



**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**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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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
Oct 28, 2013	2013_188168_0029	H-000694- 13	Resident Quality Inspection

Licensee/Titulaire de permis

SIX NATIONS OF THE GRAND RIVER
1745 Chiefswood Road, P.O. Box 5000, Ohsweken, ON, N0A-1M0

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

IROQUOIS LODGE NURSING HOME
1755 Chiefswood Road, P.O. Box 309, Ohsweken, ON, N0A-1M0

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

LISA VINK (168), BARBARA NAYKALYK-HUNT (146), CAROL POLCZ (156)

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): October 21, 22, 23, 24, 25 and 28, 2013.

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Nursing, Food Service Manager, Infection Control Coordinator, Recreation Supervisor, Resident Assessment Instrument (RAI) Coordinator, registered nursing staff including an agency staff member, unregulated staff, administrative assistant, residents and families.

During the course of the inspection, the inspector(s) toured the home, observed the provision of care and services, and reviewed relevant documents including but not limited to policies and procedures, meeting minutes and health records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Family Council

Food Quality

Infection Prevention and Control

Medication

Nutrition and Hydration

Prevention of Abuse, Neglect and Retaliation

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Trust Accounts



Findings of Non-Compliance were found during this inspection.

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. 8. Policies, etc., to be followed, and records



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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 did not ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

The "Recreation Admission Checklist" identified that recreation staff were to complete assessments within 14 days of admission. Interview with the recreation supervisor and aide confirmed that this checklist required staff to complete both the Minimum Data Set (MDS) and the "Recreation and Leisure Assessment" in point click care, within 14 days. Resident #728 was admitted to the home in the spring of 2013. On October 25, 2013, the resident's record did not include a "Recreation and Leisure Assessment" completed in point click care. [s. 8. (1)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home



Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,
ii. equipped with a door access control system that is kept on at all times, and
iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system,
or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee did not ensure that all doors leading to the outside of the home, other than doors leading to secure outside areas, that preclude exit by a resident, were consistently kept closed and locked.

On October 21, 2013, at approximately 1100 hours, the exit door, leading to the outside of the home, at the end of the Davis home area was closed but not locked. When the door was opened, an alarm sounded. The Registered Practical Nurse interviewed confirmed that the door should have been closed and locked. [s. 9. (1) 1. i.]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director



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Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

Findings/Faits saillants :

1. A person who had reasonable grounds to suspect that the following had occurred should immediately report the suspicion and the information upon which it was based to the Director:

abuse of a resident by anyone that resulted in harm or a risk of harm to the resident.

Resident #544 touched another resident inappropriately without consent on a specified day in 2013. A mandatory report was not submitted to the Director as required. This failure to report was confirmed by the health record and the administrator. [s. 24. (1) 2.]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).



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Findings/Faits saillants :

1. When the Family Council advised the licensee of concerns or recommendations the licensee did not consistently, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee did not respond, in writing, within ten days of receiving Family Council concerns related to uneven sidewalks, in November 2012. This information was confirmed by the Family Council representative and the recreation supervisor. [s. 60. (2)]

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :



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1. The licensee did not seek the advice of the Residents' Council and the Family Council, in developing and carrying out the survey, and in acting on its results.

The licensee did not seek the advice of the Residents' or Family Council in developing and carrying out the satisfaction survey, and in acting on its results. This information was confirmed by the Family Council representative, the office administrative assistant and the recreation supervisor. [s. 85. (3)]

2. The licensee did not ensure that, the results of the survey were documented and made available to the Residents' Council and the Family Council, to seek their advice.

The licensee did not make available to the Residents' or Family Council the results of the satisfaction survey in order to seek the advice of the Councils about the survey. This information was confirmed by the recreation manager and office administrative assistant. [s. 85. (4) (a)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 124. Every licensee of a long-term care home shall ensure that drugs obtained for use in the home, except drugs obtained for any emergency drug supply, are obtained based on resident usage, and that no more than a three-month supply is kept in the home at any time. O. Reg. 79/10, s. 124.

Findings/Faits saillants :



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1. The licensee did not ensure that drugs obtained for use in the home, except drugs obtained for any emergency drug supply, were obtained based on resident usage, and that no more than a three-month supply was kept in the home at any time.

Tour of the medication storage room, with the charge nurse, on October 25, 2013, identified that the home had a greater than a three month supply of some medications. The storage room contained:

- A. Dulcolax suppositories, ten boxes, with a quantity of ten in a box.
- B. Glycerine suppositories, seven boxes, with a quantity of 24 in a box.
- C. Guaifenesin (cough expectorant) bottles, 22 bottles, with 250 milliliters in each bottle.

Interview with the charge nurse confirmed that the supply of the specified medications was greater than three months. [s. 124.]

Issued on this 28th day of October, 2013

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

Charlene Murphy for Lisa Vink

