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 # / Registre no	Type of Inspection / Genre d'inspection
Sep 22, 2016	2016_286547_0025	027057/026869-16	Complaint

Licensee/Titulaire de permis

CITY OF OTTAWA
Long Term Care Branch 275 Perrier Avenue OTTAWA ON K1L 5C6

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

GARRY J. ARMSTRONG HOME
200 ISLAND LODGE ROAD OTTAWA ON K1N 5M2

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

LISA KLUKE (547)

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): September 19, 20 and 21, 2016

The purpose of this inspection was related to a critical incident the home submitted related to allegations of staff to resident neglect, and two related complaint logs #027057-16 and #026869-16 regarding staff to resident neglect and concerns regarding the resident's continence care.

During the course of the inspection, the inspector(s) spoke with the Administrator, Managers of Resident Care, a RAI Coordinator, an educator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Residents and Family members.

In addition, Inspector #547 observed aspects of resident care, staff to resident interactions, reviewed resident health care records, reviewed documents related to the home's investigation to this critical incident and reviewed the home's policy and procedure related to bowel protocols.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.
- **1 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. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to implement resident individualized plans of care to manage

bowel continence based on assessments of the resident care needs as per the home's bowel protocol.

Resident #001 was admitted to the home a number of years ago with several medical diagnoses. Resident #001's current plan of care indicated that the resident does not like to be toileted and requires the assistance of a Personal Support Worker (PSW) to change brief and provide continence care. The resident's plan of care further directed staff to monitor frequency of the resident's bowel movements and to decrease risk of stool impaction by encouraging fluids, utilizing stool softeners and laxatives as prescribed.

Resident #001's physician orders indicated the resident is to follow the home's standardized bowel care protocol and interventions. This protocol indicated to monitor the resident's frequency of bowel movements and provide the following interventions:
-Milk of Magnesia on the third day without a bowel movement
-Suppository on the fourth day without a bowel movement
-Fleet enema on the fifth day without a bowel movement and then call the resident's physician if this is not successful.

Resident #001's family visited the resident on a specified date and reported that the resident and bed sheets were found soiled. The resident's family further indicated that they have found the resident soiled on several occasions in the home and that the nursing staff are not managing the resident's bowel care properly.

Inspector #547 reviewed the resident's health care records related to bowel care management for a specified two month period of time and noted that the resident has gone without a bowel movement until the fifth day five times and has gone without a bowel movement until the sixth day once during this period of time.

Inspector #547 reviewed the home's medication administration records and progress notes for this same period with RN #109 and noted that resident #001 had not received any medical interventions for bowel management. RN #109 further indicated that she had not been informed by the evening staff that bowel management interventions were required for this resident and therefore these were not provided. RN #109 indicated that the home's process is that evening nursing staff are responsible to utilize the bowel protocol calculations sheets in the PSW flow sheet binders to review resident's bowel care needs, and then identify them on the unit's 24 hour report book for the oncoming shifts to manage interventions for those residents. RN #109 reviewed the unit's 24 hour

report book with Inspector #547 and indicated that there was no entry for this resident during this specified two month time period regarding the need for bowel interventions.

It was further noted in the unit's 24 hour report book by RN #109 that resident #002 and resident #003 also on this same unit were identified as requiring bowel management intervention on a specified date. Resident #002 was identified as being eight days without a bowel movement and resident #003 was identified as being ten days without a bowel movement on this specified date. Inspector #547 reviewed both residents health care records, that identified these residents required staff assistance for toileting and that no interventions were provided to either resident as per their individualized plans of care to manage their bowel continence until this date.

Manager of Resident Care #106 indicated to Inspector #547 that he was in charge of the bowel management program in the home and that based on review of the information provided to him for residents #001, #002 and #003, that this was not acceptable and that the nursing staff had not followed the bowel protocol procedures established in the home. [s. 51. (2) (b)]

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 nursing staff in the home implement the home's bowel management protocol including individualized plans of care to manage bowel continence based on assessments of resident care needs, to be implemented voluntarily.

Issued on this 22nd day of September, 2016

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

Original report signed by the inspector.