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
Sep 28, 2017	2017_700536_0013	010381-17	Resident Quality Inspection

Licensee/Titulaire de permis

MIRDEM NURSING HOMES LTD
176 VICTORIA AVENUE NORTH HAMILTON ON L8L 5G1

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

VICTORIA GARDENS LONG TERM CARE
176 VICTORIA AVENUE NORTH HAMILTON ON L8L 5G1

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

CATHIE ROBITAILLE (536), GILLIAN TRACEY (130), KELLY CHUCKRY (611), YULIYA FEDOTOVA (632)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): September 13, 14, 15, 18, 19, 20 and 21, 2017.

The following inspections were completed concurrently with the Resident Quality (RQI) Inspection.

Critical Incident Reports:

016977-16-pertaining to: Responsive Behaviours
023794-16-pertaining to: Prevention of Abuse & Neglect
026070-17-pertaining to: Responsive Behaviours
026657-16-pertaining to: Responsive Behaviours
032210-16-pertaining to: Falls Prevention
032220-16-pertaining to: Falls Prevention
003803-17-pertaining to: Falls Prevention
004904-17-pertaining to: Falls Prevention

Inquiries

019171-16-pertaining to: Responsive Behaviours
031272-16-pertaining to: Responsive Behaviours
031334-16-pertaining to: Unexpected Death
000588-17-pertaining to: Prevention of Abuse & Neglect
014798-17-pertaining to: Prevention of Abuse & Neglect

During the course of the inspection, the inspector(s) spoke with residents, family members, personal support workers (PSW's), registered staff, Volunteer & Program Activities Co-Ordinator, Resident Assessment Instrument Co-Ordinator (RAI), Director of Care (DOC) and the Administrator.

During the course of the inspection, the inspector(s) toured the home, observed the provision of care and services provided on home areas, interviewed staff, residents and families, and reviewed relevant documents including, health care records, investigation reports, training records, meeting minutes, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care

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

- **2 WN(s)**
- **1 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. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,
(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed; O. Reg. 79/10, s. 135 (2).
(b) corrective action is taken as necessary; and O. Reg. 79/10, s. 135 (2).
(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).

s. 135. (3) Every licensee shall ensure that,
(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; O. Reg. 79/10, s. 135 (3).
(b) any changes and improvements identified in the review are implemented; and O. Reg. 79/10, s. 135 (3).
(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that all medication incidents and adverse drug reactions are documented, reviewed and analyzed; corrective action is taken as necessary, and a written record is kept of everything required under clauses (a) and (b).

On an identified date in 2017, the Ministry of Health and Long Term Care Home (MOHLTC) Inspector reviewed the Professional Responsibility Committee (PRC) minutes for the last 12 months.. All four meeting minutes identified that there had been medication incidents however, there were no written records of analysis of the medication incidents and adverse drug reactions, or of any corrective action taken as necessary. The Director of Care (DOC) acknowledged that there were no documented analysis of all of the medication incidents and adverse reactions, or documented corrective action taken if necessary. [s. 135. (2)]

2. The licensee has failed to ensure that a quarterly review is undertaken of all medication incidents and adverse reactions that have occurred in the home since the last review in order to reduce and prevent medication incidents and adverse drug reactions; any changes and improvements identified in the review are implemented and a written record is kept of everything provided for in clause (a) and (b).

On an identified date in 2017, the MOHLTC Inspector reviewed the Professional Responsibility Committee (PAC) minutes for the last 12 months. All four meeting minutes identified that there had been medication incidents however, there was no written quarterly review undertaken of all the medication incidents and adverse drug reactions that had occurred since the time of the last review, in order to reduce and prevent medication incidents and adverse drug reactions, or any changes and improvements identified in the review were implemented. The Director of Care (DOC) acknowledged that there were no written records that a quarterly review was undertaken of all medication incidents and adverse drug reactions that had occurred since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions or any written changes and improvements identified. [s. 135. (3)]

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 and ensuring that all medication incidents and adverse drug reactions are reviewed and analyzed, corrective action taken as necessary, as well as a quarterly review is undertaken and any changes and improvements identified are implemented and a written record is kept of everything required, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the home was equipped with a resident-staff communication and response system that was available in every area accessible by residents.

During the initial tour of the home by the MOHLTC Inspector on an identified date in 2017, it was identified that an activation station connected to the resident-staff communication and response system was not available in the outdoor patio area located on the first floor of the home. During interview conducted with the DOC they acknowledged that activation stations were not installed in the outdoor patio area accessible to residents. [s. 17. (1) (e)]

Issued on this 28th day of September, 2017

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

Original report signed by the inspector.