

**Amended Public Report (A1)**

**Report Issue Date** November 15, 2022

**Inspection Number** 2022\_1207\_0001

**Inspection Type**

- Critical Incident System     Complaint     Follow-Up     Director Order Follow-up  
 Proactive Inspection     SAO Initiated     Post-occupancy  
 Other \_\_\_\_\_

**Licensee**

Extendicare (Canada) Inc.

**Long-Term Care Home and City**

Extendicare West End Villa, Ottawa

**Inspector who Amended**

Pamela Finnikin (720492)

**Inspector who Amended Digital Signature**

**INSPECTION SUMMARY**

The inspection occurred on the following date(s): June 20, 22-23, July 11-15 and 19-22, 2022

The following intake(s) were completed in this complaint inspection:

Log # 008166-22 was related to care, services and resident rights;  
Log # 016401-21 was related to resident care, services, nutrition, and medication; and  
Log # 012978-21 was related to alleged staff to resident abuse.

The following intake(s) were completed in this Critical Incident System (CIS) inspection:

Log # 013486-21 (CIS # 2709-000017-21) was related to safe and secure home; and  
Log # 012919-21 (CIS # 2709-000014-21) was related to alleged staff to resident abuse.

The following **Inspection Protocols** were used during this inspection:

- Contenance Care
- Food, Nutrition and Hydration
- Infection Prevention and Control (IPAC)
- Medication Management
- Prevention of Abuse and Neglect
- Resident Care and Support Services
- Safe and Secure Home

- Skin and Wound Prevention and Management

## AMENDED INSPECTION REPORT SUMMARY

*This licensee inspection report has been revised to reflect changes to NC#001 – Written Notification related to Medication Management System, and NC#004 – Written Notification related to Infection Prevention and Control. The Complaint and Critical Incident System inspection #2022\_1207\_0001 was completed on June 20, 22-23, July 11-15 and 19-22, 2022 .*

## INSPECTION RESULTS

### WRITTEN NOTIFICATION MEDICATION MANAGEMENT SYSTEM

#### NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

##### **Non-compliance with: O. Reg. 79/10 s. 114 (3) a.**

The licensee has failed to comply with the written policies related to the Medication Management System, specifically, documentation for medication administration and the response and effectiveness of the medication for resident #011.

In accordance with O. Reg. 79/10 s. 8 (1) (b), the licensee is required to have a Medication Management Program in place including related policies and ensure that they are complied with.

Specifically, the licensee did not comply with their policy Medication Management Policy, last reviewed January 2022 (RC-16-01-07), under the Medication Management System for resident #011.

##### **Rationale and Summary**

Review of the Medication Management Policy, last reviewed January 2022 (RC-16-01-07), states on page three – section 18. “Immediately document all medication administered after administration on the MAR/eMAR using the proper codes by the administering nurse.”

In April 2021, an ‘as needed’ (PRN) medication was given to a resident five different times. On all occasions, the medication administration was not documented in the medication administration record (MAR).

The Director of Care (DOC) confirmed that when a medication is administered, it should be documented in the MAR, and that a progress note is not sufficient.

Review of Medication Administration Record (MAR), written order in the resident’s chart and a progress note from an RN confirm that a PRN order was written in April 2021.

An interview with an RN confirmed that any PRN medication administered is recorded in the MAR or progress notes.

Upon review of MAR and progress notes for the resident, PRN order was not given as prescribed by the RPN. At that time, the resident's medical condition indicated that the PRN medication should have been given.

In April 2021, PRN medication was given to a resident five different times as per progress notes. On all occasions, the effectiveness of the drug and the resident's response was not documented.

An interview with an RN confirmed that when medication is documented in the MAR, there is a follow up note to document effectiveness of medication, which is generated automatically in PCC.

In this situation, the registered staff did not input the administration of the PRN medication in the MAR, therefore the follow up note was not generated in PCC.

Failure to administer medication as directed, and failure to document effectiveness of medication resulted in a negative impact to the resident's health.

**Sources:**

Resident #011's progress notes, medication administration record (MAR), Medication Management Policy, last reviewed January 2022 (RC-16-01-07), written orders in resident's chart and interview with DOC, RN#119 and registered staff.

