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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Toronto Service Area Office
5700 Yonge Street, 5th Floor
TORONTO, ON, M2M-4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700, rue Yonge, 5e étage
TORONTO, ON, M2M-4K5
Téléphone: (416) 325-9660
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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
Jun 18, 2013	2013_163189_0009	T-9-13	Complaint

Licensee/Titulaire de permis

FRIULI LONG TERM CARE
7065 Islington Avenue, Woodbridge, ON, L4L-1V9

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

VILLA LEONARDO GAMBIN
40 Friuli Court, Woodbridge, ON, L4L-9T3

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

NICOLE RANGER (189)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): May 7, 8, 9, 13, 28, 2013

During the course of the inspection, the inspector(s) spoke with Director of Care, Assistant Director of Care, Registered Staff, Personal Support Workers

During the course of the inspection, the inspector(s) Reviewed health care records, Reviewed Medication policies related to High risk medications

The following Inspection Protocols were used during this inspection:
Medication

Personal Support Services

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
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. 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. O.Reg. 79/10, s.114(3)(a)[regarding medication management system] requires the licensee to ensure that the written policies and protocols are developed, implemented, evaluated and updated in accordance with evidence based practices and, if there are none, in accordance with prevailing practices.

The Director of Care (DOC) and Assistant Director of Care (ADOC) provided the following three documents regarding Coumadin administration to the inspector: 1) Memorandum: INR Monitoring, Coumadin Administration,2) Memorandum: Management of Laboratory Requisitions, and 3)Policy 4.16 High Alert Medications

The Licensee did not comply with the Coumadin administration protocols as set out in these documents:

Bullet #9 in the memorandum entitled "Management of Laboratory Requisitions" and dated June 28, 2011, states evening registered staff are to "ensure that the Resident Home Area mail box at reception is checked daily at start of the shift and following the evening meal to pick up and review all laboratory reports. If INR results are not received it's your responsibility to call lab to obtain results before giving Coumadin".

Bullet #5 in the memorandum entitled " INR Monitoring, Coumadin Administration" and dated September 5, 2012, states registered staff are to ensure that " when a resident is on Coumadin, all INR results are picked up and reviewed by the evening RN/RPN prior to giving Coumadin".

The physician ordered the following for resident #1; INR lab work to be taken twice a month. The weekly INR tracking document, notes that resident #1 INR lab work to be taken on the first and third week of the month. On December 3, 2012, resident #1 received INR lab work as scheduled.

On December 3, 2012, registered staff #1 administered Coumadin medication to resident #1 at 1700hrs. Registered staff #1 reported to the inspector that he/she administered the Coumadin medication prior to receiving INR results. Registered staff #1 reported that the INR results were not available at the reception and he/she did not call the lab to obtain the results. At 1920h the laboratory called registered staff #1 to inform that the INR results were 6.2. The home's pharmacy policy number 4.16 entitled "High Alert Medications" states "Therapeutic INR with warfarin (Coumadin) is 2.0 – 3.0 (or 3.5 for some indications). INR >6 represents significant increase in risk of

hemmorhage". Registered staff #1 contacted the Physician and Coumadin medication was placed on hold for 3 days.

Resident's health record progress notes indicate that on December 4, 2012, resident #1 was reported to be restless, confused and having generalized pain. Resident #1 was sent to the hospital.

Resident's health record progress notes indicate that on December 5, 2012, Power of Attorney (POA) called the home unit to inquire about the last INR results taken as the resident's INR results in hospital were 8.9.

Inspector reviewed hospital report entitled "Final Summary Report" dated December 12, 2012. The hospital report notes the resident was admitted to hospital with a medical condition, along with an elevated INR level. This report also states that upon admission to hospital on December 4, 2012, residents INR level was greater than 8 and resident was treated in the emergency department with medication to reverse the effects of the elevated INR levels.

During the inspection period, inspector interviewed registered staff #2, registered staff #3 and registered staff #4 regarding the administration of Coumadin medication. Registered staff members reported to inspector that the home's protocol for Coumadin medication is to ensure that the INR results are available prior to administration of Coumadin daily, and if the INR results are not available, they are to call the lab for verbal report of the results. Registered staff members reported that Coumadin medication is not to be administered unless the INR results are available. This was also confirmed by the Director of Care upon interview by the inspector. [s. 8. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Ontario

Ministry of Health and Long-Term Care

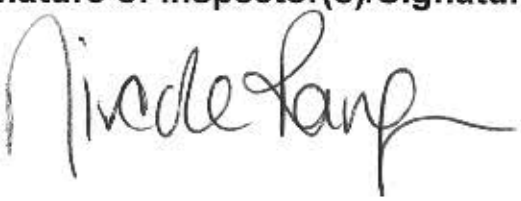
Inspection Report under the Long-Term Care Homes Act, 2007

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

Issued on this 27th day of June, 2013

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



Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	NICOLE RANGER (189)
Inspection No. / No de l'inspection :	2013_163189_0009
Log No. / Registre no:	T-9-13
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Jun 18, 2013
Licensee / Titulaire de permis :	FRIULI LONG TERM CARE 7065 Islington Avenue, Woodbridge, ON, L4L-1V9
LTC Home / Foyer de SLD :	VILLA LEONARDO GAMBIN 40 Friuli Court, Woodbridge, ON, L4L-9T3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	ANNETTE ZUCCARO-VANIN

To FRIULI LONG TERM CARE, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # /
Ordre no : 001

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure all registered staff comply with the licensee's medication protocol for Coumadin administration. The plan shall include education regarding protocol for checking INR results before administration of Coumadin. Education shall be provided for all registered staff including registered staff #1.

The licensee shall monitor effectiveness of the education to ensure the Coumadin administration protocol is complied with.

This plan must be submitted to Nicole.Ranger@ontario.ca by June 21, 2013

Grounds / Motifs :

1. 1. O.Reg. 79/10, s.114(3)(a)[regarding medication management system] requires the licensee to ensure that the written policies and protocols are developed, implemented, evaluated and updated in accordance with evidence based practices and, if there are none, in accordance with prevailing practices.

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Power of Attorney (POA) called the home unit to inquire about the last INR results taken as the resident's INR results in hospital were 8.9.

Inspector reviewed hospital report entitled "Final Summary Report" dated December 12, 2012. The hospital report notes the resident was admitted to hospital with a medical condition, along with an elevated INR level. This report also states that upon admission to hospital on December 4, 2012, residents INR level was greater than 8 and resident was treated in the emergency department with medication to reverse the effects of the elevated INR levels.

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(189)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Aug 02, 2013

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 18th day of June, 2013

Signature of Inspector / Signature de l'inspecteur : Nicole Ranger

Name of Inspector / Nom de l'inspecteur : NICOLE RANGER

Service Area Office / Bureau régional de services : Toronto Service Area Office