



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 8, 2018	2018_505103_0012	007661-18	Resident Quality Inspection

Licensee/Titulaire de permis

AON Inc.
307 Aylmer Street PETERBOROUGH ON K9L 7M4

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

Moira Place Long-Term Care Home
415 River Street West P.O. Box 200 TWEED ON K0K 3J0

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

DARLENE MURPHY (103), JESSICA PATTISON (197), SUSAN DONNAN (531)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): April 17-20, 23-24, 2018.

The following intakes were included in this inspection:

**Log #003792-18 (CIS #2977-000002-18)- alleged resident to resident abuse,
Log #005269-18 (CIS #2977-000003-18)- resident fall,
Log #007909-18 (CIS #2977-000007-18)- alleged resident to resident abuse,
Log #007363-18 (CIS #2977-000009-18)- unexpected death.**

During the course of the inspection, the inspector(s) spoke with residents, family members, the Resident Council president, Personal support workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), Registered Dietitian (RD), dietary aides, RAI coordinator, Life Enrichment coordinator, Director of family and resident services, Wound care coordinator (WCC), Director of Care (DOC) and the Administrator.

During the course of the inspection, the inspectors conducted a walking tour of the home, made observations related to resident care, medication administration, medication storage, and infection prevention and control measures, reviewed relevant policies, resident health care records and process for the management of medication incidents.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Residents' Council
Responsive Behaviours
Skin and Wound Care**



During the course of this inspection, Non-Compliances were issued.

- 3 WN(s)
- 2 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

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. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, have been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Resident #006's health record was reviewed and indicated the resident was admitted to the home with a stage X wound on a designated area of the body.

The most recent documented wound note for this identified area was completed on a specified date and was assessed as stage two. The documented resident head to toe assessment and plan of care dated approximately six weeks later, indicated resident #006 had a stage X wound on the designated area of body (present on admission to the home) and an additional stage three wound on another identified site.

Inspector #531 reviewed the progress notes and found no documented wound notes pertaining to the additional wound for a specified period of three weeks.

On April 23 and 24, 2018 Inspector #531 interviewed RPN #117 and RPN #106, during



separate interviews, who indicated residents who have wounds should be assessed weekly and documentation of those assessments would be completed on the computer. RPN #117 and #106 were unable to find evidence of resident #006's weekly wound assessments for the identified period of three weeks.

The Wound Care Coordinator (WCC) was interviewed and stated residents who have wounds are to have weekly wound assessments completed and documented in the progress notes for wound assessment or skin treatment. [s. 50. (2) (b) (iv)]

2. Resident #028's health care record indicated, on an identified date, resident #028 had a open area on an identified area of the body. The following week, the WCC completed a wound assessment, staged the wound and established treatment protocols. For an identified period of five weeks no documented wound assessments were found.

On April 24, 2018, RPN #108 indicated the wound should be assessed with each dressing change and a weekly wound assessment documented by the registered staff member assigned to the resident. RPN #108 reviewed resident #028's documented wound assessments and found no weekly wound assessments for the identified five weeks. The RPN indicated the wound had improved and was healing.

During an interview with the WCC, they indicated the registered staff assigned to the resident are responsible to complete the weekly wound assessments. The WCC acknowledged that if the weekly assessment notes could not be located then the wound assessment was not documented on the computer. [s. 50. (2) (b) (iv)]

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 residents that exhibit altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds are reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (3) Every licensee shall ensure that,

(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; O. Reg. 79/10, s. 135 (3).

(b) any changes and improvements identified in the review are implemented; and O. Reg. 79/10, s. 135 (3).

(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a quarterly review was undertaken of all medication incidents and adverse drug reactions that occurred in the home since the last review in order to reduce and prevent medication incidents, and any changes and improvements identified in the review are implemented and a written record is kept of everything.

The inspector reviewed the home's medication incidents from November 1, 2017 to January 31, 2018 and requested the written record of quarterly reviews of the medication incidents. Upon review of the record provided, there was no documentation to support a review of the home's medication incidents for that time period.

During an interview with the Director of Care, they indicated that the quarterly review had not included all medication incidents for the time period. [s. 135. (3)]



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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 a quarterly review is undertaken of all medication incidents that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and any changes and improvements identified in the review are implemented and a written record is kept of everything, to be implemented voluntarily.

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. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :



1. The licensee failed to ensure that no drug was administered to resident #024 unless the drug had been prescribed for the resident.

Inspector #531 reviewed the licensee's medication incidents from November 1, 2017 to January 31, 2018. On an identified date, resident #024 was given, in error, medications by RPN #102 that had not been prescribed for the resident. The DOC was interviewed and indicated there were no untoward effects to the resident as a result of the error.

The licensee failed to ensure that no drug was administered to resident #024 unless the drug had been prescribed for the resident. [s. 131. (1)]

2. The licensee failed to ensure drugs were administered to resident #004 and #023 in accordance with the directions for use specified by the prescriber.

A medication incident involving resident #004 was reviewed. The resident was prescribed to have specified medications administered at 0600 hour. On an identified date, RPN #104 found these medications in the resident's medication bin at 0849 hour. It was determined that RPN #103 had failed to give the prescribed medications at 0600 hour. There were no untoward effects to resident #004 as a result of the error.

A medication incident involving resident #023 was reviewed. On an identified date, RPN #101 administered resident #23's prescribed dose of an identified medication in addition to a second dose of the same medication that was prescribed for another resident. As a result, resident #023 received a double dose of the identified medication. The DOC was interviewed and stated resident #023 did not receive the medication in accordance with the directions for use and there were no untoward effects to the resident as a result of the error. [s. 131. (2)]



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Issued on this 8th day of May, 2018

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

Original report signed by the inspector.