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 prévue le Loi de 2007 les foyers de soins de longue


Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Toronto Service Area Office
5700 Yonge Street, 5th Floor
TORONTO, ON, M2M-4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700, rue Yonge, 5e étage
TORONTO, ON, M2M-4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486


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| Date(s) of inspection/Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|---|---|---|
| Nov 2, 5, 6, 8, 13, 15, 2012 | 2012_109153_0028 | Follow up |

**Licensee/Titulaire de permis**

CORPORATION OF THE COUNTY OF SIMCOE
1110 Highway 26, Midhurst, ON, L0L-1X0

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

SIMCOE MANOR HOME FOR THE AGED
1110 Highway 26, Midhurst, ON, L0L-1X0

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

LYNN PARSONS (153)

## Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care(DOC), Nurse Manager, Pharmacist, Registered Practical Nurse(RPN), Personal Support Workers(PSWs).

During the course of the inspection, the inspector(s) Reviewed clinical health records and the home's policies related to Medication Administration and Responsive Behavior.
Completed tours of the home and observations of staff to resident and resident to resident interactions.

The following LOG was inspected as part of this inspection: T-1306-11.

The following Inspection Protocols were used during this inspection:
Medication

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

## NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

| Legend | Legendé |
|---|---|
| WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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.)<br><br>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.<br><br>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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

1. The licensee did not ensure the home is a safe and secure environment for its residents.
On the entrance to the identified resident home area, a sign is posted which directs individuals to "Please keep door closed for Residents' Safety".
During the inspection the doors were observed not to be closed on several occasions. This was reported to management in the home.
The door on the left upon entering the unit was observed to be caught on the carpet which prevented the door from closing.
Through interviews with staff it was confirmed these doors are fire doors and also serve as a deterrent to residents who wander and want to leave the unit.
A review of the plan of care for resident #2 with an identified risk for elopement, identified 2 occasions those being October 25th and November 2nd, 2012, whereby the resident had eloped from the identified resident home area. On these 2 occasions, resident #2 was located on the next level of the Home outside the elevator.
The Administrator confirmed the doors should be closed and arrangements were made to have the doors repaired.[s.5]

***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 the entrance doors to the identified resident home area are shut at all times, to be implemented voluntarily.***

**WN #2: 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 subsections:**

**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).**

**Findings/Faits saillants :**

1. The licensee did not ensure the care set out in the plan of care was provided to the resident as specified in the plan.
On September 25, 2012 the Registered Dietitian wrote an order for resident #2, with an identified nutritional risk,for a nutritional supplement 60mls four times a day during medication passes at meals and with the bedtime snack.
On November 2, 2012 during the medication pass at 12:00hrs, the resident was observed to receive a nutritional supplement 90mls as directed by the electronic medication administration record.
Upon review of the clinical health record it was identified that the change in the nutritional supplement on September 25, 2012 was not transcribed and forwarded to the pharmacy for processing.
Through interview with the Director of Care and Nurse Manager it was confirmed the new supplement ordered was not processed.[s.6(7)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes**
**Every licensee of a long-term care home shall ensure that,**
**(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;**
**(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and**
**(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.**

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**Findings/Faits saillants :**

1. The licensee did not ensure there is a documented quarterly reassessment of each resident's drug regime.
-On November 2, 2012 a review of the clinical health record for Resident #1 revealed the most recent quarterly medication review was authorized by the physician on June 8, 2012 for the period covering April 1 - July 1, 2012. There was no other quarterly medication review located on the clinical record since the April 1 to July 1, 2012 time frame. The medications for Resident #1 were not reassessed on a quarterly basis.

- On November 2, 2012 a review of the clinical health record for Resident #2 revealed a quarterly medication review was completed by the physician for the period ending April 30, 2012. The quarterly medication review for the period covering May 1 to July 31, 2012 was not completed by the physician until October 12, 2012. Resident #2's medications were not reassessed on a quarterly basis.

When interviewed the Director of Care indicated the medical reassessment of some of the residents' quarterly medication reviews were delayed due to physician absences.
The Pharmacist confirmed through interview the process for reassessing quarterly medication reviews was not followed. [s.134(c)]

***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 there is a documented quarterly reassessment of each resident's drug regime, to be implemented voluntarily.***

**Issued on this 19th day of November, 2012**

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

Lynn Parsons

Ontario

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

# Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*


**Ministry of Health and Long-Term Care**
Health System Accountability and Performance Division
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Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor

Telephone: 416-325-9297
1-866-311-8002
Facsimilie: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair ouest, 8ième étage
Ottawa ON K1S 3J4

Téléphone: 416-325-9297
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|---|---|---|
| November 2, 5, 6, 2012 | 2012_109153_0028 | Follow-up |

**Licensee/Titulaire de permis**

Corporation Of The County Of Simcoe

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

Simcoe Manor Home For The Aged

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

Lynn Parsons

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO | INSPECTION # / NO DE L'INSPECTION | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|---|---|---|---|
| O.Reg. 79/10 , s.131(2) | CO # 001 | 2010_101_9573_13Jul10 3219<br>2010_109_9573_13Jul10 4400 | 153 |
| O. Reg. 79/10 s.53(1)3 | CO # 002 | 2010_101_9573_13Jul10 3219<br>2010_109_9573_13Jul10 4400 | 153 |

**Issued on this 15th day of November , 2012**

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