

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District
347 Preston Street, Suite 420
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: April 13, 2023	
Original Report Issue Date: March 31, 2023	
Inspection Number: 2023-1148-0005 (A1)	
Inspection Type: Follow up Critical Incident System	
Licensee: Sherwood Park Manor	
Long Term Care Home and City: Sherwood Park Manor, Brockville	
Amended By Wendy Brown (602)	Director who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended to:
 COMPLIANCE ORDER CO #003 DRUGS NC #004 - Compliance Order pursuant to FLTCA, 2021, s. 154 (1)
 2. Non-compliance with: O.Reg. 246/22, s. 123 (2) - Compliance Due Date amended to May 25, 2023
 as per request by Administrator.

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Long Term Care Home and City: Sherwood Park Manor, Brockville	
Lead Inspector Wendy Brown (602)	Additional Inspector(s) Erica McFadyen (740804) Polly Gray-Pattemore (740790)
Amended By Wendy Brown (602)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended to:

COMPLIANCE ORDER CO #003 DRUGS NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1)
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as per request by Administrator.

INSPECTION SUMMARY

The inspection occurred on the following date(s):
February 14-16, 21-24 & 27, 2023

The following intake(s) were inspected:

- Intake: #00002315/CIS #2640-000018-22 - regarding alleged resident to resident abuse.
- Intake: #00007139/CIS #2640-000020-22 - regarding improper medication administration.
- Intake: #00012754/CIS #2640-000021-22 - regarding alleged resident to resident abuse.
- Intake: #00015194/CIS #2640-000023-22 - regarding alleged visitor to resident abuse.
- Intake: #00019344 - Follow-up #: 2 - FLTCA, 2021 - compliance order specific to plan of care – nutrition

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- Intake: #00019345 - Follow-up #: 1 - O.Reg. 246/22 - compliance order specific to skin and wound care assessments.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2022-1148-0002 related to FLTCA, 2021, s. 6 (1) (c) inspected by Wendy Brown (602)

Order #001 from Inspection #2022-1148-0003 related to O. Reg. 246/22, s. 55 (2) (b) (i) inspected by Wendy Brown (602)

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

- Skin and Wound Prevention and Management
- Medication Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Reporting and Complaints

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: OPERATION OF HOMES

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2) 3.

The licensee failed to ensure that no person performs their responsibilities before receiving training on the policy to promote zero tolerance of abuse and neglect of residents.

Rationale and Summary

A Registered Practical Nurse (RPN) and a Personal Support Worker (PSW) indicated in interviews that they had not completed abuse and neglect training. The Assistant Director of Care (ADOC) confirmed there was no documentation indicating that either staff had completed abuse and neglect training prior working in the home. The Administrator indicated that the PSW did not receive abuse and neglect

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training prior to starting their responsibilities.

Lack of training specific to zero tolerance of abuse and neglect may put residents at risk for abuse and/or neglect

Sources:

Interviews with RPN #121, PSW #103, ADOC #102, and Administrator #100. [740804]

COMPLIANCE ORDER CO #001 REPORTING AND COMPLAINTS

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The Licensee shall:

1. Ensure all allegations of resident abuse and neglect are reported to the Director in accordance with legislated requirements.
2. Develop and implement a written process to audit each allegation of resident abuse and neglect to ensure they are immediately reported to the Director.
3. Ensure that the home's policy for reporting of resident abuse and neglect is revised to reflect legislated requirements.
4. Provide education on the updated reporting policy to all registered staff, and keep a record of this education.

Grounds

The licensee failed to ensure that a person who had reasonable grounds to suspect abuse of a resident by anyone that resulted in harm or a risk of harm to the resident immediately reported the suspicion and the information upon which it is based to the Director.

Rationale and Summary:

1. As documented in a Critical Incident System (CIS) report, the ADOC reviewed video footage that showed a RPN distributing pills from their pocket into multiple resident medication bins and distributing medications from one resident's medication card into multiple resident medication bins. The CIS report notes that "administering or withholding a drug for an inappropriate purpose" is defined as abuse within the FLTCA; the incident was reported to the Director eight days after the incident was discovered.

During interviews with the DOC and ADOC it was stated that the Director was not notified immediately when there was reasonable grounds to suspect that abuse had occurred.

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2. A review of another CIS report indicated that the Ministry of Long-Term Care (MLTC) was not immediately informed of an alleged incident of resident to resident physical abuse involving three residents. In an interview, the DOC acknowledged the incident required immediate reporting to the Director.

The risk associated with not immediately informing the Director of suspected abuse is that this could place residents at risk of additional harm.

