

**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**

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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 7, 2022	2022_974670_0005	003626-22	Proactive Compliance Inspection

Licensee/Titulaire de permis

The Corporation of the City of London
355 Wellington St, 2nd Floor, Suit 248 London ON N6A 3N7

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

Dearness Home for Senior Citizens
710 Southdale Road East London ON N6E 1R8

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

DEBRA CHURCHER (670), CASSANDRA TAYLOR (725)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Proactive Compliance Inspection.

This inspection was conducted on the following date(s): February 28, March 1, 2, 3, 4, 2022.

The purpose of this inspection was to inspect Log# 003626-22 Proactive Compliance Inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Manager of Environmental Services, the Manager of Dietary Services, one Dietitian, the Manager of Community Life, one Administrative Assistant, two Assistant Directors of Care, one Maintenance Worker, three Housekeeping Aides, two Food Service Workers, six Personal Support Workers, four Registered Practical Nurses, one Registered Nurse and residents.

During the course of this inspection the Inspectors observed the overall cleanliness and maintenance of the home, observed staff to resident interactions, observed the provision of care, observed a medication administration, observed a meal service, observed the infection prevention and control practices in the home, reviewed relevant clinical records, reviewed relevant internal documentation and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
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>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. 73. Dining and snack service**Specifically failed to comply with the following:**

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that food service workers and other staff assisting resident #001 were aware of the residents' diet, special needs and preferences.

Review of resident #001's diet order in Point Click Care (PCC) and chart showed the resident was to be on a specific diet, texture and restrictions.

Review of the diet sheet and the snack service sheet did not provide directions about the required restrictions.

Food Service Worker (FSW) #113 stated that they would use the diet sheet at meals and this was the tool that they would use to know a resident's diet, texture, fluid consistency and any restrictions.

Personal Support Worker (PSW) #117 acknowledged that they would serve the residents their snacks and fluids from the snack cart. PSW #117 stated that they were not familiar with resident #001 and were not aware of any restrictions. PSW #117 stated that they would use the snack service sheet to ensure they were providing the correct items.

The homes failure to ensure that there was a process in place for staff to be aware of resident #001's dietary restrictions placed the resident at risk of potentially receiving an item that could complicate and existing medical condition.

Sources: Resident #001's electronic and paper chart, diet sheets, snack service sheets, interview with FSW #113 and interview with PSW #117. [s. 73. (1) 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 there is a process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The licensee has failed to ensure that hazardous substances were kept inaccessible to residents.

During an observation of the Birch Walk unit on February 28, 2022, at approximately 1230 hours, Inspector #725 observed a large bottle of Eternity Floor Finish, left on the floor outside of a residents' room, unattended. The bottle had a lid; however the lid was easily removed and did not have a protective seal.

Inspector #725 spoke with a housekeeping staff member that was cleaning a nearby residents' room. Housekeeping staff #111 indicated that all chemical or cleaners should be locked away if not in use. The Manager of Environmental Services (MES) #105, also confirmed that the bottle of Eternity Floor Finish should not have been left unattended and should have been locked away if not in use.

The homes policy, document number; HL-05-01-06; stated in part "carts have a cabinet with a functioning lock. Chemicals are locked in the cabinet when the cart is not attended by staff".

Not ensuring that hazardous substances were secured away when not in use, posed a potential risk for residents to have accessed the hazardous substances potentially causing harm.

Sources: Inspector observation, Staff interviews with housekeeping staff #111 and MES #105 and the homes policy. [s. 91.]

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 all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times, 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).**

Findings/Faits saillants :

1. The Licensee has failed to ensure that drugs were stored in a secure area or medication cart.

During an observation of the Walnut unit on February 28, 2022, at 1139 hours, Inspector #725 noticed two NovoRapid Flex Touch pens left on the top of an unattended medication cart. Both pens were dialed for administration, one pen was dialed to 6 units and the other pen was dialed to 14 units.

A staff member was found which happened to be the ADOC. ADOC #107 confirmed that the insulin pens were dialed for administrator and should not have been, until ready to administer. The ADOC also confirmed that the pens should not been left out on the top of the unattended medication cart.

Not securing medications in a locked medication cart posed a potential risk for residents to access medications not intended for them.

Sources: Inspector observation and staff interview with ADOC #107. [s. 129. (1) (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 drugs are stored in a secure area or a medication cart, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (3) The drugs must be destroyed by a team acting together and composed of,

(b) in every other case,

(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and

(ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 79/10, s. 136 (3).

Findings/Faits saillants :

1. The Licensee has failed to ensure that when a drug that is not a controlled substance must be destroyed, is done with one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and (ii) one other staff member appointed by the Director of Nursing and Personal Care.

During interviews with Registered Practical Nurse's (RPN) #109, #112, #125 and Assistant Director of Care (ADOC) #107, all indicated that non-controlled substances would be placed into the destruction bin on the unit, by one individual nurse. The homes Policy titled; Ordering, Receiving, Recycling and Destructions; stated, "non controlled to be destroyed in a team of two appointed by the DOC". The Director of Care (DOC) confirmed that the practise should be that the nurse has a partner when destroying non-controlled substances.

Failure to ensure non-controlled substances were destroyed by a member of the registered staff and one other staff member posed a potential risk of medication misappropriation.

Sources: Staff interviews with RPNs #109, #112, #125, ADOC #107 and DOC and the homes medication policy. [s. 136. (3) (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 when a drug is not a controlled substance, the drugs must be destroyed by a team acting together and composed of, one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and one other staff member appointed by the Director of Nursing and Personal Care, to be implemented voluntarily.

Issued on this 7th day of March, 2022

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

Original report signed by the inspector.