Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: March 25, 2024
Inspection Number: 2024-1448-0001
Inspection Type: Critical Incident
Licensee: The Women's Christian Association of London
Long Term Care Home and City: McCormick Home, London

Lead Inspector	**Inspector Digital Signature**
Ali Nasser (523)	Ali Nasser Digitally signed by Ali Nasser Date: 2024.04.25 14:02:31 -04'00'

Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 18, 19, 2024

The following intake(s) were inspected:
- Intake: #00104354, related to an incident of improper care.
- Intake: #00110482, related to a resident's fall.

Inspector Aby Thomas (000830) was present during this inspection.

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

Resident Care and Support Services
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Documentation

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (2)
General requirements
s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

Rational and Summary:
The home submitted a Critical Incident System Report (CIS) related to the provision of oxygen care for two specific residents.

A clinical record review for the residents showed no documentation of the incident, interventions taken related to the incidents or the oxygen levels at the time of the incident in the vital signs tab.

In an interview the Director of Care (DOC) confirmed that for both residents there was no documentation related to the incident in the progress notes or the oxygen levels at the time of the incident in the vital signs tab. The DOC said it was expected for the staff to document the incident and the oxygen levels in the resident's record.

There was a risk to residents by not having their provision of care documented in their records. [523]

COMPLIANCE ORDER CO #001 Medication management system

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)
Medication management system
s. 123 (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically, the licensee shall:
Review, revise and update Oxygen therapy related policies and procedures to include direction on how to supplement residents with oxygen therapy at times of replacing or refilling oxygen tanks.

Ensure that training related to the updated oxygen policies and procedures is provided to all registered nursing staff and personal support workers.

Keep a documented record of this training, including the date the training was provided, content covered as part of the training, who provided the training, and who attended the training.

Ensure the specific resident is supplemented with oxygen when their oxygen tanks are being refilled or replaced.

Grounds
The licensee has failed to ensure the written policies and protocols for the medication management system were implemented.

In accordance with O. Reg. 246/22, s. 123 (2) the licensee was required to ensure that that written policies and protocols are developed for the medication management system to ensure the accurate administration of all drugs used in the home.

In accordance with O. Reg. 246/22, s. 6. For the purposes of the Act and this Regulation, "drug" means a substance or a preparation containing a substance referred to in clauses (a) through (d) of the definition of "drug" in subsection 1 (1) of the Drug and Pharmacies Regulation Act, including a substance that would be excluded from that definition by virtue of clauses (f) to (i) of that definition, but does not include a substance referred to in clause (e) of that definition.

In accordance with O. Reg 246/22 s.11 (1) b, the licensee was required to comply with the medication management system.

Specifically staff did not comply with policy Oxygen concentrators and portable tanks.

The home submitted a Critical Incident System Report (CIS) related to the provision of oxygen care for two specific residents.

A) Policy Oxygen Concentrators and Portable Tanks showed procedure 2. b stated: "Verify the physician/nurse practitioner order. The order for oxygen is to include the rationale or linked diagnoses for supplemental oxygen, flow rate (or concentration if by mask), frequency of administration, method of administration, and the type of equipment."

A clinical record review for both residents showed an order for oxygen that did not comply with the policy.

In an interview the Director of Care (DOC) said the oxygen orders for both residents did not include all the components of an order as per policy. The DOC said the staff did not comply with the policy to ensure the orders included the required information under the policy.

B) Policy Oxygen Concentrators and Portable Tanks showed procedure 8. that stated "Assign Oxygen to the Point of Care (POC) task. The personal support worker will sign the POC Oxygen Task every shift."

A clinical record review for both residents showed no task related to oxygen that was in POC at the time of the incident.

In an interview the DOC said there were no tasks related to oxygen therapy in POC for both residents. DOC said the staff did not comply with the policy when they did not add the tasks in POC for those residents.

The staff did not comply with the home's policy which posed a risk to the residents. [523]

This order must be complied with by May 31, 2024

REVIEW/APPEAL INFORMATION

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
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) 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:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) 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:

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
e-mail: 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.