

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

Rapport d'inspection prévue
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 Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 9, 2019	2019_563670_0023	014367-19	Complaint

Licensee/Titulaire de permis

S & R Nursing Homes Ltd.
265 North Front Street Suite 200 SARNIA ON N7T 7X1

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

Twin Lakes Terrace Long Term Care Community
1310 Murphy Road SARNIA ON N7S 6K5

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

DEBRA CHURCHER (670)

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 29, 31, and August 7, 2019.

This inspection was conducted to inspect Log# 014367-19 IL-68673-LO related to a complaint regarding the obtaining of medication, appropriate recreational activities and delay in treating infection.

During the course of the inspection, the inspector(s) spoke with the Administrator/Recreation and Leisure Director, the Manager of Resident Care, one Physician, one Registered Nurse, one Registered Practical Nurse, two Life Enrichment Aides and two Personal Support Workers.

During the inspection the Inspector observed staff to resident interactions, observed the provision of care, observed the general maintenance and cleanliness of the facility, reviewed relevant clinical records and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control

Medication

Recreation and Social Activities

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. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (5) The licensee shall ensure that on every shift, (a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (5).

Findings/Faits saillants :

1. The licensee has failed to ensure that on every shift, symptoms indicating the presence of infection in residents were monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The Ministry of Long-Term care received a complaint IL-68672-LO.

Review of resident #001's clinical record showed the resident started exhibiting specific health symptoms on a specific date. The physician was notified and assessed the resident on a particular date, and ordered medical testing. The medical testing was completed on a specific date and the physician ordered specific medication related to the results.

On July 31, 2019, Manager of Resident Care (MRC) #102 stated that the process in the home is for the Registered Nurse (RN) or Registered Practical Nurse (RPN) to assess the resident based on the type of medical condition, every shift. MRC #102 stated that the assessments would be documented in Point Click Care (PCC) under the progress notes.

Review of resident #001's clinical record showed no documented assessment related to resident #001's specific medical condition for a total of five shifts.

During an interview with MRC #102 on August 7, 2019, they acknowledged that there was no documented assessments for a total of 5 shifts, and could not confirm the assessments had been completed. MRC #102 stated that it would be the expectation of the home that the assessments be completed every shift and that they should be documented.

The licensee has failed to ensure that on every shift, symptoms indicating the presence of infection for resident #001 were monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. [s. 229. (5) (a)]

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 on every shift, symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.

Issued on this 9th day of August, 2019

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

Original report signed by the inspector.