



**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**

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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
Dec 20, 2016	2016_263524_0041	031071-16	Resident Quality Inspection

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell London Long Term Care Residence
2000 Blackwater Road LONDON ON N5X 4K6

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

INA REYNOLDS (524), CAROLEE MILLINER (144), HELENE DESABRAIS (615)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 9, 12, 13, 15, 2016.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Registered Dietitian, three Registered Nurses, three Registered Practical Nurses, three Personal Support Workers, one Dietary Aide, the Residents' Council Representative, 20 residents and three family members.

The inspector(s) also conducted a tour of the home, observed care and activities provided to residents, medication administration, a medication storage area, resident/staff interactions, infection prevention and control practices, reviewed clinical records and plans of care for identified residents, postings of required information, minutes of meetings related to the inspection and policies and procedures of the home, and observed the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Residents' Council
Skin and Wound Care**

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

4 WN(s)

4 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. 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 has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

During review of the home's emergency stock medications and emergency stock inventory form with a Registered Nurse (RN) on a specific date, it was observed that the medication inventory form included that there should have been ten vials of morphine 15 milligrams per milliliter (mg/ml) in the emergency stock section of the medication cart. The Inspector and RN further observed that eight vials of morphine 15 mg/ml vials were present in the emergency stock section of the medication cart.

The RN reviewed the emergency stock drug replacement binder forms and advised there was not a record indicating that morphine 15 mg/ml vial doses had been reordered. The RN also advised that the 15 mg/ml vials of morphine were rarely used in the home.

The homes' policy titled Emergency Pharmacy Services - Emergency Box, last reviewed June 23, 2014, provided the following direction to register staff:

"Once a drug is removed from the Emergency Drug Box nursing staff must fill out the Emergency Medication Replacement Form (Refer to 07-10-15) or affix the reorder label to the Medication Reorder Sheet and fax it to the pharmacy so that the item used is accounted for and is replaced. For narcotics used from the Emergency Drug Box, Pharmacy will ensure the appropriate narcotic count sheet is prepared and completed."

The homes' policy titled Emergency Drug Box, last reviewed November 2014, provided the following directives to registered staff:

"Registered staff are responsible to re-order drugs used from the emergency drug supply or emergency narcotic drug supply."



“Registered Staff needing medication from the box will complete the log for the emergency drug box indicating what was removed, quantity of what was removed, who it was removed for, etc. All areas of the form are to be completed. The home will use the log sheet from the contracted pharmacy for tracking emergency box medication usage.”
“Following administration of the medication, Registered Staff are responsible for re-ordering the medication for the emergency drug box in keeping with contracted pharmacy process.”

On December 13, 2016, the Director of Care (DOC) contacted the home’s pharmacy provider who told them that their December 5, 2016 audit of emergency stock medications did not include emergency stock narcotic medications. The DOC provided a print out of the pharmacies December 5, 2016 emergency stock medication audit that revealed emergency stock narcotic medications were not reviewed with the December 5, 2016 pharmacy audit.

On December 15, 2016, the home’s emergency stock drug replacement binder forms were reviewed by the Inspector and RN for the period of March 8, 2016 to December 10, 2016. Morphine 15 mg/ml had not been reordered during that period. The RN stated that injectable morphine from the home’s emergency stock was rarely used.

On December 15, 2016, the DOC further advised the Inspector that the home’s pharmacy provider shared that morphine 15 mg/ml had not been used by registered staff from the narcotic emergency stock location since 2015 and that the inventory count for morphine 15 mg/ml had been consistent since that time.

The DOC stated they would initiate the process to eliminate injectable morphine from the emergency stock medication storage and inventory list and acknowledged that the home's emergency stock medication policies had not been followed and was in non-compliance with Ministry regulations. [s. 8. (1) (b)]



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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 that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

**WN #2: 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:**

**15. Skin condition, including altered skin integrity and foot conditions. O. Reg.
79/10, s. 26 (3).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the plan of care was based on an interdisciplinary assessment with respect to the resident's skin condition, altered skin integrity and foot conditions.

A resident was identified as being at nutritional risk with altered skin integrity.

The Registered Practical Nurse (RPN) stated the resident had altered skin integrity for an approximate period of time.

Review of the resident's clinical record revealed that on a identified date, a Registered Dietitian (RD) completed a progress note acknowledging the resident had altered skin integrity. On the same date, the RD completed a Nutrition and Hydration Risk Assessment tool for the resident and did not include in the assessment that the resident had altered skin integrity.

The RD on interview, acknowledged that the omission of the resident's altered skin integrity from the Nutrition and Hydration risk assessment was an oversight on their part and that it should have been included in the assessment. [s. 26. (3) 15.]

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 of care is based on an interdisciplinary assessment with respect to the resident's skin condition, altered skin integrity and foot conditions, to be implemented voluntarily.

WN #3: 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 a resident exhibiting altered skin integrity, including pressure ulcers, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Review of the clinical record for an identified resident revealed the resident had received treatment for altered skin integrity since a specific period of time. Continued review of the resident's clinical record revealed that the resident's altered skin integrity was not assessed by a member of the registered staff on multiple identified occasions.

A Registered Nurse (RN) advised an Inspector on December 12, 2016, that weekly nursing assessments for the resident were not completed on multiple occasions. The RN also advised the Inspector that the home's expectation would be that resident's altered skin integrity were assessed every week, that the skin care nurse came to the home every week and that when the skin care nurse was not available, an RN completed the assessment.

The DOC expressed their expectation that a resident exhibiting altered skin integrity, including pressure ulcers would be assessed weekly by a member of the register staff. [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 that a resident exhibiting altered skin integrity, including pressure ulcers, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

WN #4: 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. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).

Findings/Faits saillants :



1. The licensee has failed to ensure that that no resident administers a drug to himself or herself unless the administration had been approved by the prescriber in consultation with the resident.

During observation of medication administration on a specific dated, the Inspector asked a Registered Practical Nurse (RPN) if residents were permitted to keep medications at their bedside for self administration. The RPN responded that an identified resident's medications were left with the resident each day at a designated time and that they believed there was a physician's order providing consent for this practice. The RPN advised the resident self administers the medications before a specific time. The RPN and Inspector reviewed the clinical record for the resident and were unable to confirm a physician's order had been documented permitting medications to be left at the resident's bedside for self-administration.

The resident on interview, confirmed their medications had been left at a designated location each day at their request for self-administration.

The DOC acknowledged their awareness of the legislation related to leaving medication with a resident for self-administration and said the home would ask the resident's physician to write the order for the resident to have their medication left at a designated location within a specific time frame. [s. 131. (5)]

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 that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident, to be implemented voluntarily.



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Issued on this 20th day of December, 2016

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

Original report signed by the inspector.