



**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**

**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
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 18, 2016	2016_303563_0001	035825-15	Resident Quality Inspection

Licensee/Titulaire de permis

KINGSWAY NURSING HOMES LIMITED
310 Queen Street East R.R. #6 ST. MARYS ON N4X 1C8

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

KINGSWAY LODGE NURSING HOME
310 QUEEN STREET EAST R.R. #6 ST. MARYS ON N4X 1C8

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

MELANIE NORTHEY (563), CAROLEE MILLINER (144), RHONDA KUKOLY (213)

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): January 5 -8 and 11, 2016

**The following critical incident was completed concurrently:
2726-000008-15 / Log # 025338-15 related to a fall**

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Director of Operations, the Assistant Director of Care, the Resident Assessment Instrument Coordinator, the Pharmacist, the Registered Dietitian, the Director of Activities, the Program Assistant, three Registered Nurses, two Registered Practical Nurses, one Cook, six Personal Support Workers, three family members, Family Council Representative, Resident Council President and 40 residents.

The inspector(s) also conducted a tour of the home and made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Inspector(s) observed meal and snack service, medication administration and drug storage areas, resident/staff interactions, infection prevention and control practices, the posting of Ministry information and inspection reports and the general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Residents' Council**



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

- 4 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. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(i) that is used exclusively for drugs and drug-related supplies,

(ii) that is secure and locked,

(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and

(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee of the long-term care home did not ensure that drugs were stored in an area or a medication cart that was used exclusively for drugs and drug-related supplies.

During the initial tour, physician ordered prescription creams were observed in the second floor tub room for ten residents.

Staff interviews with Personal Support Workers (PSWs) #'s 109 and 110 and Registered Nurse # 115 confirmed the prescription medications were stored in the tub room for PSWs to access when they are needed for resident treatments.

The Assistant Director of Care # 104 also confirmed storage of the prescription creams in the tub room and advised that the home did not have a policy restricting storage of the prescription creams in the tub room.

The Director of Care # 102 confirmed prescription creams have been permitted to be stored in the tub room and agreed the tub room was not an area that is used exclusively for drugs and drug-related supplies. [s. 129. (1) (a) (i)]



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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 drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.
O. Reg. 79/10, s. 49 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that when the resident had fallen, the resident was assessed and, if required, a post-fall assessment had been conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

Record review of the health record for resident # 022 revealed this resident had a fall.

Record review of "Assessments" and "Risk Management" tab in Point Click Care revealed no post fall assessment related to the fall for resident # 022.

Review of the home's policy "Assessment - Accidents/Incidents/Near Misses 03-03-05" revealed "The Nursing Department keeps a record of all incidents and near misses of Resident injury or other negative occurrences through the use of formal incident/near miss forms and/or documentation on the Multidisciplinary Notes/Risk Management report according to the following criteria: Near Miss, Incident-Level 1 Injury, Incident-Level 2 Injury, Incident-Level 3 Injury".

Staff interview with the Director of Care # 102 confirmed the home's expectation that post fall assessments were completed in Point Click Care in Risk Management for all falls by the registered staff. She confirmed that a post fall assessment was not completed for resident # 022. [s. 49. (2)]

**WN #3: 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 :



1. The licensee has failed to ensure that the home sought the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results.

Record review of the Resident Council (RC) minutes in June, October, November and December 2015 revealed there was no review of the satisfaction survey where by residents were given the opportunity to provide advice in the survey's development.

Staff interview with the Program Assistant # 121 and the Director of Activities # 120 on January 11, 2015 at 1330 hours confirmed the residents were not given the opportunity to provide advice or input for the satisfaction survey prior to it's delivery to the residents. [s. 85. (3)]

2. The licensee has failed to ensure that the results of the satisfaction survey was made available to the Residents' Council.

Interview with resident # 045, Resident Council President, on January 5, 2015 revealed the resident does not recall being given the opportunity to review the survey or provide advice regarding the satisfaction survey results or being made aware of the survey results.

Staff interview with the Program Assistant # 121 and the Director of Activities # 120 confirmed the survey results were not shared with or made available to Residents' Council. [s. 85. (4) (a)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 126. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. O. Reg. 79/10, s. 126.

Findings/Faits saillants :



1. The licensee has failed to ensure that drugs remained in the original labeled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed.

Observations of the medication cart on second floor revealed two bins held nebulizer medications including Ipratropium Bromide Inhalant Solution (Atrovent) individually in the bins, having been removed from the original packaging from the pharmacy provider. No prescription number or resident name was on the individual nebulizers.

Registered Nurse # 115 and Director of Care #102 in interviews confirmed that the home had removed the nebulizer medications from the original packaging from the pharmacy provider. They both confirmed that they were not aware of the requirement that medications were to remain in the original packaging from the pharmacy provider. [s. 126.]

Issued on this 19th day of January, 2016

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

Original report signed by the inspector.