Ontario

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 prévue 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

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 15, 2019	2019_730593_0032	016811-19, 019516-19	Complaint

Licensee/Titulaire de permis

City of Ottawa
Community and Social Services, Long Term Care Branch 200 Island Lodge Road
OTTAWA ON K1N 5M2

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

Peter D. Clark Centre
9 Meridian Place OTTAWA ON K2G 6P8

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

GILLIAN CHAMBERLIN (593)

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 9, 15 – 18, 21, 22, 28, November 5, 8, 2019.

Two complaint intakes were inspected, log #016811 and #019516-19. Both intakes inspected were related to allegations of abuse and improper care of a resident.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care, the Food Service Supervisor, the Social Worker, the Registered Dietitian, Registered Nursing staff, Personal Support Workers (PSWs) including the behavioural support PSW, residents and family members.

The Inspector observed the provision of care and services to residents including meal service observations, staff to resident interactions, resident to resident interactions, residents' environment, and reviewed resident health care records, meeting minutes and licensee policies.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Responsive Behaviours
Skin and Wound Care

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	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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 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 where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with r. 51. (1), the licensee was required to ensure that the continence care and bowel management program, must provide for the following, 2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols, 3. Toileting programs, including protocols for bowel management.

Specifically, staff did not comply with the licensee's "Bowel Management Program: Bowel Protocol", 355.13, revision date September, 2019, which is part of the home's continence care and bowel management program.

A complaint was received through the Action Line, on behalf of a family member of resident #001. Mistreatment of resident #001 was alleged, including hospitalization of resident #001 for responsive behaviours. After admission to hospital, it was alleged that resident #001 was also diagnosed with constipation and impaction.

A review of the home's policy "Bowel management program: Bowel Protocol", 355.13, revision date September, 2019, found the following:

Constipation shall be identified and managed as per the identified guidelines and protocol. The purpose of a routine bowel protocol (as follows) is to facilitate early identification of constipation and to reduce episodes of constipation.

Bowel Protocol

• Day one is calculated as the first 24 hours following no bowel movement (BM). On day one and two, use nursing management/natural laxatives or already prescribed PRNs. E.g increased fluids, high fiber diet, fruit spread, flax seeds, warm prune juice, increased fibre in diet, bran; continue with laxative if ordered.
• On day three (of no bowel movements) give 30cc MOM or Senokot 2 tabs PO on the day shift.
• On day four (of no bowel movements) do a rectal examination and assess for bowel sounds. If stool is present, give a glycerine suppository in the early morning. Night shift to check on effect of interventions, prior to leaving for the day. Inform day shift of interventions. Day shift to check for effect of interventions if none on night. Provision of care to resident and documentation as required.
• On the morning of day five, do a rectal examination and assess for bowel sounds. If stool is present, give a fleet enema in the early morning. Night shift to check on effect of interventions prior to leaving for the day. Inform day shift of interventions. Day shift to check for effect of interventions if none on night.
• If no result, or bowel sounds are not present, refer to the physician.
• Document in the progress notes all interventions and effectiveness of intervention.
• PSW to document all bowel movements on flow sheets.

The eMAR for resident #001 was reviewed for a specific month in 2019. The following was ordered as a PRN (as needed):

• Milk of magnesia (magnesium hydroxide) 80mg. Bowel Protocol: Give 30ml orally when needed if no BM in three days.

Maximum of one course of each medication in 24 hours.

It was documented that one dose (30ml) was administered the day before admission to hospital at 1712 hours.

A review of resident #001's documented care plan found the following:

Problem- Constipation
Intervention- Follow bowel protocol 355.13. Staff to monitor and record BM's daily.

A review of resident #001's flow sheet- MDS Monitoring and Observation Record- Continence, found the following:

• No recorded bowel movement (specific month) 16 – 22, 2019.
• No recorded bowel movement (specific month) 26 – 30, 2019.

A review of resident #001's progress notes, found the following entries:

Day 19, 2019, 0834 hours- resident #001 is day four with no documented BM. Resident #001 is refusing bowel protocol interventions.
Day 20, 2019, 0939 hours- resident #001 is day five with no documented BM. Resident #001 is refusing bowel protocol interventions.
Day 21, 2019, 1035 hours- resident #001 is day six with no documented BM. Resident #001 is refusing bowel protocol interventions.
Day 22, 2019, 0840 hours- resident #001 is day seven with no documented BM. Resident #001 is refusing bowel protocol interventions.

There are no entries related to day one and two of no BM and using nursing management as per the policy, or day three with commencement of the bowel protocol. There was no indication in the residents health care record that they were referred to or assessed by the Physician after day five.

Day 30, 2019, 1817 hours- resident #001 is day five with no documented BM. Resident #001 administered 30ml MOM at 1713 hours.

There are no entries related to day one and two of no BM and using nursing management as per the policy, or day three or four with commencement of the bowel protocol.

A second resident was reviewed for compliance with the home's Bowel Protocol:

The eMAR for resident #003 was reviewed for a specific month in 2019. The following was ordered as a PRN (as needed):

• Milk of magnesia (magnesium hydroxide) 80mg. Bowel Protocol: Give 30ml orally when needed if no BM in three days. Maximum of one course of each medication in 24 hours.

