

**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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
Feb 3, 2022	2022_791739_0004	014276-21, 017795- 21, 018472-21, 019123-21, 020392-21	Critical Incident System

Licensee/Titulaire de permis

The Corporation of the County of Essex
360 Fairview Ave West Essex ON N8M 1Y6

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

Sun Parlor Home for Senior Citizens
175 Talbot Street East Leamington ON N8H 1L9

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

JULIE DALESSANDRO (739), DEBRA CHURCHER (670)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 25, 26, 27, 28, 31, and February 1, 2022.

During the course of this inspection the following intakes were completed:

Log #014276-21/M579-000032-21 related to medication

Log #017795-21/M579-000041-21 related to falls

Log #018472-21/M579-000043-21 related to alleged abuse

Log #019123-21/M579-000046-21 related to falls

Log #020392-21/M579-000050-21 related to responsive behaviours

During the course of the inspection, the inspector(s) spoke with a Housekeeper, Personal Support Workers, Registered Practical Nurses, Registered Nurses, the Assistant Director of Nursing and the Director of Nursing.

During the course of this inspection the inspector(s) also conducted observations and record review relevant to the inspection.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Medication

Pain

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 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

Légende

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 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 :

The licensee has failed to ensure that processes included in the medication management system were complied with for a resident.

O. Reg. 79/10, s. 114 (2) requires written policies be developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

Specifically, staff did not comply with the home's "Medication Administration Record (MAR) Sheets" policy.

The home's "MAR Sheets Policy" stated in part that, "all medications which are administered to a resident must appear on that resident's MAR sheet and be supported by a prescribed order".

A resident's clinical records identified that they had a medical emergency and a Registered Nurse (RN) administered a medication, as directed by the physician over the phone, per the home's emergency orders.

Record review of the resident's prescriber's order form did not include an order for the medication nor was there evidence on the resident's MAR, that the medication had been administered to the resident.

During an interview with the RN they stated that they had not written the order on the prescriber's order form nor had they added the medication to the resident's MAR to indicate that it had been administered.

During an interview with the Director of Nursing (DON) they stated that they had not been able to find an order for the medication on the prescriber's order form for the resident nor had the order been added to the resident's MAR. The DON acknowledged that the RN had not followed the home's MAR policy when they received an order for the medication from the physician.

Sources: The home's MAR Policy, interviews with an RN and the DON, the resident's clinical record.

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 processes included in the medication management system are complied with, to be implemented voluntarily.

Issued on this 3rd day of February, 2022

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

Original report signed by the inspector.