



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

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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
Jan 17, 2014	2014_221103_0001	O-001248- 13	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF LANARK
P.O. Box 37, Sunset Blvd., PERTH, ON, K7H-3E2

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

LANARK LODGE

115 Christie Lake Road, R. R. #4, Lot 27, Concession 2, PERTH, ON, K7H-3C6

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

DARLENE MURPHY (103), CAROLE BARIL (150), KATHLEEN SMID (161), PAULA
MACDONALD (138)

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 7-10, 13-16, 2014

During the course of the inspection, the inspector(s) spoke with Residents, Resident Council Representative, President of Family Council, Personal support workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), Dietician, Food Service aides, Food Service Manager, Housekeeping support aides, Maintenance workers, Environmental Services Manager, Office Manager, Assistant Directors of Care (ADOC), Director of Care (DOC), and the Administrator.

During the course of the inspection, the inspector(s) conducted a tour of the home, observed resident dining, observed resident care, reviewed resident health care records, observed medication administration, reviewed the following home policies: abuse, resident self administration of medications, trust accounts, housekeeping cleaning schedules and infection prevention and control including resident and staff immunization requirements.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Food Quality
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing
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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights



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Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



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1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.3 (1)11 (iv) in that the resident's personal health information was not protected as evidenced by the following findings.

It was observed on January 10, 13, 14, 2014, by Inspector #150 during the course of the inspection, that the Registered Practical Nurses (RPN) placed multi-dose medication packages for residents which identified resident personal health information inclusive of names of the resident and the medications into a garbage bag attached to the medication cart, during medication passes.

RPN's S#103 and S#108 stated that the home process is to tear the empty medication packages and discard in the garbage container attached to the medication cart.

Inspector #150, observed torn medication packages in the garbage in which the name of the resident and medication was identifiable.

The RPN's and the Manager of Environmental Services (ESM) were interviewed and confirmed that the medication packages for residents discarded in the garbage bags are disposed of with the regular garbage which is picked up by a private disposal company. (150) [s. 3. (1) 11. iv.]

2. The licensee has failed to comply with LTCHA, 2007 s. 3 (1) 14 whereby the resident's right to communicate in confidence with visitors of his or her choice and consult in private with any person without interference was not respected.

On January 8, 2014 during a resident interview with Resident #83, a staff member entered through the closed door of the resident room without knocking and awaiting for the resident's acknowledgment to enter the room.

On January 10, 2014 during a resident interview with Resident #82, a staff member entered through the closed door of the resident room without knocking and awaiting for the resident's acknowledgment to enter the room. [s. 3. (1) 14.]



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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 resident personal health information related to medication packaging is kept confidential, to be implemented voluntarily.

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



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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).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

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

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :



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1. The licensee has failed to comply with O.Reg 79/10, s.9(1) 2 in that the housekeeping room door lock on the Maple secure unit was not safe and secure for the residents.

On January 7, 2014, during the initial tour of the Maple secure unit, Inspector #150, was able to open the housekeeping door located in front of resident room C106 by turning the knob of the key pad without entering the security push button code. This housekeeping room was being utilized to store disinfecting products.

On January 7, 2014, the ADOC of the Maple secure unit, in the presence of the inspector, was also able to open the door to this room without entering the security push button code. The ADOC stated that no one had reported any incidence of this happening and made an urgent request to maintenance services to assess and repair the lock.

On January 7, 2014, at 1430 hours, maintenance staff S#110 was observed repairing the lock and stated that it had never happened before.

January 8, 2014 at 1000 hours during another walk through on Maple unit to follow up, the housekeeping door opened again without entering the security code. The maintenance staff were then directed by the ADOC to change the locking unit.

The Environmental Services Manager (ESM) stated there have been past problems with the locks and that they had to be changed.

The housekeeping door lock was verified several times thereafter on January 9, 13, 14, 2013 and the housekeeping door lock was found to be locked.

The ESM stated that there was no scheduled verification checks of these locking mechanisms that are used throughout the home. [s. 9. (1) 2.]



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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 all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg 79/10 s. 13 whereby every resident bedroom occupied by more than one resident did not have sufficient privacy curtains to provide privacy.

During the walk through of the home, the following rooms, all of which were occupied by more than one resident, were identified as not having sufficient privacy curtains to provide resident privacy:

-D217, B213, A216, B209, B206, A223 and B210.

One resident advised the inspector the room has not had privacy curtains for several months. According to the resident, the issue has been brought forward on several occasions, but no action has been taken to replace the curtains.

The Environmental Services Manager (ESM) was interviewed and the identified rooms were inspected. The ESM had no explanation of why the curtains were not in place, but stated a full audit of all resident rooms would be conducted and the missing privacy curtains would be replaced. [s. 13.]



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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 every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy, to be implemented voluntarily.

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 17.
Communication and response system**

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :



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1. The licensee failed to comply with O. Reg 79/10, s.17 (1)(g) in that the licensee failed to ensure that the home is equipped with a resident-staff communication and response system that, in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff.

The home was observed to use a call bell system that, when activated, makes an intermittent sound, displays location on an electronic panel, and a light indicator above the room. It was observed on Honeysuckle that the sound of the call bell system was audible near the centre area and throughout the D corridor. The sound became less audible to inaudible towards the end of the C corridor. Specifically, rooms C206 through to C216 which includes a resident tub room had call bells that were inaudible in the C corridor. One resident who resides in one of these rooms stated that he/she feels that he/she waits a long time for staff to respond to the call bell once it is activated. An interview was conducted with Staff S#134 who stated that she is not able to hear the call bells in the C corridor and that she must pay attention to the light indicators outside the resident room or come out of the C corridor to the centre area to be alerted to the sound of a call bell. [s. 17. (1) (g)]

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 the home's call bell system is audible throughout the entire C corridor on the honeysuckle resident home area, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :



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1. The licensee failed to comply with O. Reg 79/10, s. 72 (3) (a) in that the licensee failed to ensure that all foods and fluids in the food production system are prepared, stored, and store served using methods to preserve taste, nutritive value, appearance and food quality.

During the dining observation in the Yesterday dining room, the Inspector observed the following: desserts were not covered while in the fridge or during the meal service, yogurt containers were used to store salad dressings, food items that were opened in the fridge were not dated, and cold menu items such as salads were not temperature controlled during the meal service. Cold menu items arrived in the dining room approximately twenty minutes before the meal service and remained throughout the meal service that last another thirty-five minutes. Thus, cold menu items were not temperature controlled for approximately fifty-five minutes prior to being transferred for use by residents in another dining room.

Additional lunch meal services were reviewed and it was observed by the Inspector in both the Blue Skies and the servery on the first floor that the cold plate option of the menu was portion and plated prior to the meal service instead of being plated when requested by the resident. These pre-plated meals were not temperature controlled for up to thirty-five minutes prior to service. It was also noted that desserts were not covered while refrigerated or when pulled for the meal service and that the fridges on all serveries including Audrey's Home Kitchen contained open food packages and plates of food that were not always covered, labeled or dated. [s. 72. (3) (a)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 87.

Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :



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1. The licensee has failed to comply with the O. Reg 79/10 s.87 (2) (d), in that it failed to address incidents of lingering offensive odours.

Throughout the inspection, lingering offensive odours of urine were identified in two resident bathrooms.

On January 14, 2014, the ESM confirmed that there was offensive urine odours in the resident bathrooms. The ESM stated that when an offensive odour is identified, the housekeeping staff is required to use a specific product for cleaning with enzymes to eliminate bacteria and the elimination of odours. [s. 87. (2) (d)]

Issued on this 17th day of January, 2014

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

Darlene Murphy