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**WRITTEN NOTIFICATION EMERGENCY PLANS**

**NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

**Non-compliance with: O. Reg. 79/10, s. 230 (4) 1. vii**

The licensee has failed to comply with the emergency plan for dealing with situations involving a missing resident.

In accordance with O. Reg 79/10, s. 8 (1) (b), the licensee is required to ensure that there is an emergency plan for dealing with situations involving a missing resident, and the plan must be complied with.

Specifically, staff did not comply with the policy “Code Yellow – Missing Resident” which was captured in the licensee’s Emergency Preparedness and Response Manual.

### **Rationale and Summary**

The Code Yellow – Missing Resident policy stated that: As soon as a resident is missing, a Code Yellow procedure, which is defined as an immediate and systematic search of the home and surrounding area, will be followed.

The Procedures directed the Incident Manager, defined as the Charge Nurse, to assume responsibility for the incident after an initial five-minute search. Steps to take if the resident had not been located within 10 minutes after being notified, regardless of the completeness of the search for the resident, included notifying police and the Administrator/delegate.

The Procedures directed all staff, when searching for a resident, to “check their assigned area by looking in resident rooms, under beds, in closets, bathrooms, lounges, stairwells, utility rooms, etc”.

A resident was not located, and a search of the unit was initiated.

The Charge Nurse was notified of the missing resident, and a code yellow was called. The DOC and police were notified of the missing resident, respectively.

The resident was located in a room on the home area where they resided. The door was latched and locked.

The RPN who was working the night shift stated that the room where the resident was located had not been searched. The Environmental Manager stated that the door should have been unlocked and the room searched as part of the ongoing search efforts to locate the resident.

Failure to follow the Code Yellow procedure could mean that a resident is missing for longer, increasing the risk to the resident.

Sources: Resident’s health care record, Code Yellow – Missing Resident policy, interviews with RPN and the Environmental Services Manager.

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## **WRITTEN NOTIFICATION COMMUNICATION AND RESPONSE SYSTEM**

### **NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

**Non-compliance with: O. Reg. 246/22 s. 20 (a)**

The licensee has failed to ensure that the call bell was easily seen and accessible for residents #013, #014, and #015.

### **Rationale and Summary**

Observations on multiple occasions of the call bell not easily seen or accessible to the residents who were not mobile independently while they were lying in bed and also resident #015 who did not have a call bell on their side of the room.

Resident #013 demonstrated appropriate use of the call bell while lying in bed, and stated that when help is needed, they use the call bell as they cannot independently get out of bed. They confirmed that the call bell was not in their reach at the time and if they needed help, the call bell was not accessible.

Resident #014 was in their room with resident #015, and stated that the call bell was on their side of the room but that they did not have access to the call bell as it was on the floor at the head of the bed out of resident reach.

Resident #015 confirmed that they did not have a call bell on their side of the room, and stated that they could not independently get out of bed and required staff assistance but that the call bell was not accessible.

Policy, *Nurse Call System* confirmed that call bells will be located in each resident room near the bed and easily accessible to the resident at all times while resident is in their room.

DOC confirmed that the call bell should be in reach for all residents at all times and every resident should have a call bell.

**Sources:** Resident observations, Policy #RC-08-01-01 "*Nurse Call System*", interviews with residents, the DOC and other staff.

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## **WRITTEN NOTIFICATION INFECTION PREVENTION AND CONTROL**

### **NC#004 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

#### **Non-compliance with: FLTCA, 2021 s. 184 (3)**

The licensee has failed to ensure that where the Act required the Licensee of a long-term care home to carry out every operational Minister's Directive that applies to the long-term care home, *Minister's Directive: COVID-19 response measures for long-term care homes*, effective April 27, 2022, is complied with.

In accordance with the *Minister's Directive: COVID-19 response measures for long-term care homes*, the Licensee was required to be self-isolated and placed on Additional Precautions at the home and ensure that residents who return from the hospital are isolated until results of a negative PCR on day zero and day five as set out in the COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units.

### **Rationale and Summary**

The DOC stated that IPAC self-audits are conducted every two weeks while home is in outbreak.

The DOC provided hard copy of file with self-audit assessments. There were three assessments missing while home was not in outbreak, and four assessments missing while home was in outbreak.

**Sources:** Record review of self-audit assessments file, Minister's Directive: COVID-19 response measures for long-term care homes, and interview with DOC.

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