Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 4, 2021	2021_916168_0006	013806-21	Complaint

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

LISA VINK (168), YULIYA FEDOTOVA (632)

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 21, 22, 23, 24, and 28, 2021.

Log 013806-21 was inspected during this Complaint Inspection related to plan of care, resident charges, transferring and positioning, skin and wound care, medications and continence care and bowel management.

This inspection was conducted with concurrent Critical Incident System (CIS) Inspection 2012_916168_0007.

During the course of the inspection, the inspector(s) spoke with the Administrator, the acting Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents.

During the course of the inspection, the inspectors observed the provision of care and services, toured the home, reviewed records, including but not limited to, policies and procedures; and resident specific records.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Resident Charges
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **0 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. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the equipment, supplies, devices and position aids referred to in subsection (1) were readily available at the home as required to relieve pressure, treat pressure ulcers and promote healing for a resident.

A resident's written care plan indicated that they required a specific piece of equipment.
On observations the resident did not have the equipment in place.
Staff indicated that the resident required the equipment but that the home did not have any available to provide to the resident at the time of the inspection.

Sources: A resident's written care plan, observations, interviews with staff. [s. 50. (2) (c)]

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 failed to ensure that a medication was administered to a resident in accordance with the directions for use specified by the prescriber.

A resident had an order for a medication to be administered by a specific route since their admission to the home.
It was reported that a staff member administered the medication by a different route on two occasions.
An Interview confirmed at on at least one occasion a staff member administered the medication by a route other than prescribed without incident.
The staff member confirmed awareness of the prescribed route of the medication.

The medication was not administered in accordance with the directions for use by the prescriber.

Sources: Medication administration records and medication orders for a resident and interviews with staff. [s. 131. (2)]

Issued on this 4th day of October, 2021

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

Original report signed by the inspector.