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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
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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
Feb 7, 2014	2014_266527_0002	H-000168-13 & H-000076-13	Complaint

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9

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

PEEL MANOR
525 MAIN STREET NORTH, BRAMPTON, ON, L6X-1N9

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

KATHLEEN MILLAR (527)

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): January 22, 23, 24 and 27, 2014

The Inspector conducted four complaint inspections: H-000076-13; H-000168-13; H-000328-13; and H-000778-13.

During the course of the inspection, the inspector(s) spoke with Residents, Family members, Personal Support Workers (PSW), Registered Nursing (RN and RPN) staff, Behavioural Support Officer (BSO), the Supervisors of Care, and the Administrator.

During the course of the inspection, the inspector(s) conducted a walk-through of the resident rooms and various common areas, observed care provided to residents in the home, reviewed the residents clinical records, policies and procedures, and training/educational records.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Medication
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

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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. (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 did not ensure the care set out in the plan of care to check the resident's oxygen saturation two times per shift was provided to the resident as specified in the plan of care.

The resident is dependent on oxygen continuously around the clock and becomes very anxious and short of breath if there are any issues with his oxygen. The physician ordered Oxygen three litres per minute (3 L/min) via nasal prong and to keep the resident's oxygen saturation greater than ninety percent (90%). The home implemented a standard to check the resident's oxygen saturation two times per shift as part of the plan of care. The Supervisor of Care confirmed that registered nursing staff are expected to check the resident's oxygen saturation twice per shift and document the result on the oxygen documentation tool. In reviewing the clinical record there was no documentation of the oxygen saturation results on the oxygen documentation tool, the progress notes, or the medication administration record (MAR) for eleven out of thirty-one days in December 2013, as well as a day in January 2014. The registered nursing staff were interviewed and also confirmed they are expected to document the oxygen saturation results twice per shift. [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 staff are performing and documenting the care provided in the residents clinical record as specified in the plan, 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 did not ensure the physician's order for Oxygen three litres per minute (3 L/min) was administered to the resident in accordance with the directions for use as specified by the prescriber.

The resident is dependent on oxygen continuously in order to maintain his oxygen saturation above ninety percent (90%), to prevent shortness of breath, and to maintain activities of daily living. The Medication Administration Records (MAR) for three months was reviewed, and there was no documentation on the MAR for the administration of Oxygen. Registered nursing staff were interviewed and confirmed they are expected to document the oxygen on the MAR when administered. [s. 131. (2)]

Issued on this 11th day of February, 2014

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

Kathleen Millar (ID# 527)