Sources:

Administrative Policy – Reporting A Critical Incident, interviews with the DOC and ADOC, CIS reports and review of video footage. [740804] [740790]

This order must be complied with by May 25, 2023

COMPLIANCE ORDER CO #002 REPORTING AND COMPLAINTS

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O.Reg. 246/22, s. 104 (1) (b)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The Licensee shall ensure:

1. All Substitute Decision Makers (SDM) for residents for whom there is reasonable grounds to believe have been subjected to abuse are notified of this abuse, including all residents for whom the licensee has reasonable grounds to believe had been abused by a specific RPN.
2. A record is kept of notification of SDMs for residents for whom there is reasonable grounds to believe have been subjected to abuse are notified of this abuse, including all residents for whom the licensee has reasonable grounds to believe had been abused by a specific RPN.
3. The home's policy on reporting critical incidents includes direction for notifying SDMs following suspected abuse, and which is in accordance with legislated requirements.

Grounds

The licensee failed to ensure that resident SDMs were notified within twelve hours upon the licensee becoming aware of any alleged, suspected or witnessed incident of abuse or neglect of a resident.

Rationale and Summary:

A CIS report outlined stated that video footage obtained and reviewed by the home, showed a specific

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RPN distributing tablets from their pocket into multiple resident medication bins and distributing medications from one resident's medication card into multiple resident medication bins. The CIS report noted that "administering or withholding a drug for an inappropriate purpose" is defined as abuse within the FLTCA.

In a registered letter sent from DOC to the RPN noted that video footage reviewed by the home showed the RPN distributing one resident's medications into other resident medication bins, and distributing pills from a bag in their pocket into multiple resident medication bins. In this letter, the DOC identifies this behaviour as physical abuse.

During interviews with the DOC and ADOC it was confirmed that the SDMs of impacted residents were not notified within twelve hours of being made aware of suspected abuse, and had not been notified as of the time of the inspection.

The impact of not informing resident SDMs of suspected abuse is that it could impede SDM involvement in the care of the residents.

Sources:

Interviews with the DOC and ADOC, and review of registered letter sent to a specific RPN and a CIS report. [740804]

This order must be complied with by May 25, 2023

COMPLIANCE ORDER CO #003 DRUGS

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O.Reg. 246/22, s. 123 (2)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The Licensee shall:

1. Complete at least one audit for all staff who administer medication to ensure compliance with medication administration policies.
2. Ensure all staff who are identified during audits as not in compliance with medication administration policies are (re)trained on medication administration policies. Complete at least one additional audit for the identified staff post (re)training to ensure they are in compliance with medication administration policies
3. Maintain a record for all audits and associated (re)training conducted while complying this order, including dates, topics reviewed, name of instructor, and completed audit tool(s).

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Grounds

The licensee failed to ensure their written policy related to medication management was complied with.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee is required to ensure that their written policy related to medication management is complied with; specifically, a RPN did not comply with the licensee's policy "The Medication Pass" while providing care to some residents.

Specifically, the policy indicates in:

Procedure step 4: Find electronic medication administration record (eMAR) for the resident and identify hour of administrations (right time) for the pass time. Locate the medications for the resident

Procedure step 5: Check each medication label against the eMAR for the complete drug information (strength, dose, route, and indication if applicable), date and hour of administration to ensure accuracy (ie. right medication, dose, time, route, reason)

Important reminders: handle one resident's medication at a time. Pre-pouring is not safe practice and not allowed.

Rationale and Summary:

Review of the College of Nurses of Ontario (CNO) reporting form completed by the ADOC indicated that, on several shifts, a specific RPN removed resident medication strips from the medication cart, crushed them, and returned them to resident bins without consulting the eMAR; this was confirmed by video footage. The CNO reporting form also indicated that the RPN removed controlled substances from resident medication cards and placed them into labelled medication cups without consulting the eMAR; this was also confirmed in video footage. During interviews with the DOC and ADOC it was stated that the RPN contravened the Medication Pass policy by pre-pouring medications prior to starting the medication pass. The DOC advised that twenty-five residents were likely affected by the RPN's policy contraventions.

The CNO reporting form documented that the RPN removed medication from a bag in their pocket and added these to seven resident medication cups; video footage confirmed this documentation. In an interview, the DOC advised this practice contravened licensee medication policy.

Review of a MAR for a specific resident unit indicated that fourteen residents had their 2000 hour medications signed off as administered between 1908 and 1913 hours. Review of the MAR for the unit on a subsequent date showed that eighteen residents had their 2000 hour medications signed off as administered between the hours of 1908 and 1913. During interviews with the DOC and ADOC it was stated that the RPN contravened the Medication Pass policy by signing for multiple resident medications, at the same time, before the time of administration.

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Contravention of the Medication Pass policy puts residents at risk of not receiving the correct medications at the correct time.

Sources:

Interviews with the DOC and ADOC, review of a CNO reporting form, the Medication Pass and video footage [740804]

This order must be complied with by May 25, 2023.

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

2022-1148-0003 - 2nd follow up - ORDER: s. 6(1) c. - diet / food nutrition

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.