Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London Service Area Office
130 Dufferin Ave, 4th Floor
London ON N6A 5R2
Telephone: 1-800-663-3775
LondonSAO.moh@ontario.ca

Original Public Report

Report Issue Date June 16, 2022
Inspection Number 2022_1621_0001
Inspection Type
☒ Critical Incident System ☒ Complaint ☒ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
The Corporation of the Municipality of Chatham-Kent

Long-Term Care Home and City
Riverview Gardens, Chatham

Lead Inspector
Rhonda Kukoly (213)

Inspector Digital Signature
Rhonda Kukoly
2022.06.17 08:42:07 -04'00'

Additional Inspector(s)
Loma Puckerin (705241)
Cheryl McFadden (745)

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 17, 18, 19, 20, 24, 25, 30, 31, June 1, 2, 2022.

The following intake(s) were inspected:
- Log #020574-21 (follow up) related to infection prevention and control
- Log #002922-22 (complaint) related to care concerns
- Log #002960-22 (critical incident) related to a fall
- Log #002202-22 (critical incident) related to a fall
- Log #001467-22 (critical incident) related to a fall
- Log #008468-22 (critical incident) related to an altercation between residents
- Log #005819-22 (critical incident) related to a hypoglycemic event
- Log #000256-22 (critical incident) related to an altercation between residents

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who complied the order
O. Reg. 79/10	s. 229(4)	2021_917213_0013	001	Rhonda Kukoly (213)

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Medication Management
- Prevention of Abuse and Neglect
- Resident Care and Support Services
- Responsive Behaviours

INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable.

WRITTEN NOTIFICATION REPORTING CERTAIN MATTERS TO THE DIRECTOR

NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 s.28(1)1

The licensee has failed to ensure that any person who had reasonable grounds to suspect that abuse of a resident by another resident, that resulted in harm had occurred, immediately reported the suspicion and the information upon which it was based to the Director.

Rationale and Summary
A critical incident was reported as an incident that occurred that resulted in a transfer to hospital and a significant change of condition for an unwitnessed fall of a resident.

Progress notes for a resident, documented by a registered nursing staff member stated the resident was possibly pushed by another resident. Staff who were working at the time of the interview shared that they suspected that another resident was involved in the fall of the resident and reported this to management.

The home's investigation by the Administrator the following day confirmed that a resident had pushed another resident, causing significant injury. The critical incident was not amended until the day after the investigation, to indicate that that the incident was not an unwitnessed fall, but an incident of resident to resident physical abuse.

Sources: Critical incident report, health records for two residents, the home's internal investigation records and staff interviews. (213)

WRITTEN NOTIFICATION WHEN LICENSEE MAY DISCHARGE

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 157(2)(b)

The licensee has failed to ensure that when a resident was absent from the home, the resident's physician or a registered nurse in the extended class attending the resident informed the licensee that the resident's requirements for care had changed and that, as a result, the home could not provide a sufficiently secure environment to ensure the safety of the resident or the safety of persons who came into contact with the resident and the licensee discharged the resident from the long-term care home.

Rationale and Summary

A resident was admitted to hospital and discharged from the home nine days later while still in hospital. The Administrator and Director of Care said that the resident's attending physician in hospital did not discharge the resident from the home.

Sources: Health records for a resident and staff interviews. (213)

WRITTEN NOTIFICATION REQUIREMENTS ON LICENSEE BEFORE DISCHARGING A RESIDENT

NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 161(2)(d)

The licensee has failed to ensure that before discharging a resident under subsection 157 (1), the licensee provided a written notice to the resident or the resident's substitute decision-maker, setting out a detailed explanation of the supporting facts, as they relate both to the home and to the resident's condition and requirements for care, that justified the licensee's decision to discharge the resident.

Rationale and Summary

A resident was discharged from the home while in hospital. The Administrator said that no written letter or notice was provided to the resident or the resident's substitute decision maker, related to the discharge.

Sources: Health records for a resident and staff interviews. (213)

COMPLIANCE ORDER CO #001 DUTY TO PROTECT

NC#004 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: FLTCA, 2021 s. 24(1)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with FLTCA, 2021 s. 24(1)

The licensee shall:

a) Review and revise the home's policy to promote zero tolerance of abuse to include resident to resident abuse including, but not limited to: recognition of risk of resident to resident abuse, assessments, strategies to prevent resident to resident abuse, documentation, reporting, and actions to take if abuse occurs. The policy should include responsibilities of all staff as well as management staff.
b) Keep a record of the date of the review and revisions, and who participated.

Grounds

Non-compliance with: FLTCA, 2021 s.24(1)

The licensee has failed to protect a resident from physical abuse by another resident.

