Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 16, 2013	2013_181105_0041	L-000592-13,L-000593-13	Critical Incident System

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

JUNE OSBORN (105)

Inspection Summary/Résumé de l'inspection

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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): August 8, 9, 2013

During the course of the inspection, the inspector(s) spoke with 3 Residents, 3 Personal Support Workers, 3 Registered Practical Nurses, 1 Registered Nurse, the Education Coordinator, the Director of Care, and the Administrator.

During the course of the inspection, the inspector(s) reviewed 2 clinical records, policies and procedures, and other related documents, observed residents and their environment, and observed equipment.

The following Inspection Protocols were used during this inspection:
Falls Prevention

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure the written plan of care sets out clear direction to staff and others who provide care to a resident. The Care Plan for a resident states under the Focus for Transfers: "Provide 2 persons for constant physical assist with mechanical aid or transfer belt."
The resident uses a mechanical lift only, and transfer belts are never used in the home as confirmed by the Director of Care. [s. 6. (1) (c)]

WN #2: 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 not ensured that Policy N-I-J-36a has been complied with.
Policy N-I-J-36a
Subject: Mechanical Lift Transfer
Date: February 2012 states in Procedure #5. " Staff participating in the resident transfer will be accountable to ensure all components of the lift and sling are in safe working order to transfer. Note: If equipment deficiencies are noted the transfer will not continue with the defective lift. The team leader will be notified, the TAG OUT procedure will be initiated with an "Out of Service for Repair" tag attached to the lift and maintenance will be notified. Two staff are to complete Form # N-I-J-36a."

The "Mechanical Lift Visual Safety Check" or Form #N-I-J-36a that was found on the resident's bedside table was noted to only have checks documented June 1, 2, 3, 4, 5, 6, 7, 8, 9, 13, 14,15, 2013; July 4, 6, 7, 8 11, 2013; and August 1, 5, 6, 7, 8, 2013.

The Director of Care confirmed this check is to be performed prior to each use of the lift and documented on the first lift of each shift on a daily basis. [s. 8. (1)]

WN #3: 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 has failed to ensure the security of the drug supply. This is evidenced by the medication room door wide open revealing an unlocked medication cart, with a set of many keys on top of the medication cart and no one present.
The Team Leader verified the open, unattended medication room. [s. 130. 1.]

WN #4: 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 are administered to residents in accordance with the directions for use specified by the prescriber.
On a medical record review, it was noted Acetaminophen 325 mg 1-2 tabs or 650mg suppository q4h prn x 2 days for muscular or skeletal pain was administered as per the Medical Directives. According to the Medication Administration Record this was given for 5 days instead of 2 days. This finding was confirmed by the Director of Care and the RN Educator. [s. 131. (2)]

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Issued on this 16th day of August, 2013

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