

**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  
Inspection de soins de longue durée**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 21, 2022	2022_831211_0005	015465-21	Complaint

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**Licensee/Titulaire de permis**

United Counties of Prescott and Russell  
59 Court Street Box 304 L'original ON K0B 1K0

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

Residence Prescott et Russell  
1020 Cartier Boulevard Hawkesbury ON K6A 1W7

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

JOELLE TAILLEFER (211)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): March 17, 21, 2022 (onsite) and March 29, 31, 2022 (offsite).**

**The following complaint intake Log # 015465-21 was inspected related to sufficient staffing and resident's continence care.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Scheduling Technician, a Registered Nurse (RN), Resident Assessment Instrument (RAI) Coordinator, Registered Practical Nurses (RPNs), and a Personal Support Worker (PSW).**

**In addition, the inspector reviewed several residents' health care records, the licensee's policies # 345.04 titled "Programme de Continence et la Facilitation des Selles", #700.26 titled "Plan d'urgence pour la dotation en personne dated July 2021, #710.18 "Gestion des horaires et remplacement de quarts de travail , Registered Nursing Staffing Schedules for a month in 2021, and Residence Prescott et Russell Plan de dotation 2018-2021 (Residence Prescott and Russell Written Staffing Plan 2018-2021).**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Infection Prevention and Control  
Sufficient Staffing**

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

**1 WN(s)  
0 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. 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 drugs for bowel management were administered

to residents in accordance with the directions for use specified by the prescriber.

Review of a resident's bowel continence flowsheet's documentation within twenty-four days during a month in 2021, indicated that the resident did not have a bowel movement during a period of five (5) days and subsequently none during another period of thirteen (13) days.

The resident's "Summary of number of bowel movements" sheet within five days in 2022, indicated that a staff member documented that the resident was toileting independently and there was no documentation if the resident had a bowel movement.

The resident's orders for constipation during one of the months in 2021, indicated that three (3) prescribed bowel protocol medication could be administered based on the effectiveness of the previously administered medication and the resident's bowel status.

A Registered Nursing Staff and another staff member stated that the resident was going independently to the bathroom and flushing the toilet themselves. Subsequently, the staff members were not documenting if the resident had a bowel movement because they did not know if the resident had a bowel movement.

The DOC stated even though the resident was going to the toilet and flushing the toilet independently, the staff should ask the resident if they had a bowel movement and document in the resident's health care records. Therefore, the staff members did not follow the medical directives in regard to the resident's bowel management medication as ordered by the physician.

As such, there was an actual risk that the resident could become constipated because the Registered Nursing Staff were unable to ensure that medication for bowel management were administered as per medical orders since the staff members were not recording when the resident had a bowel movement. [s. 131. (2)]

2. Review of a second resident's bowel continence flowsheets documentation, indicated that the resident did not have a bowel movement for a period of four (4) days and subsequently none for another five (5) days during a month in 2021.

The resident's orders for constipation during one of the months in 2021, indicated that three (3) prescribed bowel protocol medication could be administered based on the effectiveness of the previously administered medication and the resident's bowel status.

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On a day in 2021, the resident's progress notes indicated that the resident did not have a bowel movement for three (3) days and the staff from the day shift would be informed. On that day, the resident's MAR indicated that one bowel protocol medication was administered, and the resident's flowsheet did not indicate that the resident had a bowel movement. On the following day, the progress notes indicated that the resident did not have a bowel movement for four days. On that day, the resident had a bowel movement after being administered the second kind of medication related to the bowel protocol. Consequently, the resident was not administered the second kind of medication related to the bowel protocol on the second day or on the third day, ordered as needed by the prescriber. For another date in 2021, the notes indicated that the resident did not have a bowel movement for three (3) days and the staff from the day shift would be informed. On that day, one of the bowel protocol medications was administered. The resident's health care record did not indicate if this bowel protocol medication was effective. The resident was not administered the second kind of medication related to the bowel protocol on the second day or on the third day, ordered as needed by the prescriber.

A Registered Nursing Staff stated when a resident does not have a bowel movement on the third day, a Registered Nursing Staff will follow the laxative protocol prescribed by the physician for each resident.

As such, the Registered Nursing Staff did not follow the orders for constipation to administer the identified second medication on the second day or the third day for two identified dates in 2021, as needed. [s. 131. (2)]

3. A third resident's Medication Administration Record (MAR) for a month in 2021, indicated that the resident was prescribed an identified fluid and medications daily for bowel management. Furthermore, the resident was prescribed two (2) additional medication for bowel management that could be administered based on the effectiveness of the previously administered medication and the resident's bowel status.

The resident's bowel continence flowsheet's documentation did not indicate that the resident had a bowel movement for five (5) days during a month in 2021. On the fourth day, the resident's progress notes indicated that the resident did not have a bowel movement for three days. Eight days later, the primary physician documented that the resident was recently constipated, and bleeding was observed when the resident was having difficulty to pass a bowel movement.

A Registered Nursing Staff stated when a resident does not have a bowel movement after three days, they will follow the bowel protocol. One of two prescribed medication will be administered on the third day. A third medication on the fourth day and a fourth medication on the fifth day.

As such, the Registered Nursing Staff did not administer the prescribed medication to the resident when the resident did not have a bowel movement after two to three days as needed specified by the prescriber.

As a result, three residents' treatments and interventions to prevent constipation were not administered in accordance with the directions by the prescriber.

Sources: Residents' health care records including their "Ordonnances de routine" under "pour constipation" sheet and their Medication Administration Records. Interviews with several Registered Nursing Staffs and the DOC. [s. 131. (2)]

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**Issued on this 25th day of April, 2022**

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

**Original report signed by the inspector.**