Rationale and Summary:
A critical incident report and internal investigation records showed that a resident pushed another resident, causing significant injury.

Progress notes and the care plan for the victim showed that the resident had behaviours of wandering into other residents' rooms and shadowing other residents as well as perseverating. Progress notes and the care plan for the aggressor showed that the resident had verbally and physically responsive behaviours and wandering.

The home submitted three critical incidents involving the aggressor being physically aggressive causing minor injury to three other residents in the month prior to the incident causing significant injury. The home also submitted one critical incident involving the victim being a victim of physical aggression by a different resident, ten days prior to the incident causing significant injury. These reports demonstrated the potential for resident to resident physical aggression by the aggressor and the risk of resident to resident physical aggression toward the victim.

The home's policy "Resident Protection (res) – Resident Abuse" ADM RES, revised September 2020, did not include strategies to prevent resident to resident abuse or actions to take related to resident to resident abuse, it only addressed prevention and actions in cases of staff to resident abuse.

Staff said that the aggressor was known to staff to be physically aggressive towards staff and other residents with unpredictable aggressive and violent behaviour. Staff said that they expressed concern to the Administrator in the same month prior to the incident, that the aggressor had the potential for physical aggression toward other residents and the potential to cause significant harm.

Sources: Critical incident reports, resident abuse policy, health records for two residents, the home's internal investigation records and staff interviews. (213)

This order must be complied with by July 22, 2022

COMPLIANCE ORDER CO#002 EMERGENCY DRUG SUPPLY

NC#005 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

Compliance Order [FLTCA 2021, s. 155 (1)]

The licensee has failed to comply with O. Reg. 79/10 s.123 (b).

The licensee shall:
a) Review and revise the current process for both pharmacy and nursing staff to ensure emergency medications are ordered and replaced when used or expired as well as the process for nursing and pharmacy audits of the emergency drug box/cart for content and expiry dates.
b) Perform weekly audits of the emergency drug box/cart confirming all medications on the emergency drug box list are available and not expired, as well as the ordering and receiving records for the emergency drug box/cart, until the compliance order is complied by the Ministry of Long-Term Care.
c) Ensure pharmacy conducts a monthly audit of the emergency drug box/cart, corrects any deficiencies immediately and obtain a copy of the audit.
d) Keep a written record of the audits and actions made based on the audit results.
e) Ensure all registered staff are trained in the revised process of checking the emergency drug box/cart, ordering, replacing and signing in emergency medications. Keep a written record of training completed, dates, content covered and who attended.

Grounds

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Non-compliance with: O. Reg. 79/10 s.123 (b)

The licensee has failed to ensure that a written policy was in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply and tracking and documentation with respect to the drugs maintained in the supply.

Rationale and Summary:
The home submitted a critical incident, reporting a resident hypoglycemic event requiring transfer to hospital. A progress note stated glucagon was not available in the emergency box during a hypoglycemic episode with the resident.

The emergency medication cart drug list included three glucagon injection kits. Registered nursing staff said the emergency medication cart should have three boxes of glucagon, but it did not during a hypoglycemic emergency event with the resident.

The home's internal investigation revealed that pharmacy had removed all three glucagon injection kits during an audit of the emergency medication cart five weeks prior, as they were expired. The Director of Care (DOC) could not confirm the emergency medication cart contained glucagon injection kits for the five week period.

Observation by inspectors of the emergency medication cart during the inspection, identified thirteen expired medications on the cart, no completed registered staff audit checklists, and eight faxed replacement medication forms that had no signature or date identifying receipt of the medications ordered.

Job routines for registered nursing staff included monthly emergency cart checklists, count and checking for expiry dates. The homes policy titled "Medical Care – Emergency Box Procedure" last revised December 12, 2020, did not include reviewing E-box monthly. The DOC stated it was in a previous version, but was not in the most recent one and it should have been there. There were no emergency cart checklists completed as well as no pharmacy audits of the emergency medication cart had been completed for the months of March and May 2022.

When pharmacy removed expired glucagon injection kits and they were not replaced in the emergency drug cart and then no audits of the emergency drug cart were completed by pharmacy or nursing staff, medications were not available for administration in emergency situations.

Sources: Health records for a resident, policy "Medical Care – Emergency Box Procedure" last revised December 12, 2020, Replacement Order Form, Emergency Drug Box List, RPN Job Routines, observations of emergency medication cart and staff interviews. (745)

This order must be complied with by July 22, 2022

REVIEW/APPEAL INFORMATION

Ministry of Long-Term Care
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TAKE NOTICE
The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

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 or AMP was served on the licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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LondonSAO.moh@ontario.ca

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West,9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

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