

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 13, 2020	2020_834524_0019	017449-20, 017780- 20, 018939-20, 019140-20, 019158-20	Complaint

Licensee/Titulaire de permisVigour Limited Partnership on behalf of Vigour General Partner Inc.
302 Town Centre Blvd Suite 300 MARKHAM ON L3R 0E8**Long-Term Care Home/Foyer de soins de longue durée**Secord Trails Care Community
263 Wonham Street South INGERSOLL ON N5C 3P6**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

INA REYNOLDS (524), MELANIE NORTHEY (563)

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 29, 30, October 1 and 2, 2020.

The following Complaint intakes were completed within this inspection:

Log #017449-20 related to medication administration

Log #017780-20 related to pain management

Log #018939-20 related to sufficient staffing and personal support services

Log #019140-20 related to sufficient staffing and personal support services

Log #019158-20 related to sufficient staffing and personal support services.

PLEASE NOTE:

A Written Notification (WN) related to O. Reg. 79/10, s. 8. (1) was issued in this inspection as supporting evidence for Compliance Order #002, Inspection #2020_725522_0005, Compliance Due Date January 29, 2021.

During the course of the inspection, the inspector(s) spoke with the Acting Executive Director, the Acting Director of Care, the Assistant Director of Care, the Scheduling Coordinator, a Registered Nurse, Registered Practical Nurses, Personal Support Workers, a Cook, a Dietary Aide, an Environmental Aide, Care Support Aides and residents.

The inspector(s) also observed resident care provisions, resident and staff interactions, a meal service, reviewed clinical healthcare records for identified residents, the daily staffing roster, the staffing contingency plan, the home's investigation notes and policies and procedures related to this inspection.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Medication

Minimizing of Restraining

Personal Support Services

Sufficient Staffing

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

**3 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<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. 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 has failed to ensure that when resident #001's and resident #003's pain was not relieved by routine and as needed (PRN) medications, the residents were assessed using the Pain Assessment in Point Click Care (PCC).

An anonymous complaint to the Ministry of Long-Term Care (MLTC) reported concerns related to medication administration for resident #001. Resident #001 was identified as having unresolved pain even with the administration of a routine and as needed (PRN) pain medication. The Weights and Vitals Summary in Point Click Care (PCC) for resident #001 documented that the pain scale was high on a number of occasions over multiple days.

The Assistant Director of Care (ADOC) and a Registered Practical Nurse (RPN) verified the Pain Assessment in PCC was the clinical tool used in the home for the assessment of pain. The ADOC verified the electronic Medication Administration Record (eMAR) documented the ineffective use of the pain medications. There was no Pain Assessment completed in PCC when the medications were documented as ineffective.

An anonymous complaint to the MLTC reported that resident #003 was not provided a pain medication when requested. Progress notes identified that the resident had multiple complaints of chronic pain. Resident #003 had an order for a PRN pain medication and there were multiple administrations where the medication was documented as ineffective. The RPN verified there was no Pain Assessment initiated when the medication proved to be ineffective.

The residents were at risk of continued unresolved pain over multiple days without a pain assessment to determine effectiveness of interventions initiated to relieve pain.

Sources: The Ministry of Long Term Care INFOLINE Complaint Reports; resident #001's and resident #003's clinical records; and interviews with the ADOC and RPN. [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 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, to be implemented voluntarily.

WN #2: 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. The licensee has failed to ensure that medications were administered to a resident in accordance with the directions for use specified by the prescriber.

An anonymous complaint was reported to the MLTC related to a medication incident for a resident who was not administered their medications. A Medication Incident Report documented a dose omission of multiple medications. A Registered Practical Nurse completed a Medication Incident Report when medications were found still attached to the resident's medication strip the next day. The Interim Executive Director (ED) verified the medications were not given to the resident as ordered by the physician. The resident was at risk for negative clinical outcomes when their medications were not given as prescribed to them.

Sources: The Ministry of Long Term Care INFOLINE Complaint Reports; a Medication Incident Report; a resident's clinical record; and interviews with the Interim ED and RPN. [s. 131. (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 drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

WN #3: 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 has failed to ensure that the Pain & Symptom Management Policy #VII-G-30.30 was in compliance with and was implemented in accordance with all applicable requirements under the Act related to s. 52 (2) and the assessment of unrelieved pain.

O. Reg. 79/10, s. 30 (1) requires a written description of the required pain program that includes its goals and objectives and relevant policies.

O. Reg. 79/10, s. 48 (1) requires a pain management program to identify pain in residents and manage pain.

O. Reg. 79/10, s. 52 (2) states 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.

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The home's Pain & Symptom Management Policy stated, "Screen for presence of pain and complete a pain assessment electronically: When resident reports or exhibits signs and symptoms of pain (greater than 4/10 for 24-48 hours) following implementation of pharmacological and/or non-pharmacological interventions". The Assistant Director of Care (ADOC) verified the policy directed staff to assess the resident's pain when the pain was greater than a score of four out of 10 for 24 to 48 hours. The Interim Executive Director (ED) verified the policy was not in compliance with all applicable requirements under the Act related to the assessment of a resident's pain when not relieved by initial interventions. The policy instructed staff to complete a pain assessment when a resident was in moderate to severe pain for greater than one to two days putting residents at risk of not being assessed when initial interventions proved ineffective to relieve pain and the resident would be experiencing a moderate to severe pain level over one to two days before initiating a pain assessment.

Sources: The Pain & Symptom Management Policy #VII-G-30.30 revised April 2019; current legislation; and interviews with the ADOC and Interim ED. [s. 8. (1) (a)]

2. The licensee has failed to ensure that the Medical Pharmacies Medication Administration Record (MAR/TAR) policy 8-1 and the Medical Pharmacies the Medication Pass policy 3-6 was complied with.

O. Reg. 79/10, s. 114 (2) requires written policies and protocols for the medication management system to ensure the accurate administration of all drugs used in the home.

A Registered Practical Nurse (RPN) had assessed resident #003 and administered an as needed (PRN) medication that had been prescribed to them. However, the order for the medication was not signed as given on that day. The Medical Pharmacies Medication Administration Record (MAR/TAR) policy stated the Medication Administration Record (MAR) was a legal document listing all medications administered. The policy further stated that the registered nursing staff were to document the administration of as needed (PRN) medications on the MAR and the resident's progress notes. The Interim Executive Director (ED) verified the medication for resident #003 was not documented in the MAR as administered, and should have been.

An anonymous complaint was reported to the MLTC related to a medication incident for resident #011 who was not given their medications. However, the medications were signed by a registered staff member as given. The Interim ED verified the medications for resident #011 were signed as administered in the MAR and should not have been.

The Interim ED stated the nurses were to sign the MAR online in Point Click Care and the nurses were also accountable to the policies implemented by Medical Pharmacies related to documentation. An inaccurate record of medication administration puts residents at risk for a medication incident and potential adverse health outcomes.

Sources: The Ministry of Long Term Care INFOLINE Complaint Reports; Medical Pharmacies Medication Incident Report; the Medical Pharmacies Medication Administration Record (MAR/TAR) policy 8-1 dated February 2017; the Medical Pharmacies the Medication Pass policy 3-6 dated January 2018; resident #003's and resident #011's clinical record; and interviews with the Interim ED and a RPN. [s. 8. (1) (b)]

Issued on this 20th day of October, 2020

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

Original report signed by the inspector.