

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 8, 29, 2021	2021_621755_0023	010209-21, 010633- 21, 010987-21	Complaint

Licensee/Titulaire de permis

Arch Long Term Care LP by its General Partner, Arch Long Term Care MGP, by its partners, Arch Long Term Care GP Inc. and Arch Capital Management Corporation
161 Bay Street Suite 2100 Toronto ON M5J 2S1

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

Perth Community Care Centre
101 Christie Lake Road, R. R. #4 Perth ON K7H 3C6

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

MANON NIGHBOR (755), EMILY PRIOR (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): July 22, 23, 26-30, August 3-6, 9-13, 16-20, 23-25, 2021.

The following intakes were completed in this complaint inspection:

Logs # 010209-21, 010633-21, 010987-21 were related to insufficient staffing, nutrition, continent care, responsive behaviour, medication, activity, falls, infection prevention and control and resident's bedroom temperature.

During the course of the inspection, the inspector(s) spoke with Interim Administrator and Vice President of Senior Living Operations, Director of Care, Clinical Manager, Resident Assessment Instrument Minimum Data Set Coordinator, Physicians, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Resident Care Attendants, Scheduler, Food Service Manager, Registered Dietitian, Recreational Coordinator, Recreational Aid and Housekeeping personnel, screener, residents and resident's family members.

During the course of the inspection, the inspector reviewed relevant, resident's health care records, policies and procedures, staffing schedules, observed the provision of care and resident's environment.

Please note that the following findings of non-compliance under LTCHA 2007, s. 6 (1) (a) and (c) and s. 6 (9) are being issued in the inspection report #2021_621755_0021 which was conducted concurrently with this inspection.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Medication

Nutrition and Hydration

Pain

Personal Support Services

Recreation and Social Activities

Responsive Behaviours

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	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: 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.

Findings/Faits saillants :

The licensee has failed to ensure that a resident received a documented reassessment of their drug regime quarterly.

A staff member explained to an Inspector that a quarterly medication review is printed off by a registered staff member, then pre-checked and initialed by that staff member. After that the physician is to review and sign the medication review and then the review gets faxed to pharmacy. It is then checked and signed again by two different registered staff. The staff member further described that a medication review is not considered completed if not reviewed and signed by the physician.

The last documented medication review completed by a physician was for the authorization period of January 1, 2021 to March 31, 2021; and signed early January, 2021. The resident's primary physician then changed after this medication review. A staff member explained that there should have been two more quarterly medication reviews completed after this one, however they were not completed or reviewed by the physician.

Sources: A resident's health care record, specifically physician medication reviews; and interview with a staff member

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

Issued on this 7th day of October, 2021

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

Original report signed by the inspector.