



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Sep 11, 12, 13, 14, 17, 18, 19, 20, 24, 25, 26, 27, Oct 9, 15, 2012; 2012_089115_0040; Resident Quality Inspection

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

ILER LODGE
111 ILER AVENUE, ESSEX, ON, N8M-1T6

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

TERRI DALY (115), CAROLEE MILLINER (144), MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, the Associate Director of Care, the Program Manager, the Office Manager, the Food Service Manager, the Environmental Services Manager, the Regional Manager of Clinical Services, 3 Registered Nurses, 7 Registered Practical Nurses, 24 Personal Support Workers, 1 Dietary Aide, 1 Laundry Aide, 2 Physiotherapy Assistants, 1 Program Aide, 42 residents and 4 family members.

During the course of the inspection, the inspector(s) conducted a tour of all resident areas and common areas, observed residents and care provided to them, and observed a meal service. Medication administration was observed and the clinical records for identified residents were reviewed. The inspectors reviewed admission and resident charges, policies and procedures, as well as minutes of meetings pertaining to inspection Log #L-001392-12.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process



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Contenance Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Resident Charges

Residents' Council

Responsive Behaviours

Skin and Wound Care

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

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

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care
Specifically failed to comply with the following subsections:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
- (a) the planned care for the resident;
 - (b) the goals the care is intended to achieve; and
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. Review of the health record for a resident, revealed that the plan of care related to pain management does not provide clear directions to staff or others who provide direct care. Staff confirmed that the resident often complains of generalized pain.
2. Review of the health record for a resident, revealed that the plan of care related to physiotherapy services does not provide clear directions to staff or others who provide direct care. Staff confirmed that the plan of care does not include written goals to provide clear directions to staff.
[LTCHA,2007,S.O.2007,c.8.s.6(1)(c)]

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 there is a written plan of care with clear directions to staff or others who provide direct care to the resident, to be implemented voluntarily.

WN #2: 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 subsections:

- 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
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. A review of Infection Control Policy LTC-I-110 re: Screen for Tuberculosis, revealed that a 2 step TB skin test is performed on each resident within 14 days of admission and results are read in 48-72 hours. A review of residents' immunization records revealed that 4/12 (33%) resident's did not have either a Step I or Step II TB Skin Test read within 48-72 hours. The immunization status reveals "results pending".

This was confirmed by staff.

2. A review of the Policy LTC-G-30, Delegation of Function for Application of Medicated Topical Treatment Creams, Ointments and Shampoos, reveals that the nurse will review the procedure for application of medicated topical treatment with the identified Unregulated Care Provider(UCP) during orientation, annually and as required, and document that the UCP has received educational instruction.

Staff confirmed that the UCP's administer topical medications, but have not received educational instruction and that the home's policy has not been complied with.

[O.Reg.79/10, s.8(1)] (115)

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 policies and procedures are implemented and complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following subsections:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
 - (i) that is used exclusively for drugs and drug-related supplies,
 - (ii) that is secure and locked,
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. Benzodiazepines were found stored in the bottom drawer of 2 medication carts. These controlled substances are not double locked when the cart is in use, outside of medication room.

Staff confirmed that these controlled substances were stored separately but not double locked on the medication cart.

[O.Reg.79/10,s.131.(1)(b)] (115)

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (4) A member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,
(a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;
(b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and
(c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff. O. Reg. 79/10, s. 131 (4).

s. 131. (7) The licensee shall ensure that no resident who is permitted to administer a drug to himself or herself under subsection (5) keeps the drug on his or her person or in his or her room except,
(a) as authorized by a physician, registered nurse in the extended class or other prescriber who attends the resident; and
(b) in accordance with any conditions that are imposed by the physician, the registered nurse in the extended class or other prescriber. O. Reg. 79/10, s. 131 (7).

Findings/Faits saillants :

1. Review of a resident's health record revealed that there was not a physician's order for the resident to self administer prescribed medication and to store the medication in the resident's room.
An interview with the resident confirmed self administration of the physician prescribed medication and the observation of the medication stored in the resident's room. Staff confirmed this.
Review of the home policy for resident self medication confirms the requirement for a physician's order prior to the resident self medication administration and storage of the medication in the resident room.
[O.Reg.79/10,s.131.(7)(a)]

2. An interview with staff confirmed that non-registered staff are permitted to administer prescribed topical medications to residents in the absence of registered staff supervision and training.
It was confirmed that the Unregulated Care Providers do administer topical medications and that they have not received educational instruction.
Review of the homes policy related to Delegation of Function or Application of Medicated Topical Treatment Creams, Ointments and Shampoos confirmed the requirement for training and supervision by registered staff prior to non-registered staff independent administration of prescribed topical medications.
[O.Reg.79/10,s.131.(4)]

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 written orders for self administration and training for staff related to the administration of topical medications is completed, to be implemented voluntarily.

WN #5: 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 subsections:

s. 229. (2) The licensee shall ensure,

- (a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;
- (b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly;
- (c) that the local medical officer of health is invited to the meetings;
- (d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
- (e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 229 (2).

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. A review of the Infection Control Policy LTC-I-20 -Terms of Reference for Infection Control Sub-Committee revealed: The Infection Control Coordinator will provide an Infection Control Report to the Environmental Team, which includes:

- current infection control statistics from the home
- outbreak reports
- immunization program
- visitor's restrictions or instructions
- antibiotic utilization
- current community/regulatory issues/trends related to infection prevention
- education/training completed and/or needed

Staff confirmed that this practice does not occur as the Infection Control Committee is not currently in place. Staff shared that the plan is to rejuvenate the committee and hold its' first meeting before the end of 2012.

[LTCHA,2007,S.O.2007,c.8.s.229.(2)(a)]

2. Concerns related to staff participation in the implementation of the infection prevention and control program include observations made on the Second Floor South Tub room of the Brown Unit

- observed a number of unlabeled combs and brushes in the storage cupboard.
- hair and debris noted in the unlabeled combs and brushes
- 1 pair of unlabeled nail clippers in an unlabeled basket
- 1 unlabeled toothbrush in an unlabeled basket
- 2 combs and 1 unlabeled brush found in cupboard across from the shower. Hair and debris noted in both.

Observations made in the Milne tub room included:

- labeled hairbrushes, stored in wrong resident bath caddies
- 3 pairs of nail clippers and a pair of tweezers were observed rusty and/or containing nail cuttings stored in the Spa room cupboard, near the tub
- unlabeled hair brushes, embedded with hair, were observed in personalized labeled baskets in tub room closet
- an unlabeled hair brush, embedded with hair, was observed in the storage cupboard in the shower area of the spa

Staff confirmed that the expectation is that hairbrushes are cleaned after the resident's bath.

[LTCHA,2007,S.O.2007,c.8.s.229.(4)] (137)

Issued on this 18th day of October, 2012



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

A handwritten signature in cursive script that reads "Steve Dely". The signature is written in black ink on a white background.

