

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****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**Central East Service Area Office
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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
Jan 6, 2021	2020_640601_0023	019342-20, 021928- 20, 022009-20, 022598-20, 022628- 20, 022777-20, 023111-20, 024458-20	Complaint

Licensee/Titulaire de permisCrown Ridge Health Care Services Inc.
106 Crown Street Trenton ON K8V 6R3**Long-Term Care Home/Foyer de soins de longue durée**Crown Ridge Place
106 Crown Street Trenton ON K8V 6R3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

KARYN WOOD (601)

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): Dates of inspection:
December 7, 8, 9, 10, 11, 14, 15, and 16, 2020.**

The following intakes were completed in this Complaint Inspection:

Eight logs related to the same allegations of staff to resident abuse and care concerns.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Nurse Practitioner (NP), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), and residents.

The inspector also reviewed the licensee's internal investigations, resident health care records, applicable policies, observed the delivery of resident care and services, including staff to resident interactions.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

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

1 WN(s)

1 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>Légende</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. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident was assessed using a clinically appropriate assessment when they were exhibiting pain that was not relieved by the initial intervention.

A resident reported intermittent pain prior to receiving a procedure. The resident received routine and as needed medication to manage their pain.

Registered staff documented in the resident's electronic Medication Administration Record (e-MAR) that the resident had a pain score for three consecutive days. The resident received as needed pain medication twice on two days, and three times on one day, and once on another day. The resident's as needed pain medication was documented as ineffective on three days.

The RPN and RN indicated the numerical pain score and the effectiveness of the pain medication administered to the resident was documented in the resident's e-MAR. They further indicated that a pain score of zero was no pain and a score of ten was worst possible pain. The RPN and RN indicated they did not complete the Pain Assessment Tool or Pain Flow Sheet for the resident. The Administrator and DON confirmed the resident's pain had been assessed using the numerical pain score in the resident's e-MAR and the Pain Assessment Tool or Pain Flow Sheet had not been completed.

The NP indicated they were not aware the resident's pain was not relieved by their prescribed pain medication.

The Pain Assessment Tool or Pain Flow Sheet were not completed and the physician or NP were not notified the resident was experiencing pain, as directed in the licensee's Pain and Symptom Management Program policy. There was actual risk that the resident pain was not managed when registered staff did not complete a clinically appropriate pain assessment or notify the physician or NP that the resident's prescribed pain medication was not effective to manage the resident's pain.

Sources: Pain and Symptom Management Program policy, a resident progress notes, e-MAR and interviews with RPN, RN, NP, DON, and the Administrator. [s. 52. (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 ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

Issued on this 8th day of January, 2021

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

Original report signed by the inspector.