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

Ottawa District
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Original Public Report

Report Issue Date: November 22, 2023	
Inspection Number: 2023-1488-0006	
Inspection Type: Critical Incident	
Licensee: Centre d'Accueil Roger Seguin	
Long Term Care Home and City: Centre d'Accueil Roger Seguin, Clarence Creek	
Lead Inspector Maryse Lapensee (000727)	**Inspector Digital Signature** Maryse C Lapensee Digitally signed by Maryse C Lapensee Date: 2023.11.27 09:58:37 -05'00'
Additional Inspector(s) Manon Nighbor (755)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 8, 9, 10, 14, 2023

The following intakes were completed in this Critical Incident (CI) inspection:
Intake #00095085 - related to fall with injury
Intake #00098882 - related to fall with injury
Intake #00098451 - related to a verbal complaint about improper care
Intake #00100299 - related to an unexpected death

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

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

INSPECTION RESULTS

WRITTEN NOTIFICATION: Pain management

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.

The licensee has failed to ensure the pain management program must, at a minimum, provide monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

Rationale and Summary
In the month of October 2023, a resident had a fall and sustained an injury. The resident returned to the home several days later, after a surgical intervention.

Upon the resident's return, a pain evaluation form was initiated. The resident's pain evaluations were not documented on three shifts and several additional hours in October.
During an interview on November 14, 2023, a registered staff member explained that the Pain Evaluation form needs to be completed in order for the Registered Nurse (RN) to assess the resident's pain, permitting the RN to determine when they are required to contact the physician.

A controlled substance was prescribed every six hours as needed for moderate to severe pain. In October 2023, a progress note indicated that the resident's pain level was 10/10 and as prescribed, they were administered the controlled substance for their pain. There was no pain evaluation documented to assess if the controlled substance was effective in the progress notes and the hourly Pain Evaluation form did not capture the resident's pain that day, the documentation indicated the resident had zero pain, the entire 24 hours.

On a specific evening in October, the resident fell and complained of pain. The resident's progress notes indicated that they received the controlled substance for their pain. The electronic Medication Administration Record (EMAR) indicated that, the only controlled substance administered that day was in the morning. The resident's pain was not captured on the hourly Pain Evaluation form, the documentation indicated the resident had zero pain, that evening. The resident's controlled substance inventory list indicated the controlled substance was administered earlier, on the day shift.
On November 14, 2023, a Registered staff member confirmed that the only controlled substance recorded in the EMAR, was in the morning that day.

As such, the lack of consistent and concise pain monitoring and pain medication effectiveness

assessment documentation, may have potentially affected the resident's pain management.

Sources: Progress notes, EMAR, Pain Evaluation form, resident's controlled substance inventory form, medication orders and interview with staff member.
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WRITTEN NOTIFICATION: Medication management system

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

The licensee has failed to ensure the medication management system written policies and protocols developed were implemented, in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Rationale and Summary
In the month of October 2023, a resident had a fall and sustained an injury. The resident returned to the home several days later, after a surgical intervention.

The resident was prescribed pain medication every six hours. There were several doses, in October 2023, that were not documented in the electronic Medication Administration Record (EMAR).
On November 14, 2023, a Registered staff member confirmed the pain medication was not ordered as needed and should have been documented in the EMAR.

A controlled substance was prescribed every six hours as needed for moderate to severe pain. On a specific evening in October 2023, the resident fell and complained of pain, the resident's progress notes indicated that they received the controlled substance for their pain. The EMAR indicated the controlled substance was only administered, in the morning, that day.
On November 14, 2023, a Registered staff member confirmed that on that specific day, the only controlled substance administration recorded in the EMAR, was in the morning.

On a specific day in October, an antibiotic was prescribed, three times daily, for five days, to treat the resident's suspected, infected surgical site. During the course of the antibiotic treatment, there were multiple doses that were not documented in the EMAR.
On November 14, 2023, a Registered staff member stated that they did not document the administration of three antibiotic doses.

As such, not documenting the administration of several medications, may have potentially impacted the resident's healing process and their pain management. It also increased the risk of medication management errors since the medications' administration could not be confirmed in the EMAR.

Sources: progress notes, Pain Evaluation form, EMAR, resident's controlled substance inventory form, medication orders and interviews with staff members.
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