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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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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
Mar 22, 2022	2022_991214_0004	011827-21, 013476-21, 015620-21, 019804-21	Critical Incident System

Licensee/Titulaire de permis

859530 Ontario Inc. (operating as Jarlette Health Services)
c/o Jarlette Health Services 711 Yonge Street Midland ON L4R 2E1

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

Royal Rose Place
635 Prince Charles Drive North Welland ON L3C 0C7

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

CATHY FEDIASH (214), GILLIAN HUNTER (130)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 24, 25, 28, March 1, 2, 3, 7, 8, 9, 10, and 11, 2022.

This inspection was conducted concurrently with complaint inspection #2022_991214_0003 and Follow up inspection #2022_991214_0005.

The following intakes were conducted during this Critical Incident System (CIS) inspection:

011827-21- related to staff to resident alleged neglect.

013476-21- related to alleged improper care.

015620-21- related to falls prevention and management.

019804-21- related to staff to resident alleged neglect.

During the course of the inspection, the inspector(s) spoke with the acting Administrator, Director of Care (DOC), Co-Director of Care (Co-DOC), Corporate Nursing Consultant, Infection Prevention and Control (IPAC) Coordinator, registered nurses (RN), registered practical nurses (RPN), personal support workers (PSWs), and residents.

During the course of the inspection, the inspector(s) reviewed relevant records, including but not limited to clinical health records, electronic reports, policies and procedures,home's investigative records, toured the home and observed the provision of care.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control
Medication
Prevention of Abuse, Neglect and Retaliation

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

- **3 WN(s)**
- **3 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	Légende 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. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
9. Disease diagnosis. O. Reg. 79/10, s. 26 (3).

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that a resident's plan of care was based on, at a minimum, an interdisciplinary assessment with respect to the resident's disease diagnosis.

The resident had a diagnoses and was receiving a drug. It was confirmed that after their diagnosis was made, there was no referral or assessment by the Registered Dietitian (RD) until approximately three months later.

The care plan in relation to their diagnoses, had not been developed until approximately three months later.

There was a risk of harm when assessment of the resident was not interdisciplinary and the planned care of the resident did not include interventions to manage their diagnosis.

Sources: critical incident system (CIS) report, resident care plan, progress notes, electronic clinical records, home's internal investigation records, interview with DOC and other staff. [s. 26. (3) 9.]

2. The licensee failed to ensure that a resident's plan of care was based on an interdisciplinary assessment for risk of falls.

The resident had a fall that resulted in a significant change in their health status.

The licensee’s falls policy indicated registered staff were to screen residents for fall risk who had a significant change in their health status and identified a specified way to conduct this.

The resident’s care plan following this incident, identified them with a risk level for falling. Assessments completed for the significant change in status had not identified the resident with the same risk level.

Interviews with staff indicated the home had identified issues using their current method for screening residents for fall risk as it was not a validated assessment that provided structure in assessing a specified risk level and were in the process of developing a new assessment. They confirmed the plan of care had not been based on an assessment for risk of falls.

When the plan of care is not based on a interdisciplinary assessment, there is a potential risk of not implementing fall interventions based on the resident’s level of risk and minimizing further harm occurring to the resident.

Sources: CIS report, resident progress notes, care plan, assessments, licensee Fall Prevention and Management policy (revised May 7, 2019), and interviews with the DOC, Corporate Nursing Consultant, and other staff. [s. 26. (3) 10.]

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 plan of care is based on, at a minimum, interdisciplinary assessment with respect to the resident's disease diagnosis and risk of falls, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that a post-fall assessment, using a clinically appropriate assessment instrument, specifically designed for falls, was conducted for a resident.

The resident had a fall that resulted in a significant change in their health status.

The licensee's falls policy indicated registered staff were to conduct a post fall assessment, using a specified assessment tool.

Review of the resident's post fall assessment indicated no documentation had been entered for any of the questions in the assessment.

Staff interviewed confirmed the post fall assessment was not completed and that the home was in the process of developing a new assessment.

When an assessment instrument, specifically designed for falls, is not conducted or is not clinically appropriate, there is a potential risk for further harm as key indicators including factors that may have contributed to the fall may be missed including interventions to manage future falls.

Sources: CIS report, resident progress notes, assessments, licensee Fall Prevention and Management policy (revised May 7, 2019) and interviews with the DOC and Corporate Nursing Consultant. [s. 49. (2)]

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 when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes
Every licensee of a long-term care home shall ensure that,
(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;
(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and
(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Findings/Faits saillants :

1. The licensee failed to ensure that when residents were taking a High-Alert Medication, that there was monitoring and documentation of their response and the effectiveness of the drug appropriate to the risk level of the drug.

The Institute For Safe Medication Practices (ISMP) identifies specified drugs as High-Alert Medications that bear a heightened risk of causing significant harm when they are used in error. A related pharmacy policy indicated these specified drugs would be labelled with a high-alert label on the medication strips. Residents prescribed these drugs should be monitored for specified signs and symptoms and should also receive specified testing.

A) A resident had a diagnoses and was prescribed a high-alert drug. Approximately ten weeks later, the resident had a change in their health status. An identified test was not conducted until five hours later, at the request of their Power of Attorney (POA). The test results were abnormal. Their plan of care identified and staff confirmed, there had been no routine monitoring since the resident was prescribed the high-alert drug, approximately ten weeks prior.

There was a risk of harm to the resident when staff failed to monitor and document the resident's response and the effectiveness of a high alert drug.

B) A resident had a diagnoses and had been prescribed two high-alert drugs, when admitted to the home. Staff confirmed there had been no order for specified testing until approximately one month following the resident's admission. Clinical records indicated there had been no testing and monitoring of the resident in relation to the high-alert drugs they were taking from the time of their admission. The resident's medication strips were reviewed and neither high-alert drug had been labelled as per the pharmacy's policy. Staff confirmed that residents who were prescribed these drugs, did not receive routine specified testing and monitoring.

There was a risk of harm to the resident when staff failed to monitor and document the resident's response and the effectiveness of a high alert drug.

Sources: CIS report, resident care plans, clinical records, progress notes, investigation file, the licensee's High Alert Medication policy (#8.3, revised March 2020, v.2.9), and an interview with DOC, IPAC Coordinator, and other staff. [s. 134. (a)]

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 when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs, to be implemented voluntarily.

Issued on this 4th day of April, 2022

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

Original report signed by the inspector.