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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 25, 2018	2018_739694_0001	026096-17, 003246-18, 006355-18	Complaint

Licensee/Titulaire de permis

Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

Sara Vista
27 Simcoe Street ELMVALE ON L0L 1P0

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

AMANDA COULTER (694)

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): April 10, 11, 13 and 17, 2018.

Complaint logs #026096-17 and log #006355-18, and Critical Incident System (CIS) log #025369-17,related to Medication and Continence Care and Bowel Management. Complaint log #003246-18 related to Continence Care and Bowel Management. This inspection was completed in conjunction with CIS Inspection #2018_742527_0006 by Long Term Care Homes (LTCH) Inspector #527.

During the course of the inspection, the inspector(s) spoke with Administrator/Director of Care (DOC), the Assistant Director of Care (ADOC), the Recreation Manager/Volunteer Coordinator, Business Office Manager, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal CSupport Workers (PSW) and residents.

During the course of the inspection, the inspector toured the facility, reviewed resident clinical records, reviewed the facility's complaint records and resident care and services.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Medication
Reporting and Complaints

During the course of this inspection, Non-Compliances were issued.
- **4 WN(s)**
- **3 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	Legendé 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A) Resident #001 had a catheter as a result of a specific medical condition and specific interventions were identified on their written plan of care. The interventions on the most recent written plan of care directed staff to monitor for catheter related pain and report to the nurse; report to the nurse if no urinary outflow was noted; and check for patency and record output each shift.
The clinical record was reviewed and the home's investigative notes which revealed the catheter was not applied correctly.
In an interview with Personal Support Worker (PSW) #160, they acknowledged that on a specific date the resident complained of discomfort. The PSW #160 told another PSW about the resident's discomfort, but did not report to the nurse.
Registered Nurse (RN) #115 was interviewed and told the inspector that a PSW had assisted the resident to bed on a specific date and the resident had verbalized pain. RN #115 also said the catheter had not been draining for several hours and the resident was in pain.
The Director of Care (DOC) was interviewed and acknowledged that PSW staff were expected to report to registered staff if a resident with a catheter reports pain or discomfort and that this was not done.

B) Resident #001 was administered another resident's medication.
In an interview with RN #115, they said that they were not familiar with resident #001, that they had called the resident by resident #025's name. RN #115 was unsure if the

interventions on the resident's written plan of care were followed or not. RN #115 said that they should have implemented the interventions on the written plan of care.

The licensee failed to ensure that the care set out in the plan of care for resident #001 regarding their urinary catheter was provided to the resident as specified in the plan.

This area of non-compliance was identified during a Complaint inspections, log #026096-17 and #006355-18, and Critical Incident System (CIS) log #025369-17 [s. 6 (7)]

2. The licensee failed to ensure that there is a written plan of care for each resident that set out, that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time the resident's care needs changed or care set out in the plan was no longer necessary.

A) Resident #001 had a catheter for a specific medical condition. The clinical record was reviewed and identified the resident was transferred to hospital on a specific day in March 2018. Based on the clinical record review the resident's last continence assessment was completed in June 2017. There had been no further continence reassessments within six months or completed for resident #001 before or after the resident's hospitalization and the written care plan was not reviewed and revised to include recent medical condition.

This area of non-compliance was identified during a Complaint inspections, log #026096-17 and #006355-18, and Critical Incident System (CIS) log #025369-17.

B) Resident #005 was transferred to hospital on a specific date in July 2017.
The clinical record was reviewed and the last continence assessment was completed for resident #005 was in December 2017. The Bowel Continence Assessment reflected the resident had a history of a specific medical condition and had previous surgery. The resident did not have a continence assessment completed until December 2017 and did not include a specific medical condition and the written care plan was not reviewed and revised.

This area of non-compliance was identified during a complaint Inspection, log #003246-18.

Review of the home's continence care program policies titled Continence Care Program, index CARE2-P10, last reviewed on February 10, 2017 and Continence Care – Move-In,

index CARE2-010-02, last reviewed on July 31, 2016, did not direct staff to the frequency of Continence Assessments be completed.

