



**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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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
Feb 13, 2019	2019_570528_0005	021073-18, 021074-18, 021075-18	Follow up

Licensee/Titulaire de permis

Liuna Local 837 Nursing Home (Ancaster) Corporation
44 Hughson Street South HAMILTON ON L8N 2A7

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

Regina Gardens
536 Upper Paradise Road HAMILTON ON L9C 5E3

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

CYNTHIA DITOMASSO (528)

Inspection Summary/Résumé de l'inspection



**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***

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): February 7 and 8, 2019.

This Follow Up Inspection included the following:

Log #021073-18, for CO #001 from inspection # 2018_689586_0017 related to s. 19(1) of the LTCHA

Log #021074-18, for CO #002 from inspection # 2018_689586_0017 related to s. 15(1) of Ontario Regulation 79/10

Log #021075-18, for CO #003 from inspection # 2018_689586_0017 related to s. 23 of the LTCHA

LTC Home Inspector #748 was present during the inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Nurse Consultant, Environmental Service Manager (ESM), registered nurses (RN), registered practical nurses (RPNs), personal support workers (PSWs), maintenance staff, residents and families.

During the course of the inspection, the inspector(s) observed the provision of care and services, and reviewed documents, including but not limited to: medical records, education records, compliance plans, auditing tools, and bed safety assessments.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Safe and Secure Home

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
O.Reg 79/10 s. 15. (1)	CO #002	2018_689586_0017	528
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2018_689586_0017	528
O.Reg 79/10 s. 23.	CO #003	2018_689586_0017	528



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. 90. Maintenance services

Specifically failed to comply with the following:

- s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,**
- (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).**



Findings/Faits saillants :

1. The licensee failed to ensure that procedures were developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home were kept in good repair.

Review of follow up Inspection intake #021074-18, related Ontario Regulation 79/10 s. 15 (1) bed rail safety, identified a compliance date of October 5, 2018.

A. The following observations were made on two identified days in February 2019:

- i. Resident #011 was observed with two bed rails on their bed. Both rails were raised on the bed and loose, causing a gap between the mattress and the bed rail. Review of the Bed Safety Assessment for resident #011, from September 2018, revealed that the resident required both rails to assist with activities of daily living (ADLs).
- ii. Resident #012 was observed with bed rails on their bed. Both rails were raised on the bed and loose, causing a gap between the mattress and the bed rail. Review of the Bed Safety Assessment for resident #012, from December 2018, revealed that the resident required both rails for assistance with ADLs.
- iii. Interview with Maintenance Staff #100 confirmed that the rails should not have been loose and were immediately tightened.

B. Interview with the ESM revealed that they completed safety checks of residents' bed rails every three months during the resident's Assessment Review Date (ARD) of the Minimum Data Set (MDS) Assessment, which was documented in a log. Review of the documented bed rail audits logs identified the following:

- i. In November 2018 and January 2019, the audit for resident #011's bed rails was not documented on the log.

Review of the homes Bed Safety Assessment from September 2018, and interview with the ESM confirmed that resident #011's bed system was assessed in September 2018, at which time, a bed rail was documented as being loose and was tightened. Interview with the ESM confirmed that resident #011's bed rails were not audited in November 2018 and January 2019.

- ii. In December 2018, the audit for resident #012's bed rails was not documented on the log. Review of the Maintenance Request Binder, identified a note in December 2018, which revealed that the bed rail was is disrepair. Review of maintenance work logs confirmed that the bed rail was fixed. Interview with the ESM confirmed that if the resident was in bed or with visitors at the time of the audit, then the bed rails would not be checked.



C. Interview with the Administrator in February 2019, confirmed that the rails continued to become loose despite homes efforts tighten them. In addition, it was the responsibility of all staff to check bed rails when they were in the residents' rooms and report loose rails immediately, as outlined in the home's "Bed Safety Assessment" policy. Interview with housekeeping staff #102 and PSW #105 in February 2019, confirmed that they were unaware of loose rails on resident #011 and resident #012's bed.

Procedures for checking for loose rails were not implemented during quarterly audits by maintenance staff and daily checks by direct care staff, to ensure that bed rails for resident #011 and resident #012 were not loose and were in good repair. [s. 90. (2) (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 to ensure that procedures are developed and implemented to ensure that all equipment, devices, assistive aids and positioning devices in the home were kept in good repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.

2. Access to these areas shall be restricted to,

- i. persons who may dispense, prescribe or administer drugs in the home, and**
- ii. the Administrator.**

3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.



Findings/Faits saillants :

1. The licensee failed to ensure that steps were taken to ensure all areas where drugs are stored were kept locked at all times, when not in use.

On an identified day in February 2018, at a specific time, the medication room on a home area, was observed by the LTC Home Inspector, to be propped open. Two cognitively impaired residents and a PSW student were seated outside the nursing station. The nursing station door was also noted to be open. Upon further inspection of the medication room, the medication cart located inside the room was unlocked and registered staff was not present at the time of the observation. Within two minutes, registered staff #103 returned from down the hallway and confirmed that the medication cart and medication room should not have been left open, as they were not in use. [s. 130. 1.]

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 steps are taken to ensure all areas where drugs are stored shall be kept locked at all times, when not in use, to be implemented voluntarily.

Issued on this 20th day of February, 2019

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

Original report signed by the inspector.