



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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 # / Registre no	Type of Inspection / Genre d'inspection
Jun 1, 2016	2016_284545_0009	018068-15	Complaint

Licensee/Titulaire de permis

Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. as General Partner

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

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

FOREST HILL
6501 CAMPEAU DRIVE KANATA ON K2K 3E9

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

ANGELE ALBERT-RITCHIE (545)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 7 and 8, 2016

This complaint inspection is related to complaints regarding resident care, and operation of the home.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant DOC, Nutrition Manager, RAI Coordinator, Registered Practical Nurses (RPN), Personal Care Workers (PSW), and residents.

The inspector reviewed a resident's health care records, home policies and procedures related to continence care, including catheter care, reviewed staff work routines and schedules, reviewed continence & catheter care education documentation, conducted a tour of the resident dining rooms and kitchenette areas, and observed the delivery of resident care and services, including resident-staff interactions.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Reporting and Complaints**

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

2 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>Legendé</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. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

3. Contenance care and bowel management. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that training related to continence care, specifically catheter care, was provided to all staff who provide direct care to residents; on either an annual basis, or based on the staff's assessed training needs.

The Inspector interviewed several direct care staff members regarding continence and bowel management, including the catheter care and catheter irrigation procedure:

- RPN #102 indicated that training related to irrigation of catheter was provided in nursing school; added that some training might have been offered at the home, but he could not recall when.

-RPN #104 indicated that training related to irrigation and catheter care was usually provided upon hire, added that she could not recall if she had received the training.

-PSW #105 indicated that she believed that catheter care training was provided as part of the Infection Control eLearning module offered annually, added that she could not remember when she last attended.

The Inspector reviewed the Catheter Care education documentation closest to the time when resident #001 was provided with catheter care, including irrigation (early 2015). According to the home's training documentation, 60% of the registered staff and 40% of the PSWs attended the Catheter Care in-services offered in November 2014; only one offered in 2014.

During an interview with the DOC, he indicated that Catheter Care training was provided to all PSWs and registered staff on an annual basis, added that it was the home's expectation that staff refer to the Catheter Care policies or consult with an experienced registered staff if unfamiliar with a particular procedure, such as irrigation of a catheter.
[s. 221. (1) 3.]



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 registered staff receive continence care, specifically catheter care, is provided to all staff who provide direct care to residents; on either an annual basis, or based on the staff's assessed training needs, 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 ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

In a review of the home's policy titled: Open Intermittent Irrigation, CS-15.4, last revised January 2011, it was documented that this the purpose of this procedure was to maintain an aseptic urinary drainage system and to cleanse/flush the bladder to prevent infection. Under the section Procedure, 18 steps were described in details. Steps 2 to 6 are provided as example below:

2. Open sterile irrigation tray and establish sterile field
3. Pour required amount of sterile irrigating solution into sterile container
4. Place waterproof drape under the catheter
5. Place sterile basin next to the client's thigh
6. Don sterile gloves



It was also documented that it was the responsibility of the Registered Staff to ensure that these procedures were followed and for the DOC to monitor compliance.

Resident #001 was diagnosed with several medically complex conditions.

According to the resident's health record, it was documented that the resident returned from hospital on a specified date in February 2015 with:

- a diagnosis of urinary tract infection (UTI);
- an indwelling catheter in place; and
- one type of antibiotic for 48 hours, followed by a different type of antibiotic for 30 days.

Two days after returning from the hospital, a progress note indicated that bleeding was observed on the resident's genitals and that RPN #103 had observed pulling of the catheter tubing. Six days later, the resident was sent to the Emergency Department with generalized pain and diaphoresis. The resident returned to the home several hours later with a diagnosis of a "blocked catheter".

Physician orders were reviewed by the Inspector. Two days after returning from the Emergency Department, an order by the physician was written to irrigate the catheter with normal saline twice a day at 1000 and 1800 hours, and if the catheter could not be unblocked, to use manual bladder irrigation and to change the catheter. Five days later, clarification of the previous order was documented as:

- 1) Foley catheter: specified type and specified size, change every two months and as required; and
- 2) Irrigate catheter with 60ml normal saline via 60ml syringe at 0800 and 2000 hours daily, and as required

Inspector #545 interviewed RPN #107, RPN #104 and RPN #102. All three registered staff described the open irrigation of catheter procedure as a clean technique:

- draw 60ml of normal saline from a large container using a 60ml syringe
- disconnect the catheter
- irrigate the catheter using the 60ml syringe of normal saline

The procedure was not described as a sterile technique by the interviewed registered staff. RPN #102 further indicated that the home did not supply the registered staff with sterile irrigation trays.



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In the presence of the DOC, the Inspector observed a storage area on the fourth floor, which stored a large supply of sterile irrigation trays. The DOC indicated that it was the home's expectation that the registered staff use a sterile technique using a sterile irrigation tray each time an open irrigation of a catheter was done, as per the home's policy. [s. 8. (1) (b)]

Issued on this 2nd day of June, 2016

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

Original report signed by the inspector.