Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

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

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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
Mar 27, 2014	2014_225126_0009	O-000194-14	Resident Quality Inspection

Licensee/Titulaire de permis

NEW ORCHARD LODGE LIMITED
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE NEW ORCHARD LODGE
99 NEW ORCHARD AVENUE, OTTAWA, ON, K2B-5E6

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

LINDA HARKINS (126), ANGELE ALBERT-RITCHIE (545), RUZICA SUBOTIC-HOWELL (548)

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): March 16-21 and 24-25, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care(DOC), the Assistant Director of Care (ADOC), the Food Services Manager, the Environmental Services Manager, the Residents Program Manager, several Registered Nurses(RN), several Registered Practical Nurses(RPN), several Personal Support Workers(PSW), Resident Assessment Instrument(RAI) Coordinator, two Activity Aids, one Physiotherapist, the President of the Resident Council, several residents and family members.

During the course of the inspection, the inspector(s) reviewed several resident health care records, several policies such as: About Your Pharmacy Service, Section 2, Emergency Starter Box, Policy: 2-4, Odor: HKLD-05-03-08, Odor Control Monitoring Tool: HKLD-05-03-08, Physical Restraint: RESI-10-01-01, Consent for Restraint Use : RESI-10-01-03, Physical Restraint Monitoring: RESI-10-01-04 and the Personal Assistance Service Devices: RESI-10-01-06, reviewied the Resident Council Minutes and observed care and services provided to residents.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Food Quality
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Recreation and Social Activities
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:
3. That the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose. O. Reg. 79/10, s. 110 (2).

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
6. All assessment, reassessment and monitoring, including the resident's response. O. Reg. 79/10, s. 110 (7).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg 110. (2) 3. in that the licensee did not monitored resident #8391 while restrained by a table top, at least every hour while restrained by a member of the registered nursing staff , or by another member of the staff as authorized by the registered nursing staff.

On March 17-21, 2014, it was observed that resident #8391 was sitting in a wheel chair with a table top between meals. Resident #8391 was capable of moving both arms.

Inspector #126 discussed with registered nursing staff S #124 and she stated that she was aware that Resident #8391 had a table top, that the chair was tilted for positioning and that full bed rails were applied when resident was in bed. She also indicated that the monitoring, the application, the removal and the repositioning was done by the Personal Support Worker (PSW) in Point of Care (POC).

Discussion with personal support worker staff S #126 indicated that restraints are monitored in POC.

POLICY RES-10-010-01 (Physical Restraint) was reviewed by Inspector #126 and requires Care Staff to "Ensure the restraint record is completed with hourly safety checks and two hourly position changes which requires the release of the restraint

and documented on the restraint record or in e-documentation (i.e. Point of Care (POC) tablet task)".

Resident #8391's POC was reviewed for the period of January 2014 to March 21, 2014 and did not include the monitoring of the table top as a restraint. Also, it does not always include hourly checks and two hourly positioning of the resident in the documentation as per policy requirement. [s. 110. (2) 3.]

2. The licensee failed to comply with O. Reg s.110. (7) 6 in that the licensee did not ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that all assessment, reassessment and monitoring , including resident's response are documented.

In accordance with LTCHA 2007, s. 31 (1) a resident may be restrained by a physical device if the restraining of the device is included in the resident's plan of care with respect to a resident who is restrained under s. 31 of the Act, requirement described in s. 110. (2)6, the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances. O. Reg. 79/10, s. 110 (2).

Discussion held on March 21, 2014 with registered nursing staff S #124 and registered staff S #108, stated that the registered nursing staff does not document the reassessment, the monitoring , including resident's response anywhere in the resident health care record.

Resident #8391 and resident #8371 health care record's were reviewed and no documentation was found in relation to the reassessment, the monitoring , including resident's response to the application of the physical devices. [s. 110. (7) 6.]

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 use of a physical device to restrain a resident is documented including, all assessment, reassessment and monitoring, including the resident's response, to be implemented voluntarily.

WN #2: 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 comply with O.Reg 79/10, s. 8. (1) (b) 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 to be complied with, in that the home failed to ensure compliance with the following policy: About Your Pharmacy Service, Section 2, Emergency Starter Box, Policy: 2-4.

As per O.Reg 79/10, s. 123 (b), every licensee of a long-term care home who maintains an emergency drug supply for the home shall ensure that a written policy is in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply and tracking and documentation with respect to the drugs maintained in the supply.

The home's policy "Emergency Starter Box, Policy: 2-4, under Section 2: About Your Pharmacy Service, bullet 3 requires that the "Contents of the Emergency Starter Box

(ESB) must match the inventory monitoring sheet. All packs must be accounted for".

Review of the 2nd floor Emergency Starter Box (ESB) on March 21, 2014, the inspector observed two inventory monitoring lists located in the ESB; one was hand-written while the other was typed. The contents of the ESB did not match either inventory monitoring lists:

The typed inventory monitoring list (approved January 2013, Professional Advisory Committee(PAC)) did not match the content of the ESB:
• Cefuroxime 250mg - 12 tablets in ESB while the inventory monitoring list indicated there should be 16 tablets
• Amoxicillin 500mg – none in ESB, while the inventory monitoring list indicated there should be 16 tablets
• Dex-4 Glucose org tab (expired June 2013), 2 packages in the ESB – while the inventory monitoring list did not indicate that there should have been any
• Vitamin K inj. 10mg/ml – 1 vial in the ESB, while the inventory monitoring list did not indicate that there should have been one

In an interview with Registered Staff S#107 on March 21, 2014, she indicated that the pharmacist checks the contents monthly and updates the ESB.

In an interview with the ADOC on March 24th, 2014 she indicated that it was her responsibility to monitor the contents of the ESB and to ensure that the contents match the inventory monitoring list. She indicated that the policy found in the ESB had also expired; she replaced it with the January 2014 revised policy. The ADOC ordered the missing medications and discarded the Dex-4 Glucose org tab as both packages had expired and because a Glucagon kit was available in the ESB. [s. 8. (1)]

2. As per O.Reg 79/10 s. 136 (1) (a) every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of all expired drugs;

The Home's policy "Emergency Starter Box, Policy: 2-4, under Section 2: About Your Pharmacy, bullet 3 under Procedure requires the Home to "Check medication for expiry date".

On March 21, 2014 in an observation of the Emergency Drug Box located in the

Medication Room of the first floor in the home, the following two medications had expired: two tubes of Insta-glucose liquid had an expiry date of February 2014, and two packages of Dex-4 Glucose org tabs had an expiry date of June 2013.

In an interview with the Assistant Director of Care on March 21, 2014 she indicated that both drugs found in the Emergency Drug Box were expired and that they should have been replaced. [s. 8. (1)]

Issued on this 28th day of March, 2014

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

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