

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**London District**  
130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

**Original Public Report**

<b>Report Issue Date:</b> October 13, 2023	
<b>Inspection Number:</b> 2023-1374-0003	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> S & R Nursing Homes Ltd.	
<b>Long Term Care Home and City:</b> Twin Lakes Terrace Long Term Care Community, Sarnia	
<b>Lead Inspector</b> Rhonda Kukoly (213)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Meagan McGregor (721) Melanie Northey (563)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): October 3, 4, 5, 10, 11, 2023
The following intake(s) were inspected: Intake: #00097106 - Proactive Compliance Inspection

The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Residents’ and Family Councils
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents’ Rights and Choices
- Pain Management
- Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

#### **NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)**

O. Reg. 246/22, s. 138 (1) (b)

The licensee has failed to ensure that the palliative controlled substances were stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

#### **Rationale and Summary**

A medication room was observed with the door open and unlocked with a registered nursing staff present. A black plastic tackle box with a single key lock at one end was sitting on another larger black box on the counter and was not stationary. The staff stated the box was storage for the palliative controlled substances. Registered nursing staff and the Acting Manager of Resident Care verified the palliative controlled substances were not stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The Administrator stated the palliative controlled substances were added to the separate locked area within the locked medication cart and they were observed double locked in the medication cart.

**Sources:** Controlled Substance Shift Count (Palliative Box), observations and staff interviews. [563]

Date Remedy Implemented: October 5, 2023

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## WRITTEN NOTIFICATION: Continuous quality improvement committee

### NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (1)

The licensee has failed to ensure that a continuous quality improvement committee was established in the home.

#### Rationale and Summary

The Administrator shared that a Quality Improvement (QI) Committee had not been established in the home yet, as per the current regulation. The home's QI Initiative policy #CQI 02-00, with a revision date of April 19, 2022, included the first objective: Establish an interdisciplinary continuous QI initiative committee within the home within six months of the coming into force of the FLTCA. The only QI report posted on the home's website was the interim report, which included under written description of homes priority area for QI, objectives, policies, procedure for CQI initiative for the next fiscal year: 1. Re-establish the QI team – compliant by FLTCA by October 11, 2022.

Input from all required persons was not obtained when developing quality improvement initiatives in the home, when there wasn't a quality improvement committee with the required membership.

**Sources:** Staff interviews, Continuous Quality Improvement Initiative policy #CQI 02-00, and Quality Improvement Initiative Interim Report posted on the home's website. [213]

## WRITTEN NOTIFICATION: Continuous quality improvement initiative report

### NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (1)

The licensee has failed to prepare a report on the continuous quality improvement initiative for the home for the fiscal year, no later than three months after the end of the fiscal year and did not publish a copy of the report on its website.

#### Rationale and Summary

The Administrator shared that the last quality improvement (QI) report posted on the home's website was the interim report for the 2022-2023 fiscal year and there was no report for the current fiscal year. They submitted a Health Quality Ontario Quality Improvement Plan report dated October 5, 2023, and it did not meet all of the requirements of O. Reg. s. 168 (2).

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The home's Continuous QI Initiative policy #CQI 02-00, with a revision date of April 19, 2022, stated:  
Objectives: Prepare an interim report on continuous quality improvement initiatives that will be published on the home's website, and submitted as per regulatory requirements. The policy also stated: The first report shall be for the fiscal year ending March 31, 2023. The policy did not reference any other report, other than the required initial interim report.

There was risk that all required improvements were not addressed or followed up on when the home did not create the required QI Initiative report.

**Sources:** Staff interviews, Continuous Quality Improvement Initiative policy #CQI 02-00, and Quality Improvement Initiative Interim Report posted on the home's website and the Health Quality Ontario Quality Improvement Plan report for the home. [213]



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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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