



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 9, 2014	2014_347197_0009	O-000355- 14	Resident Quality Inspection

Licensee/Titulaire de permis

CROWN RIDGE HEALTH CARE SERVICES INC
106 CROWN STREET, TRENTON, ON, K8V-6R3

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

WESTGATE LODGE NURSING HOME
37 WILKIE STREET, BELLEVILLE, ON, K8P-4E4

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

JESSICA PATTISON (197), BARBARA ROBINSON (572), SUSAN DONNAN (531)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): April 29, 30, May 1, 2, 5-8, 2014

One complaint inspection (log 000375-14) and one critical incident inspection (log 000315-14) were done concurrently with the Resident Quality Inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing, the Life Enrichment Coordinator, the Nutritional Care Manager, the RAI Coordinator, the Ward Clerk, Registered Nurses, Registered Practical Nurses, Personal Support Workers, maintenance staff, housekeeping staff, activity staff, the Receptionist, Resident Council President, residents and resident's family members.

During the course of the inspection, the inspector(s) toured the home, observed resident care and services including dining and medication administration, reviewed resident records and policies related to abuse/neglect, infection prevention and control, medication management, health and safety, reporting and complaints, falls, re-admission from hospital and reviewed Doctor's books.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home**

Findings of Non-Compliance were found during this inspection.



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>Legendé</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. 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 comply with O. Reg. 79/10, s. 8 (1)(b) in that the



medication management system policies and procedures, as required under O. Reg. 79/10, s. 114(2), were not complied with.

The following finding is in relation to critical incident inspection, log O-000315-14.

O. Reg. 79/10, s. 114(2) states that the licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, destruction and disposal of all drugs used in the home.

The home's Medication Reconciliation Policy NNPM: 9.14, was last revised September 2012 and describes the process to ensure accurate medication administration and safety of residents on admission and readmission to the home. The policy states the following:

Medication Reconciliation Form is to be faxed to the Physician who will confirm orders. The After Hours Physician Coverage Policy NNPM was last revised April 2014 and states that when unable to reach a physician after hours, after 2 hours the Medical Director should be contacted. If unable to reach the physician or Medical Director, the Director of Nursing (DON) or Administrator should be contacted.

On a specified date, Resident #6213 was readmitted to the home from hospital at 1700 hours. Staff member #S114 left two messages for the physician to call the home to order the resident's medications. The physician did not answer the call and staff member #S114 did not call the Medical Director, the DON or Administrator. Staff member #S100, the Registered Nurse (RN) on the evening shift, and staff member #S119, the RN on the night shift, did not provide clear direction to staff member #S114 regarding the home's procedure when unable to reach a physician after hours. Resident #6213 did not receive any medications until 0800 hours the next morning, when staff member #S113 contacted the Medical Director to obtain orders. Staff were disciplined and provided with additional education.(572)

2. The home's medication policy no. NPPM: 9.6 Routine for Administration of Medication/Treatment states the following:

Medications/Treatments are to be given by a Registered Staff only and the RN/RPN who prepares the medication/treatment. Medications/Treatments are not to be pre-poured; medications must be prepared at the time of administration only. The RN/RPN



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must always remain with the Resident until all medication/treatment is taken. Never leave medication with a Resident to take unsupervised

On a specified date, staff member #S103 was observed administering medication at the 0800 hours medication pass. Staff member #S103 provided Resident #1 and Resident #6201 with their individual medication, leaving the medication with the residents to self-administer, unsupervised by registered staff. [s. 8. (1)]

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 the medication management system policies and procedures are complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 23. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions. O. Reg. 79/10, s. 23.

Findings/Faits saillants :



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1. The licensee has failed to comply with O. Reg. 79/10, s. 23 in that manufacturer's instructions were not followed for resident bed systems.

Resident's #2, #3, #4, #6178, #6223, #6233 all have Joerns Care 100 bed frames, Model # ECCBED.

The User-Service Manual for the Joerns Care 100 bed frame states the following under Important Precautions:

Warning: Possible Injury or Death. Use a mattress that is properly sized to fit mattress support platform, which will remain centered on mattress support platform relative to State and Federal guidelines. Joerns Healthcare recommends the use of a mattress with minimum dimensions of 35" width and 6" height. Length should match the mattress support platform. Use of an improperly fitted mattress could result in injury or death.

Resident #2's bed was observed on April 30, 2014 with a six inch gap between the mattress and bottom of the bed frame.

Resident #3's bed was observed on April 30, 2014 with a three inch gap between the bottom of the mattress and bottom of the bed frame and a three and a half inch gap at the top of the bed between the mattress and the top of the bed frame.

Resident #4's bed was observed on April 30, 2014 with a five and a half inch gap between the mattress the top of the bed frame.

Resident #6223's bed was observed on April 30, 2014 with an eight inch gap between the mattress and the bottom of the bed frame.

Resident #6233's bed was observed on April 30, 2014 with a seven inch gap between the mattress and the end of the bed frame.

Resident #6178's bed was observed on May 8, 2014 with a five and a half inch gap between the mattress and the end of the bed frame.

The length of the six resident mattresses noted above did not match the mattress support platform. [s. 23.]



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 all resident bed systems follow the manufacturer's instructions for safe use, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to comply with s. 15(2)(c) in that some areas of the home were not kept in a good state of repair.

The following was observed throughout the inspection period:

- a section of flooring in the front entrance had 8 cracked/loose tiles that could potentially be a tripping/falling hazard
- the tub room on Dundas/Wilkie - on Wilkie side there was a rust stain on the floor by the tub and missing/cracked tiles behind the tub leaving a hole in the wall
- the tub room beside Bayview/Wilkie nursing station - some water staining on ceiling and drywall damage on ceiling and around shower area.
- a large brown coloured stain in resident bathroom of room 12 on the Dundas unit [s. 15. (2) (c)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs



Specifically failed to comply with the following:

- 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 O. Reg. 79/10, s. 129 (1).**
 - (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).**
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Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 129(1)(b) in that controlled substances were not stored in a separate, double locked stationary cupboard in the locked area.

On April 30th, 2014 at 1100 hours, Inspector #531 observed two injectable Lorazepam vials stored in the Dundas Home area medication room's small fridge. These vials were found with other emergency injectable medication. The vials were labeled with a sticker indicating they were required to be refrigerated. The fridge was not locked and as such, the controlled substances were not double locked as per legislative requirements. [s. 129. (1) (a)]

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:

- s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:**
- 1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).**
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Findings/Faits saillants :



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1. The licensee has failed to comply with O.Reg 79/10, s. 229 (10)1 in that a resident was not screened for tuberculosis within 14 days of admission.

Resident #6228 was admitted to the home on a specified date. The resident received Step 1 of the Mantoux test 27 days after admission and Step 2 of the Mantoux test 34 days after admission. Resident #6228's Substitute Decision-Maker signed consent for tuberculosis screening on the day of admission.

On May 6, 2014 the Director of Nursing confirmed that resident #6228 was not screened for tuberculosis within 14 days of admission. [s. 229. (10) 1.]

Issued on this 12th day of May, 2014

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

Jessica Pattison, RD