



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 12, 2015	2015_303563_0003	L-001770-15	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF ELGIN MUNICIPAL HOMES
39262 Fingal Line RR #1 ST. THOMAS ON N5P 3S5

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

ELGIN MANOR
39262 FINGAL LINE R. R. #1 ST. THOMAS ON N5P 3S5

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

MELANIE NORTHEY (563), INA REYNOLDS (524), RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 2-6, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care, one Dietary Aide, 4 Registered Practical Nurses, one Registered Nurse, one Social Worker, the Ward Clerk, the Social Worker, 8 Personal Support Workers, 40 Residents and 3 family members.

The inspectors also conducted a tour of the home and made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Inspector(s) observed meal and snack service, medication administration and drug storage areas, resident/staff interactions, infection prevention and control practices, the posting of Ministry information and inspection reports and the general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Dining Observation

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Reporting and Complaints

Residents' Council

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

5 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 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 are stored in an area or a medication cart that complies with manufacturer's instructions for the storage of the drugs.

On February 3, 2015, a half used, unlabeled jar of petroleum jelly with an expiry date of 2014/11 was found in the Orchard Grove spa room and a half used, unlabeled bottle of mouthwash with an expiry date of 2014/03/25 was found in the Orchard Grove shower room. Staff interview with a Personal Support Worker (PSW) confirmed these items should not be used past the expiry dates and should not be in the spa/shower room.

On February 3, 2015, 2 half used, unlabeled jars of petroleum jelly with expiry dates of 2014/02 were found in the Garden Grove spa room and a half used, unlabeled jar of petroleum jelly with an expiry date of 2014/02 was found in the Garden Grove shower room. Staff interview with a PSW confirmed these items should not be used past the expiry dates and should not be in the spa/shower room.

On February 5, 2015, an open bottle of Soflax was found in the medication cart with an expiry date of December 2014. A Registered Practical Nurse confirmed that this medication was past its expiry date, should not be used and should not be in the medication cart.

On February 5, 2015, 2 unopened bottles of Soflax were found in the medication supply room both with expiry dates of December 2014. The Manager of Resident Care confirmed that this medication was past its expiry date, should not be used and should not be in the medication supply room.

Interview with the Manager of Resident Care confirmed that staff should be checking expiry dates for medications and topicals prior to use and that someone should be checking supplies monthly for expiry dates and removing items past their expiry dates. [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 an area or a medication cart that complies with manufacturer's instructions for the storage of the drugs, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.

2. Access to these areas shall be restricted to,

- i. persons who may dispense, prescribe or administer drugs in the home, and**
- ii. the Administrator.**

3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :



1. The licensee has failed to ensure that all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator.

The Ward Clerk confirmed that she is not registered nursing staff and that she checks, orders, receives and puts away the government stock medication and that she has a key to the room this medication is stored.

The Manager of Resident Care (MRC) confirmed that the Ward Clerk checks, orders, receives and puts away the government stock medication and has a key to the room this medication is stored. MRC confirmed that non-registered staff are not permitted to administer medications. [s. 130. 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 all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

Observation of Spa Room A138 during the initial tour on February 3, 2014 at 0945 hours revealed 4 used and unlabeled hair brushes, 5 used and unlabeled combs, a tube of lipstick, an unlabeled tooth brush, a used razor and an unlabeled used nail clipper. A PSW confirmed that residents' personal hygiene items should not be left in the Spa Room and the items were removed. [s. 229. (4)]

2. Observations in the Orchard Grove spa and shower room during the initial tour on February 3, 2015 revealed:

- 1 half used, unlabeled jar of petroleum jelly
- 1 half used, unlabeled jar of vitarub
- 1 half used, unlabeled jar of infazinc
- 1 used stick deodorant
- 1 half used, unlabeled bottle mouthwash
- 1 used, unlabeled comb with hair in it

Observations in the Garden Grove spa and shower room during the initial tour on February 3, 2015 revealed 4 half used, unlabeled jars of petroleum jelly.

Staff interview with a PSW confirmed it is an infection control hazard and personal care items should be labeled and used individually for residents, not for multiple/communal use.

Staff interview with the Manager Resident Care on February 5, 2015 confirmed that jars of petroleum jelly, vitarub, zinc, mouthwash and combs should not be used communally, they should be labeled with resident names and used individually. [s. 229. (4)]

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident.

A record review of the most recent quarterly review Minimum Data Set (MDS) Assessment for Resident # 21 under the continence section revealed that the resident is incontinent of bladder and uses briefs or pads. However, the plan of care for this resident identifies that the resident as continent of bowel and bladder.

Record review of the Point of Care Task Flow Sheet for Bladder Continence and staff interview with a PSW confirmed the resident is incontinent of bladder and uses briefs.

Interview with the Manager of Resident Care confirmed that the written plan of care did not set out clear direction to staff and others who provide direct care to the resident in relation to continence care. [s. 6. (1) (c)]

**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31.
Restraining by physical devices**

Specifically failed to comply with the following:

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:

- 1. There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained. 2007, c. 8, s. 31 (2).**
- 2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1. 2007, c. 8, s. 31 (2).**
- 3. The method of restraining is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable methods that would be effective to address the risk referred to in paragraph 1. 2007, c. 8, s. 31 (2).**
- 4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining. 2007, c. 8, s. 31 (2).**
- 5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 31 (2).**
- 6. The plan of care provides for everything required under subsection (3). 2007, c. 8, s. 31 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied: Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to address the risk, a physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining and the restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.

Observation of Resident # 44 revealed restraints were in use.

Record review of the Annual MDS Assessment (RAPs) for this resident revealed more than one different type of restraint. Record review of the current care plan also revealed this resident uses more than one different type of restraint.



Record review of the "Consent and Information Form for Use of Restraints" revealed only one type of restraint in use for this resident.

Record review of "Physician's Order Review" revealed there was no order for the use of one of the restraints in use for this resident.

Record review of the Assessments in Point Click Care for Resident # 44 revealed an "Alternative to Physical (PASD) Restraints" Assessment and an "Initial Assessment for the Use of Physical Restraint" was not completed.

Staff interview with the Manager of Resident (MRC) Care confirmed Resident # 44 uses more than one different type of restraint. The MRC confirmed there was no order or consent for one of the restraints and confirmed any resident using a restraint/PASD should have an "Alternative to Physical (PASD) Restraints" Assessment and "Initial Assessment for the Use of Physical Restraint" completed. [s. 31. (2)]

2. Observations throughout the inspection revealed Resident # 4 uses more than one different type of restraint.

Record review for Resident # 4 revealed the Point of Care documentation indicated Resident # 4 uses more than one different type of restraint.

Record review for Resident # 4 revealed there was not a consent, a physician's order and a restraint assessment for one type of restraint this resident's uses.

Staff interview with the Manager of Resident Care confirmed Resident # 4 uses more than one different type of restraint. MRC confirmed it is the home's expectation that there should be a consent, a physician's order and a restraint assessment for all restraints for Resident # 4 and they were not in place. [s. 31. (2)]



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Issued on this 12th day of February, 2015

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

Original report signed by the inspector.