



**Ministry of Health and Long-Term Care**

**Ministère de la Santé et des Soins de longue durée**

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

**Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée**

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**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 14, 2014	2014_195166_0007	O-000105-14	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**

WINBOURNE PARK  
1020 Westney Road North, AJAX, ON, L1T-4K6

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

CAROLINE TOMPKINS (166), GWEN COLES (555), MARIA FRANCIS-ALLEN (552)

**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): March 4,5,6,7,10,11, 2014**

**Critical Incident Log O-000633-13 was inspected concurrently during this inspection.**

**During the course of the inspection, the inspector(s) spoke with Residents, Family members, President of the Resident's Council, President of the Family Council, Administrator, Director of Care (DOC), Resident Service/Education Coordinator, Program Manager, Food Services Manager, Clinical Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping staff, Activity Aide and Dietary Aide.**

**During the course of the inspection, the inspector(s) toured the home; observed meal services; observed resident social programs; observed staff:resident interactions during the provision of care; reviewed clinical health records; reviewed the licensee's policies related to Immunization, Resident Non-Abuse, Pain, Responsive Behaviours, Infection Control, Medication; reviewed the Residents' Council, the Family Council and the Food Committee minutes; reviewed the Mandatory Education Program; reviewed the Activity Schedule and Menus.**

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



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**Contenance Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Family Council  
Food Quality  
Infection Prevention and Control  
Medication  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Responsive Behaviours**

**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. Where the Act or this Regulation requires the licensee of 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 is complied with.

O. Reg.79/10 s.131(5) requires the licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident.

The licensee's policy entitled "Self Administration of Medication" indicated that an assessment should be completed to determine if the Resident is capable of self medication administration; a Physician/Nurse Practitioner order will be obtained for self administration of medication; and the resident will have completed a self administration of medication agreement including having a secure location for storage of the medications.

The licensee failed to ensure that the policy entitled "Self Administration of Medication" was complied with.

An identified medication was found unsecured in Resident #7076's room.

No evidence was found in resident #7076's health records of a physician or nurse practitioners' order for the self-administration of the medication.

O.Reg.79/10 s.132.(1) requires the licensee of a long term care home to ensure that where a resident wishes to use a drug that is a natural health product and that has not been prescribed, there are written policies and procedures to govern the use, administration and storage of the natural health product.

The licensee's policy entitled "Natural Health Products" indicated that a nurse will only administer the Natural Health Product (NHP) under the following conditions:

NHP has a Physician's order for the substance;... and if the Resident/SDM chooses to use the NHP without a Physician/NP order, informed consent will be obtained from the Resident/SDM using the Utilization of a Natural Health Product Consent form and will be documented in the Resident's Health Record.

Multiple Natural Health products were found in resident #7076's room unsecured.

No evidence was found in the resident's health records of a physician or nurse practitioners' order for the self-administration of the Natural Health products.

There is no evidence of a self-administration assessment or consent form for either Natural Health products or medication found on the resident #7076's health records.



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The licensee's policy entitled "Pain Assessment and Symptom Management" indicated that a pain monitoring tool should be initiated for 72 hours when a PRN pain medication is used for 3 consecutive days.

Review of clinical documentation indicated that Resident # 7129 received PRN medication for pain on March 5, 6 & 7 2014.

There is no evidence that a pain assessment was completed for this resident.

Interview with RN indicated that a pain assessment was not completed for this resident.

Interview with DOC indicated that an assessment should have been completed for Resident # 7129.

The licensee failed to comply with their policies entitled "Self Administration of Medications", "Natural Health Products" and "The Pain Assessment and Symptom Management". [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 shall ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.***

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**WN #2: 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 failed to ensure that the storage of drugs complies with manufacturer's instructions related to expiration dates.

Review of the Government Stock medications, found medications that had been stored past the expiry date.

All expired medication were brought to the attention of the Director of Care and were disposed of at the time of notification in the proper procedure. [s. 129. (1) (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 shall ensure that the storage of drugs complies with manufacturer's instructions related to expiration dates, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131.  
Administration of drugs**



Specifically failed to comply with the following:

s. 131. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).

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**Findings/Faits saillants :**

1. The licensee failed to ensure that no resident will administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident.

An identified "Over The Counter" medication was found in a resident #7076's room unsecured. There is no evidence in the resident's health records that there is a physician order for self-administration of this medication. [s. 131. (5)]

***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 shall ensure that no resident will administer a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident, to be implemented voluntarily.***

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**WN #4: 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:

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

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**Findings/Faits saillants :**





1. The licensee failed to ensure that all residents are offered immunizations against pneumococcus, tetanus and diphtheria.

Review of the immunization records and clinical notes for residents #1, #2, #7129, #7100, #7116, #7118 indicated immunization against tetanus and diphtheria was not offered; and resident #1 was not offered immunization against pneumococcus. [s. 229. (10) 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 shall ensure that all residents are offered immunizations against pneumococcus, tetanus and diphtheria, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 23. Licensee must investigate, respond and act**

**Specifically failed to comply with the following:**

**s. 23. (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b). 2007, c. 8, s. 23 (2).**

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**Findings/Faits saillants :**

1. Related to Log O-000633

The licensee failed to ensure the results of an abuse investigation were reported to the Director.

There is no documented evidence that the results of the licensee's investigation into the July 5, 2013, staff to resident physical abuse incident was reported to the Director. [s. 23. (2)]

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**



Specifically failed to comply with the following:

s. 52. (1) The pain management program must, at a minimum, provide for the following:

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired. O. Reg. 79/10, s. 52 (1).
2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 52 (1).
3. Comfort care measures. O. Reg. 79/10, s. 52 (1).
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies. O. Reg. 79/10, s. 52 (1).

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**Findings/Faits saillants :**

1. The licensee failed to provide for strategies to manage pain, including non-pharmacological interventions, equipment, supplies, devices and assistive aids. There is no documented evidence that any other strategies other than pharmacological interventions was implemented for resident #7129 to assist in the management of pain relief. [s. 52. (1) 2.]
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Issued on this 14th day of March, 2014

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

Caroline Tompkins #166

Gwen Coles #555

Maria Francis-Allen #552