

**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
Feb 18, 2020	2020_750539_0003	021453-19, 021454- 19, 000705-20	Complaint

Licensee/Titulaire de permis

Saint Luke's Place
1624 Franklin Blvd. CAMBRIDGE ON N3C 3P4

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

Saint Luke's Place
1624 Franklin Boulevard CAMBRIDGE ON N3C 3P4

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

VALERIE GOLDRUP (539), JANET GROUX (606), SHERRI COOK (633)

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 20-24, 27-28, 2020.

The following intakes were completed in this inspection:

Log #000705-20\ InfoLine-IL-73579-CW- a complaint concerning medication administration.

Log #021453-19\Follow-up to CO#001 from inspection #2019_610633_0014 regarding medication administration as specified by the prescriber.

Log #021454-19\Follow-up to CO#002 from inspection #2019_610633_0014 regarding medication incidents and adverse drug reactions.

The inspector(s) observed resident care, and resident and staff interactions. Clinical records and plans of care for identified residents were reviewed. In addition, the home's medication incidents and related documentation, and the home's relevant procedures and policies were reviewed.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Long Term Care Administrator, Director of Nursing and Personal Care (DONPC), Assistant Directors of Care (ADOC), Consultant Pharmacist, Executive Assistant (AA), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), an RN student and residents.

**The following Inspection Protocols were used during this inspection:
Medication**

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

1 WN(s)

1 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	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #001	2019_610633_0014		633
O.Reg 79/10 s. 135. (2)	CO #002	2019_610633_0014		539

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 LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee has failed to comply with the following requirement of the LTCHA: it was a condition of every licensee that the licensee must comply with every order made under this Act.

On October 18, 2019, Compliance Order (CO) #002 from inspection #2019_610633_0014 made under O. Reg. 79/10,135.(2), was issued:

1) That a thorough investigation is completed related to the medication incidents that occurred on July 22, 27, and August 16, 2019. The home's investigation must be documented and include the person(s) who completed the review.

-That a written action plan is fully developed and implemented in consultation with the Professional Advisory Committee (PAC) based on the home's investigation. The plan must be documented and include the date, who attended, the identified action items from the home's investigation, strategies to address all non-compliance related to medication administration and incident reporting and the home's related policies contained in this report; who is responsible for the action items, and the date of implementation.

2) That the on-line Medication Incident Reporting System (MIRS) available through MediSystems is fully implemented. All documentation on the medication incident report is completed according to all requirements in the Act and Regulations, the home's revised policy and best practices.

3) That in consultation with PAC, which must include the Pharmacist, that the home's "Medication Incident" policy is reviewed and revised in accordance with requirements of the Act and Regulations and evidenced-based practices and complied with.

4) That all registered staff and Management receive training on the MIRS and the home's revised "Medication Incident" policy. A record of the training is kept in the home including the date, content and staff sign off.

5) That RN #101 and #102 review the College of Nurses of Ontario (CNO) practice standards and complete the learning modules "Ethics", "Professional Standards" and "Code of Conduct" available at <https://www.cno.org/en/learnabout-standards-guidelines/standards-and-guidelines/>.

RN #101 and #102 completes the CNO online participation form and a record is kept in

the home.

The Compliance Due Date (CDD) was December 13, 2019.

The licensee completed steps one and five of CO #002.

The licensee failed to complete steps two, three, and four of CO #002.

1) The on-line Medication Incident Reporting System (MIRS) available through MediSystems was not fully implemented. Documentation on the Medication Incident Report was not completed according to all requirements in the Act and Regulations, the home's revised policy, and best practices.

A) Review of nine paper MIRs identified that page two of the report was blank with no documented analysis of the incident. Twenty one of 23 paper MIRS did not have all steps completed and a completed electronic MIRS attached. The Pharmacy confirmed that since the CDD there were 19 out of 39 MIRS that were completed in the electronic system at the time of inspection.

2) The home's "Medication Incident" policy was not reviewed and revised in accordance with requirements of the Act and Regulations and evidenced-based practices and complied with.

In December, 2019, the home revised three policies in relation to CO #002: Medication Administration, Medication Incidents, and MIRS- Medication Incident Reporting System.

A) The Medication Incidents, and MIRS- Medication Incident Reporting System policies, under the heading of Medication Incident Review and Disclosure, did not outline the steps to take when completing an electronic MIRS submission to the Pharmacy for nursing incidents.

B) The Medication Incidents policy's documentation did not match the Severity/ Outcome scale in the accompanying Medication Incident Report form.

C) The Medication Administration policy contained a two page audit tool, and step two on page two had not been completed as directed on the tool.

3) The home had not ensured that all registered staff and Management received training

on the MIRS and the home's revised "Medication Incident" policy and a record of the training was kept in the home including the date, content and staff sign off.

The home had trained three registered staff on the electronic MIRS. The Medication Incident policy and the MIRS training were available to the registered staff, however, due to delays in implementation, the training of all registered staff had not been completed.

The home confirmed the above information.

The home failed to complete steps two, three, and four of CO #002. [s. 101. (3)]

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 with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts, to be implemented voluntarily.

Issued on this 27th day of February, 2020

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

Original report signed by the inspector.