It was documented that one dose (30ml) was administered (specific month) 14, 2019 at 1152 hours.

A review of resident #003's flow sheet- MDS Monitoring and Observation Record-

Continence, found the following:

• No recorded bowel movement (specific month) 1 – 5, 2019.
• No recorded bowel movement (specific month) 11 – 14, 2019.

A review of resident #003's progress note's, found the following entries:

Day 5, 2019, 1336 hours- resident #003 is day four with no BM. Resident #003 is encouraged to drink fluids and given prune juice.

There are no entries related to day one and two of no BM and using nursing management as per the policy, or day three or four of commencement of the bowel protocol.

Day 14, 2019, 1335 hours- resident #003 is day four with no BM. MOM given, no effect at this time. Continue to monitor.

There are no entries related to day one and two of no BM and using nursing management as per the policy, or day three with commencement of the bowel protocol.

During an interview with Inspector #593, October 17, 2019, RPN #100 indicated that the bowel protocol for resident #001 was MOM, prune juice or fruit spread after three days of no BM. When asked about the periods with no BM, RPN #100 indicated that resident #001 was able to self toilet, however they were not reliable for reporting BM's to staff.

During an interview with Inspector #593, October 22, 2019, RPN #101 indicated that the bowel protocol was initiated after three days of no BM. The bowel protocol was usually administration of MOM. For residents who cannot have this, they would have a suppository, Lactulose or Sennokot. After administration, the resident is to be monitored for 24 hours until we can administer another intervention. If a second intervention is required after the MOM, they may have a glycerin suppository and if this does not work, then a fleet.

During an interview with Inspector #593, October 22, 2019, Manager of Resident Care indicated that the bowel protocol was not followed for resident #001 and that this was not a good practice. They added that unless the staff have seen a resident have a BM, then we cannot assume they have gone on their own. A memo was sent to nursing staff indicating that if a BM has not been witnessed or documented, then the bowel protocol

must be initiated.

On two occasions, resident #001 and on one occasion, resident #003 exceeded the three day threshold for initiation of the bowel protocol. On all three occasions, the bowel protocal was not followed as per the policy. As such, the licensee has failed to ensure that the required policy Bowel Management Program- Bowel Protocol was complied with. [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 ensuring that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy is complied with., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (3) The licensee shall ensure that each resident is offered a minimum of, (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and O. Reg. 79/10, s. 71 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident was offered a minimum of, (b) a between meal beverage in the morning and afternoon and a beverage in the evening after dinner.

A complaint was received through the Action Line, on behalf of a family member of resident #001. Mistreatment of resident #001 was alleged, including hospitalization of resident #001 for responsive behaviours. After admission to hospital, it was alleged that resident #001 was also diagnosed with dehydration.

Inspector #593 completed the following observations on Willow House East:

October 21, 2019- Inspector #593 observed the home area from 1000 to 1120 hours, no fluids were served to residents in Willow House East. 26 residents were observed on the unit during this observation, no beverages were observed to be served to the residents during this time.

October 17, 2019- Inspector #593 observed the home area from 0950 to 1117 hours, no fluids were served to residents in Willow House East. 16 residents were observed on the unit during this observation, two residents requested beverages and were served beverages however the remaining residents were not offered a beverage.

The posted time in Willow House East for AM nourishment is 1015 hours.

During an interview with Inspector #593, October 21, 2019, RPN #100 indicated that the AM fluid pass was usually completed between 1015 and 1030 hours.

During an interview with Inspector #593, October 22, 2019, Food Service Supervisor (FSS) #102 indicated that the AM fluid pass was at 1030 hours for all home areas. FSS #102 said that the fluid cart was prepped by dietary staff and the fluids are served by PSWs. FSS #102 confirmed that the fluid pass was not completed on October 21 and 17, 2019. [s. 71. (3) (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 ensuring that each resident is offered a minimum of, (b) a between meal beverage in the morning and afternoon and a beverage in the evening after dinner., to be implemented voluntarily.

WN #3: 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. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident, residents substitute decision-maker, if any, and any other persons designated by the resident or substitute decision maker are given the opportunity to participate fully in the development and implementation of the resident's plan of care.

A complaint was received through the Action Line from a family member of resident #001. Mistreatment of resident #001 was alleged, including an incident where resident #001 sustained an injury, which was not treated until the following day due to responsive behaviours as reported by staff and as the SDM of resident #001, they were not notified.

A review of resident #001's progress notes, found the following:

Day 24, 2019, 0839 hours- called family, son and wife, voicemail was left regarding injury, popping fresh blood from last evening. Resident #001 refused to put dressing on last evening as night nurse reported this morning.

During an interview with Inspector #593, October 18, 2019, RPN #104 indicated that they were the RPN in Willow House East when the injury was sustained, which occurred when the resident struck out at another staff member. RPN #104 indicated that they did not call the SDM regarding the injury or the residents responsive behaviours that resulted in the skin tear because they did not feel comfortable doing so.

During an interview with inspector #593, October 22, 2019, the Manager of Resident Care indicated that regardless of a relationship between a family member and a staff member, the SDM should be notified for any incident or the charge nurse should be informed to follow up on this notification. [s. 6. (5)]

Issued on this 28th day of November, 2019

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

Original report signed by the inspector.