A Registered Practical Nurse (RPN) was interviewed and was not aware of when continence assessments or reassessments were to be completed for residents in the home.
The DOC was also interviewed and acknowledged when a resident has a change in their status a continence reassessment should be completed by a registered staff member. The DOC stated the home's continence program polices did not identify how often registered staff were to complete a continence assessment and that there had not been a continence assessment of resident #001 or #005 in the past six months or upon return from hospital with a change related to continence.

The licensee failed to ensure that the residents had a continence assessment completed and that there was a review of the written plan of care for each resident at least every six months.

This area of non-compliance was identified during a complaint Inspection, log #003246-18. [s. 6. (10) (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 the care set out in the plan of care is provided to the resident as specified in the plan and that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (a) a goal in the plan is met; (b) the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that drugs are stored in an area or a medication cart that is secure and locked.

Review of the licensee's policy titled "Medication System – Medication Storage", and last reviewed in January 2017, directed registered to keep medication carts locked at all times when not in use.
The DOC was interviewed and confirmed that all registered staff who administer medication were responsible for the safety of the medication cart by ensuring it was secured and locked when not in use.

A) On a specific date in April 2018, Long Term Care Home (LTCH) Inspector #694 observed two medication carts unattended in front of the nursing station. Inspector was able to open the drawers on both medication carts and personal health information on the computer terminal of a resident residing in the home was visible to any person in the area of medication cart #2. RPN #135 was interviewed and confirmed both medication carts were left unlocked and both medication carts were unattended.

B) On two specific dates in April, 2018, at approximately 1500 hours, LTCH Inspector #527 observed an unmonitored and unlocked medication cart in front of the nursing station (no staff present). The Inspector was able to open all the drawers in the Unit 1 medication cart and observed medical supplies, medication, and personal health information of residents living on the unit.

RPN #140 was interviewed and confirmed that the medication cart was unlocked, out of their sight and the medications were not secured. The RPN said that they were expected to keep medication carts locked at all times when not in use or out of their sight to ensure safety for residents.

The licensee failed to ensure that drugs were stored in an area or a medication cart that was secure and locked.

This area of non-compliance was identified during a Complaint inspections, log #026096-17 and #006355-18, and Critical Incident System (CIS) log #025369-17. [s. 129. (1) (a)]

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, (a) drugs are stored in an area or a medication cart, (i) that is used exclusively for drugs and drug-related supplies, (ii) that is secure and locked,, to be implemented voluntarily.

WN #3: 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. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that no drug is used by or administered to a resident in the home unless the drug had been prescribed for the resident.

According to a medication incident report completed on a specific date in June 2017, Resident #001 received medication prescribed for resident #025. As a result, resident #001 required an altered level of care with increased monitoring for 48 hours. There were no adverse effects to the resident #001 as a result of being administered medication that was not prescribed for them.
A clinical record was reviewed for resident #001, which included the home's investigation notes and a medication incident report that was completed by the DOC.

The licensee failed to ensure that no drug was used or administered to a resident in the home unless the drug had been prescribed for that resident.

This area of non-compliance was identified during a Complaint inspections, log #026096-17 and #006355-18, and Critical Incident System (CIS) log #025369-17. [s. 131. (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 no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:
1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the following was complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation: 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee's 2017 annual program evaluation for the Continence Care program was reviewed by LTCH Inspector #694, which identified that there were no dates in the written record of when the changes were implemented.
The DOC was interviewed and they acknowledged that there was a summary of changes; however there were no dates of when those changes were implemented.

The licensee failed to ensure that the Continence Care program evaluation did not include the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

This area of non-compliance was identified during a Complaint inspections, log #026096-17, log #006355-18, and log #003246-18 and Critical Incident System (CIS) log #025369-17. [s. 30. (1) 1.]

Issued on this 26th day of June, 2018

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

Original report signed by the inspector.