



**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**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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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
Nov 5, 2013	2013_140158_0038	S-0249,S- 0422,S- 0250,	Complaint

Licensee/Titulaire de permis

675412 ONTARIO INC
3700 BILLINGS COURT, BURLINGTON, ON, L7N-3N6

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

NORTHVIEW NURSING HOME
77 RIVER ROAD, P.O. BOX 1139, ENGLEHART, ON, P0J-1H0

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

KELLY-JEAN SCHIENBEIN (158)

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): October 28 and October 29, 2013

Logs S-000422-13, S-000249-13 and S-000250-13 were reviewed during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care (DOC), Registered staff, Personal Support Workers (PSW), and several residents.

During the course of the inspection, the inspector(s) conducted a tour of the home, reviewed resident health care records, reviewed the Registered staffing schedule, reviewed various policies and procedures related to medication administration, home maintenance, equipment cleaning and observed resident care delivery by staff.

The following Inspection Protocols were used during this inspection:

- Pain**
- Safe and Secure Home**

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :

1. The progress notes for resident # 01 were reviewed and identified that the resident often refuses care, is not cooperative with care delivery and becomes verbally aggressive with staff. Although resident # 01 plan of care identifies interventions to address their "verbal expressions of distress", interventions to manage the resident's refusal of care were not found.

The licensee failed to ensure that the plan of care set out clear directions for the staff and others who provide direct care to the resident # 01. [s. 6. (1) (c)]



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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 ensuring that there is a written plan of care for resident # 01 that sets out, clear directions to staff and others who provide direct care regarding refusal of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure 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, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. On October 29, 2013, the DOC confirmed that the home has failed to ensure that the 24-hr RN requirement was met. [s. 8. (3)]

2. A review of the Registered staff schedule for October 1-31, 2013 show that there were seven nights where a RPN was "Nurse in Charge" (NC) as there was no RN scheduled, present or working in the home. The licensee failed to ensure 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. [s. 8. (3)]

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 ensuring 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, to be implemented voluntarily.



WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. On October 28, 2013, the Inspector observed that the walls in the sun room have holes and is missing drywall in places. The lower portions of the walls in the hallways have gouges and are in need of repair. A hole was observed in the ceiling of one resident's room and several ceiling tiles throughout the home are in disrepair and require replacing.

The licensee failed to ensure that the home, furnishings and equipment are maintained in a good state of repair. [s. 15. (2) (c)]

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 ensuring that all the walls and ceiling surfaces are repaired or replaced, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 131.

Administration of drugs

Specifically failed to comply with the following:

- s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

Findings/Faits saillants :



1. Resident # 01 has moderate pain according to the September 2013 MDS assessment.

A pain medication was ordered by the physician in June 2013 to manage the resident's pain.

Resident # 01 progress notes were reviewed and it was documented that the resident was exhibiting confusion, aggressive behaviours and delusions in June 2013. Staff # S-100 documented that the pain medication was ordered by the physician but the pharmacy had supplied the pain patch with the direction that the patch be folded in half to ensure that the resident received the ordered amount of the medication. It was further documented by Staff # S-100 that the whole patch had been applied to the resident and that this was the 2nd occurrence of a complete patch being applied. As a result, resident # 01 did not receive the prescribed dosage.

The licensee did not ensure that drugs are administered to the resident in accordance with the directions for use specified by the prescriber. [s. 131. (2)]

2. Resident # 01 told the Inspector that they are always in pain. On October 29, 2013, staff # S-101 identified that the resident receives pain medication every 72 hours. On October 29, 2013, the Inspector reviewed resident # 01 health care record. In July 2013, the physician ordered a pain medication in two dosages, to be given together every 72 hours. An order for one of the dosages was found re-ordered on the second page of the June - September 28, 2013 Quarterly Drug Review (QDR). The order for the second dosage (the 1st page of this QDR) could not be found by staff # 102 or the Inspector. As well, the QDR for the current quarter (September-December 2013) could not be found, thus there was no physician's order for the pain medication.

The Inspector spoke with Staff # S-102 who identified that this was the 2nd resident whose current QDR was missing. When asked by the Inspector, whether there were any other residents with missing current QDR, staff S-102 replied that they would have to go through all the residents' health care records. Staff # S-102 indicated that they would check with the pharmacy regarding the missing QDRs however staff # S-102 had not done so by the end of the Inspection.

A current order for resident # 01 pain medication was not found.

The licensee did not ensure that drugs are administered to the resident in accordance with the directions for use specified by the prescriber. [s. 131. (2)]



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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 ensuring that the drugs are administered to resident# 01 in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes

Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Findings/Faits saillants :



1. The physician ordered a pain medication prn (as required) for resident # 01 generalized pain.

The quarterly assessment completed in September 2013 identified that the resident has moderate pain daily.

A review of the "Nurse's PRN Medication Notes" from June 2013 to October 2013 indicated that the resident's response was not documented and the effectiveness of the prn analgesia administered was not evaluated nine times in June, eight times in August, three times in September and four times in October. [s. 134. (a)]

2. The physician ordered a pain medication every 72 hours for resident # 01 who has constant moderate pain.

A quarterly assessment of the resident's pain was conducted in September 2013 and identified the resident's pain and the use of the regularly administered pain medication. The assessment, however did not identify whether the pain medication ordered was effective in managing resident # 01 pain. [s. 134. (a)]

3. Resident # 02 has pain in their legs and ribs. The resident received a pain medication six times in October 2013. The effectiveness of the pain medication was not evaluated nor was resident # 02 response documented. [s. 134. (a)]

4. Resident # 03 has pain in their knee. A pain medication was administered in October 2013. The effectiveness of the pain medication was not evaluated nor was resident # 03 response documented. [s. 134. (a)]

5. Resident # 04 has pain in their legs and feet. Pain medication was given for the pain three times in October 2013. The effectiveness of the analgesia was not evaluated nor was resident # 04 response documented. [s. 134. (a)]

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 ensuring that the effectiveness of the drug and resident # 01, # 02, # 03 and resident # 04 response is documented when they receive the drug, to be implemented voluntarily.



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WN #6: 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. On October 28, 2013, resident # 01 told the Inspector that they are always in pain. On October 28, 2013, the Inspector reviewed resident # 01 health care record. A quarterly MDS assessment was conducted in September 2013 identifying that resident # 01 has ongoing moderate pain. The home has a policy which contains a pain assessment tool. An assessment tool was not found completed for resident # 01. It was identified in discussion with the DOC/Administrator, that although there is a pain assessment tool, the tool is not consistently used to evaluate the resident's pain or interventions to manage the pain.

The licensee failed to ensure that when resident # 01 pain was not relieved by initial interventions, resident # 01 was not assessed using a clinically appropriate assessment instrument specifically designed for this purpose. [s. 52. (2)]

Issued on this 5th day of November, 2013

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