Ontario

**Ministry of Long-Term Care**

**Ministère des Soins de longue durée**

# 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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## Public Copy/Copie du rapport public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Jan 8, 2020 | 2020_785732_0001 | 021940-19 | Complaint |

## Licensee/Titulaire de permis

St. Patrick's Home of Ottawa Inc.
2865 Riverside Drive OTTAWA ON K1V 8N5

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

St. Patrick's Home
2865 Riverside Drive OTTAWA ON K1V 8N5

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

EMILY BROOKS (732)

## 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 2, 3, 6, and 7, 2020**

**Log #021940-19 related to Falls Prevention and Management and Personal Support Services, was inspected in this Complaint inspection.**

**During the course of the inspection, the inspector(s) spoke with Vice President (VP) of Nursing and Clinical Services, Assistant Vice President (VP) of Nursing and Clinical Services, and Registered Practical Nurses (RPN).**

**In addition, the inspector(s) reviewed health care records, monitoring sheets, and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**
**Falls Prevention**
**Personal Support Services**

**During the course of this inspection, Non-Compliances were issued.**
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Légende<br><br>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. 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).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out in resident #001's plan of care was provided to the resident as specified in the plan.

Resident #001 was admitted to a respite bed on a specified date and discharged eight days later. Resident #001 was ordered a nutritional supplement, daily at lunch, on a specified date, by the physician. The next day, the order was clarified for dose and time, and added to resident #001's medication administration record to be administered at a certain time, and a specified amount for each dose.

Before resident #001's discharge, they should have received the nutritional supplement at a specified time, seven times. Of those seven days, the nutritional supplement was only signed off as given once. In an interview with Assistant VP of Nursing and Clinical Services #102, they told Inspector #732 that despite the nutritional supplement being signed off as given once, resident #001 did not receive any of their nutritional supplement as ordered throughout their stay. Therefore, the licensee failed to ensure that resident #001's nutritional supplement was provided as specified in their plan of care. [s. 6. (7)]

***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 to the resident as specified in the plan, to be implemented voluntarily.***

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**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 failed to ensure that where the regulation required the licensee of a long-term care home to have, institute, or otherwise put any strategy in place, the strategy was complied with.

In accordance with O. Reg. 79/10, s. 48(1), and in reference to O. Reg. 79/10, s. 49(1), the licensee was required to have a falls prevention and management program that provided strategies to monitor residents.

Specifically, staff did not comply with the licensee's "Head Injury Routine" strategy (IX NSG E.11.00(a), created October, 2014), which was part of the licensee's Falls Prevention and Management Program (IX NSG E-11.00, revised April, 2016) that required staff to conduct head injury routines (HIR) for residents with an un-witnessed fall.

Inspector #732 reviewed the licensee's "Head Injury Routine (HIR)" strategy which indicated that any resident who potentially may have sustained an injury to the head (abrasion, cut, swelling, bump, or sudden onset of vomiting) following a fall or impact with an object, will be promptly assessed and have head injury routine initiated. It also indicated that as an un-witnessed head injury or neurological insult of unknown origin may cause changes in a resident's level of consciousness or responsiveness, all un-witnessed resident falls will be assessed for a potential injury.

It goes on to describe that a head injury routine is done every 15 minutes for an hour, until the resident's physician is contacted. If no alternate orders are given by the resident's physician, monitor and document the resident's pulse, respirations, blood pressure, pupil reaction, level of consciousness, limb and/or involuntary body movement, evidence of nausea, vomiting, headache, change in mental status immediately at time of injury and on the following schedule:

Q 15 min x 1 hour
Q 30 min x 2 hours
Q 1 hour x 4 hours
Q 2 hours x 8 hours
Q 4 hours x 12 hours or until directed by the physician to cease monitoring.

There was a note indicating that if following an un-witnessed fall and subsequent

assessment, if the resident has sustained no injuries and the resident's level of consciousness and vital signs are within the resident's normal limits, repeat the assessment within 30 minutes, and again at 60 minutes, and that if normal for the resident, the HIR does not have to continue. It is noted that an exception to this is if the resident is on a blood thinner; the HIR must continue for the full schedule.

VP of Nursing and Clinical Services #105 told Inspector #732 that HIR's are initiated on any resident with an un-witnessed fall or any resident who they know has hit their head. When asked how frequently the HIR should be done for a resident, they indicated that the frequency outlined in the policy provided to Inspector #732 by Assistant VP of Nursing and Clinical Services #102, is the current practice. VP of Nursing and Clinical Services #105 confirmed with Inspector #732 that if a resident is on an anticoagulant (blood thinner), staff are to follow the complete schedule for HIR as indicated in their policy. When asked if a HIR needs to be completed throughout the night while a resident is sleeping, VP of Nursing and Clinical Services #105 indicated that it is dependent on the resident at that time, but that if the vitals were not done, the expectation is that there should be documentation to support why HIR was not completed at that time. VP of Nursing and Clinical Services #105 indicated that vitals are sometimes recorded on Point Click Care (PCC) rather than the HIR Monitoring Sheet.

Resident #001 had an un-witnessed fall in their bedroom on a specified date, at a specified time. Resident was on an anticoagulant at the time. HIR was initiated post fall. Inspector #732 reviewed resident #001's HIR Monitoring Record, as well as PCC vitals and progress notes. The HIR was not completed for resident #001 as outlined in the schedule. Resident #001's vitals and assessments were completed six out of the required twenty times.

As a result of non-compliance with resident #001, sample size was expanded to two additional residents. Resident #004 had an un-witnessed fall in their bedroom on a specified date, at a specified time. Resident was on an anticoagulant at the time. HIR was initiated post fall. Inspector #732 reviewed resident #004's HIR Monitoring Record, as well as PCC vitals and progress notes. The HIR was not completed for resident #004 as outlined in the schedule. Resident #004's vitals and assessments were completed six out of the required twenty times.

Resident #005 had an un-witnessed fall in their bedroom on a specified date, at a specified time. Resident was on an anticoagulant at the time. HIR was initiated post fall. Inspector #732 reviewed resident #005's HIR Monitoring Record, as well as PCC vitals

and progress notes. The HIR was not completed for resident #005 as outlined in the schedule. Resident #005's vitals and assessments were completed seven out of the required twenty times.

VP of Nursing and Clinical Services #105 acknowledged that if vitals and assessments were not recorded, and there was no documentation to support lack of vitals, that HIR cannot be verified as being completed. [s. 8. (1) (a),s. 8. (1) (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 where the regulation requires the licensee of a a long-term care home to have, institute, or otherwise put any strategy in place, the strategy is complied with, to be implemented voluntarily.***

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**Issued on this 8th day of January, 2020**

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

**Original report signed by the inspector.**