



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Division de la responsabilisation et de la performance du
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Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection September 22 and 23, 2010	Inspection No/ d'inspection 2010_170_1033_22Sep162722	Type of Inspection/Genre d'inspection Complaint L-00440
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Licensee/Titulaire
Golden Years Nursing Homes (Cambridge) Inc., 704 Eagle Street North, P.O. Box 3277, Cambridge, ON, N3H 4T3

Long-Term Care Home/Foyer de soins de longue durée
Golden Years Nursing Home, 704 Eagle Street North, P.O. Box 3277, Cambridge, ON, N3H 4T3

Name of Inspector(s)/Nom de l'inspecteur(s)
Dianne Wilbee (#170)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Complaint inspection related to diabetes management and falls.

During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Care, Assistant Director of Care, RAI Coordinator, Registered Dietitian, Registered Practical Nurses, Personal Support Workers.

During the course of the inspection, the inspector(s): Reviewed an identified resident's record, Reviewed Management of Hypoglycemia, Management of Hyperglycemia and Glucagon policies and procedures, Review resident's plan of care

The following Inspection Protocols were used in part or in whole during this inspection:
Nutrition and Hydration
Falls Prevention

Findings of Non-Compliance were found during this inspection. The following action was taken:

3 WN
3 VPC

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with The Long-Term Care Homes Program Manual Standards and Criteria

Criterion B5.3: The evaluation of care and services and care outcomes shall be documented in each resident's health record.

Findings:

1. A Quarterly Nutrition note was completed July 25, 2009 by a Registered Dietitian on an identified resident's record. The resident was diabetic and experienced signs and symptoms of low and high blood sugars and had received treatment during the time period for the quarterly nutrition note. The Quarterly Nutrition note did not include evaluation of the resident's unstable diabetic condition and related care outcomes.
2. An identified resident fell. Vital signs were assessed and range of motion. The resident was diabetic and known to have signs and symptoms of low and high blood sugars. Documentation does not indicate if nursing staff evaluated the resident for a possible diabetic reaction.

Inspector ID #: 170

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 related to the Registered Dietitian's evaluation of care and services and care outcomes, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with The Long-Term Care Homes Program Manual Standards and Criteria

Criterion M1.18: The facility's policies, procedures and work routines shall be followed in the provision of care and services. Staff shall be re-instructed when required.

Findings:

Registered nursing staff did not consistently follow the home's "Management of Hypoglycemia and Hyperglycemia" policies and procedures.

Examples include:

1. July 9, 2009 and July 10, 2009 the resident was treated for a low blood sugar, no time of intervention was documented; a recheck of the blood sugar was delayed more than 15 minutes
2. July 11, 2009 the recheck of a low blood sugar indicated the blood sugar remained low requiring intervention, no intervention was documented

3. July 18, 2009 an identified resident experienced a low blood sugar and treatment was provided, however; there was a delay of one hour and 15 minutes for the recheck of the blood sugar post treatment
4. July 28, 2009 the resident experienced a low blood sugar and was treated x2 and rechecked x2 and the blood sugar remained low, no further treatment was given prior to the resident's meal.
5. August 1, 2009 the resident's blood sugar was low, and no treatment was recorded. The resident went for a meal however; the resident experienced low blood sugar symptoms, treatment was provided and no recheck of the blood sugar was documented post treatment
6. August 5, 2009 the resident experienced a low blood sugar and with symptoms of sweating and slurred speech and mobility problems. Treatment was provided however; there was a delay of approximately 2.5 hours for rechecking the blood glucose level
7. The hyperglycemia procedure includes retesting blood sugar levels post administration of insulin for levels 25 or higher. There were delays in rechecking blood sugar levels of over one hour on July 31, 2009 and over one and one-half hours on August 11, 2009. No recheck of a high blood sugar was documented post treatment August 16, 2009 and August 18, 2009 x2

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 with the home's policies and procedures related to diabetes management, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with The Long-Term Care Homes Program Manual Standards and Criteria

Criterion B5.4: All documentation in the resident's health record shall be complete.

Findings:

Documentation related to hypoglycemic incidents for an identified resident did not consistently include the time of the recheck of the resident's blood glucose level and the time the treatment was administered, and it was unclear at times if the time of the documentation corresponded to the time of the nursing intervention.

Examples identified within the resident record documentation are as follows:

1. July 9, 2009 0850 hours documentation stated blood glucose was low (no time), treatment was given (no time), blood sugar recheck done after breakfast was elevated (no time)
2. July 11, 2009 0804 hours documentation stated recheck was low, (no time)
3. July 11, 2009 0852 hours documentation stated rechecked blood sugar again, (no time)
4. July 26, 2009 1947 hours documentation stated blood sugar continues to read HI. Rechecked a second time and still reads HI, (no time of recheck), the resident was sent to hospital as per a physician order (no time of transfer stated), or time staff left a message for the resident's family
5. August 17, 2009 0540 hours documentation stated resident was found sitting on the floor and had a low blood sugar when the incident occurred. No low blood sugar reading was recorded

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 related to complete documentation on a resident's record, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

