previous DOC indicated she spoke with the SDM a few days later to indicate a discussion had occurred with the registered staff.
A review of the concern/complaint form indicated the concern was initiated on February 22, 2013, and follow-up initiated on February 22, 2013, but the dates did not reflect the two different occasions when the concern was discussed.
A request was made by the Ministry inspector to view the investigation notes but the home was unable to locate this information.
On March 6, 2013, the DOC documented " after attempting to meet with the SDM and Registered staff no resolution was found".
The concern/complaint form was received by the Administrator on April 23, 2013.
An interview with the previous DOC confirmed two meetings were held with the SDM and the concern/complaint form did not reflect these dates. [s. 101. (1) 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 every verbal complaint made to a staff member concerning the care of a resident has been responded to within 10 business days of receipt of the complaint, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,
(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed; O. Reg. 79/10, s. 135 (2).
(b) corrective action is taken as necessary; and O. Reg. 79/10, s. 135 (2).
(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that a written record is kept of all medication incidents to indicate they were reviewed, analyzed and the corrective action is taken as necessary.

A request was made for the home to provide the medication incident involving resident #01 who was administered the wrong medication in September 2012.
There was no written record of the medication incident available on site.
The DOC confirmed the medication incident report was unable to be located at the home.

The DOC contacted the pharmacy to obtain a fax copy of the medication incident report.
A review of the faxed copy revealed the medication incident report had not been reviewed by the DOC nor was there a section to be completed to indicate the medication incident had been analyzed.
An interview with the current DOC confirmed the written record of the medication incident report for resident #01 did not contain the required information [s. 135. (2)]

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 a written record is kept of all medication incidents to indicate they were reviewed, analyzed and the corrective action is taken as necessary, to be implemented voluntarily.

Issued on this 12th day of December, 2014

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

Original report signed by the inspector.