



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

**Health System Accountability and Performance Division
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**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

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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
Aug 27, 2014	2014_260521_0036	002077-14	Complaint

Licensee/Titulaire de permis

Henley Place Limited
200 Ronson Drive, Suite 305, TORONTO, ON, M9W-5Z9

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

Henley Place
1961 Cedarhollow Boulevard, LONDON, ON, N5X-0K2

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

REBECCA DEWITTE (521)

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): July 24, 2014.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, 2 Registered Practical Nurses, 5 Personal Support Workers and 2 Laundry Aides.

During the course of the inspection, the inspector(s) conducted audits in home areas, made observations, conducted 7 interviews, reviewed invoices and policies.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Medication**



Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. The licensee failed to ensure policy Medication Pass 3-6-1 is complied with.

The homes policy Medication Pass 3-6-1 Revised November 2013 - 1 (a) vi) states "staying with the resident while the resident takes the medication."

On July 24, 2014, at 0845 hours, observations revealed 3 confirmed medications were found on the floor in a resident lounge area.

The Administrator confirmed the home's expectation is that the staff member administering the medication remains with the residents while the resident takes all medications. [s. 8. (1)]

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 the plan policy, protocol, procedure, strategy or system is in compliance with all applicable requirements under the Act and is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that, (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents; O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents as evidenced by;

On July 24, 2014, a tour of the home revealed 10/32 (31.25%) residents had a supply of clean linen for the use of resident personal peri care.

Observations of 4 linen closets revealed 0/4(0%) had a supply of clean linen for the use of resident personal peri care.

Interviews with 5 staff members revealed 5/5 (100%) have difficulties to find clean linen for the use of resident personal peri care on every shift.

Interviews with 2 staff confirmed it is known that there are inadequate clean linens for the use of resident personal peri care on every shift.

Management and the staff confirmed it is the expectation that they supply each home area with 48 clean peri care cloths twice per day, however due to the limited number available, the staff can only provide 10-15 clean peri cloths to each home area twice per day. [s. 89. (1) (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 a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs



Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
 - (i) that is used exclusively for drugs and drug-related supplies,
 - (ii) that is secure and locked,
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).
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Findings/Faits saillants :

1. The licensee failed to ensure drugs are stored in an area or a medication cart that is secure and locked as evidenced by;

A medication cart was observed to be open and unattended in a home area.

The Registered Nursing Staff confirmed the medication cart was open and unattended and it is the home's expectation that the medication cart is kept secure and locked. [s. 129. (1) (a) (ii)]

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 drugs are stored in an area or a medication cart that is secure and locked, to be implemented voluntarily.



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**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**

Issued on this 27th day of August, 2014

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