



**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 20, 2016	2016_303563_0034	028495-16	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF LAMBTON
789 Broadway Street WYOMING ON N0N 1T0

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

NORTH LAMBTON LODGE
39 Morris Street R.R. #6 FOREST ON N0N 1J0

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

MELANIE NORTHEY (563), DONNA TIERNEY (569), SHERRI COOK (633)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): October 4, 5, 6, 7 and 11, 2016

The following intakes were completed within the RQI:

009352-16 - IL-43772-LO - Complaint related to personal care concerns (no action required)

014114-16 - IL-44454-LO - Complaint related to personal care and financial concerns

019287-16 - M559-000001-16 - Critical Incident related to a fall

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing and Personal Care, Quality Indicator Coordinator, Dietary-Environmental Supervisor, the Trust Clerk, four Registered Nurses, three Registered Practical Nurses, one Housekeeping Aide, five Personal Support Workers, five family members, a member of the Residents' Council and twenty residents.

The inspector(s) also conducted a tour of the home and made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Inspector(s) observed medication administration and drug storage areas, resident/staff interactions, infection prevention and control practices, the posting of Ministry information and inspection reports and the general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Prevention of Abuse, Neglect and Retaliation

Residents' Council

Skin and Wound Care



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

3 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
<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. 73. Dining and snack service**Specifically failed to comply with the following:**

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that snack times were reviewed by Residents' Council.

Record review of the 2016 Residents' Council minutes as well as the home's Resident Food Talk minutes failed to demonstrate any documentation that snack times were reviewed by Residents' Council.

On October 6, 2016, a member of the Residents' Council #005 shared they did not recall if snack times were reviewed by council. On October 6, 2016 the Dietary-Environmental Supervisor #114 shared that snack times were not reviewed during the food talk meetings.

On October 6, 2016, Administrator #103 shared that she was the accepted licensee appointed assistant to Residents' Council and has been since July of 2015. The Administrator shared that during that time frame, snack times have never been reviewed by Residents' Council. [s. 73. (1) 2.]

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**Specifically failed to comply with the following:**

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee failed to ensure that the advice of the Residents' Council was sought in the development and carrying out of the satisfaction survey.

Record review of the 2016, Residents' Council minutes failed to demonstrate any documentation that the home's satisfaction survey was reviewed by Residents' Council and their advice sought in the development and carrying out of the survey prior to its distribution.

On October 6, 2016, a member of the Residents' Council #005 shared they could not recall if the satisfaction survey was reviewed by Council prior to it being distributed.

On October 7, 2016, Administrator #103 shared that the 2016 satisfaction survey was distributed in July 2016 and shared that the Residents' Council's advice was not sought out in the development of the survey prior to its distribution. [s. 85. (3)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.

2. Access to these areas shall be restricted to,
i. persons who may dispense, prescribe or administer drugs in the home, and
ii. the Administrator.

3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :



1. The licensee failed to ensure that all areas where drugs were stored were kept locked at all times, when not in use.

On October 5, 2016 at approximately 1250 hours the medication cart was observed unattended and unlocked and located outside the Savannah dining room in the Pine Lane resident care area. The medication cart's locking mechanism was not engaged and the inspector was able to open the top drawer of the medication cart. The medication cart was left unattended for approximately 8 minutes. The Registered Practical Nurse (RPN) was sitting in the nursing office with the door open. The RPN was not within reach or eyesight of the medication cart.

On October 5, 2016, RPN #105 shared that the medication cart was left unattended and unlocked while she was in the nursing office. The RPN shared that it was the home's expectation that the medication cart was to be kept locked at all times when not in use. [s. 130. 1.]

Issued on this 20th day of October, 2016

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

Original report signed by the inspector.