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 sous la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 22, 2018	2018_505103_0026	007799-18, 009036-18, 017707-18, 019488-18, 019547-18, 020918-18, 023992-18, 024528-18, 024979-18, 025021-18, 025395-18, 025910-18, 026248-18	Critical Incident System

Licensee/Titulaire de permis

The Royale Development GP Corporation as general partner of The Royale Development LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Trillium Retirement and Care Community
800 Edgar Street KINGSTON ON K7M 8S4

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

DARLENE MURPHY (103)

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): September 24-27, October 1-5, 9-11, 2018.

Log #007799-18 (CIS #2790-000018-18), Log #019547-18, (CIS #2790-000037-18), Log #024528-18, (CIS# 2790-000044-18), Log #024979-18, (CIS #2790-000046-18), Log #025395-18, (CIS #2790-000047-18), Log #026248-18 (CIS #2790-000049-18)-resident to resident abuse.
Log #025021-18- (CIS# 2790-000045-18)-alleged staff to resident abuse.
Log #009036-18, (CIS #2790-000021-18), Log #020918-18, (CIS #2790-000038-18)-resident fall with injury.
Log #017707-18, (CIS #2790-000034-18), Log #023992-18, (CIS #2790-000040-18)-controlled substance missing.
Log #019488-18, (CIS #2790-000036-18), Log #025910-18 (CIS #2790-000048-18)-resident transfer to hospital.

During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the Physiotherapist, the Assistant Directors of Care, the Nurse Practitioner and the Administrator.

During the course of the inspection, the inspection reviewed resident health care records, applicable policies, observed resident care and resident fall prevention measures.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Medication
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

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

2 WN(s)
0 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	Legendé 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 :

1. The licensee has failed to ensure where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O. Reg 79/10, s. 114 (2), the licensee failed to ensure the written policy to ensure the accurate destruction of drugs kept in the home was complied with.

Specifically, RPN #114 failed to comply with the licensee's policy from Medical Pharmacies, Policy #6-8, "Patch Disposal for Monitored Medication". This policy states:
-Nurse to remove any used patches from the resident and place on 'Patch Disposal Record Sheet'.
-Document the resident name and date as well as the strength of the patch.
-the nurse will sign on the "nurse signature one" line of the 'Patch disposal Record'.
-the second nurse will verify the number of patches placed on the 'Patch disposal record' and will co-sign on the "nurse signature two" line.
-both nurses must place the 'Patch disposal sheet' into the double locked secured monitored surplus box.

On a specified date, the DOC and the pharmacist were completing a drug destruction and noted an identified controlled substance was missing for resident #007 for a specified date. The home initiated an investigation.

RPN #114 was working on the evening shift of the identified date and was interviewed by this inspector. They indicated they could not be positive what had happened to the patch as it was discovered missing almost one month later. The RPN was confident they had removed the patch from resident #007 and applied a new patch as ordered. They stated it was their normal practice to remove the patch, place it on the patch disposal sheet and seek out a second registered staff member for co-signing and placement in the destruction box. The RPN stated they believed the shift may have been busy and that they delayed in getting a second staff member to sign off on and dispose of the patch. RPN #114 indicated they had reviewed the patch disposal policy.

The home reported the incident in accordance with the legislated requirements and there was no untoward effect on resident #007. [s. 8. (1) (b)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):
3. A missing or unaccounted for controlled substance. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :

1. The licensee has failed to inform the Director of an incident of a missing or unaccounted for controlled substance no later than one business day after the occurrence of the incident.

The home submitted CIS #2790-000034-18 on a specified date to report an unaccounted/missing controlled substance from an identified date. The Executive Director/Administrator indicated the missing/unaccounted controlled substance was reported to RN #100 at the time it was discovered to be missing by RPN #102. The RN failed to report the incident to the manager on-call. According to the Administrator, the RN should have reported it to the on-call manager so that further investigation and appropriate notification of the Ministry of Health and Long Term Care (MOHLTC) was initiated.

The Administrator indicated the home immediately investigated the incident upon becoming aware of the incident and the missing controlled substance was ultimately determined to have been found by laundry staff. The home completed re-education to all registered staff and laundry staff and the resident suffered no negative outcome as a result. [s. 107. (3) 3.]

Issued on this 22nd day of October, 2018

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

Original report signed by the inspector.