



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

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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 10, 2014	2013_246196_0016	S-001122-12	Follow up

Licensee/Titulaire de permis

MANITOUWADGE GENERAL HOSPITAL
1 HEALTH CARE CRESCENT, MANITOUWADGE, ON, P0T-2C0

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

MANITOUWADGE GENERAL HOSPITAL
1 HEALTH CARE CRESCENT, MANITOUWADGE, ON, P0T-2C0

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

LAUREN TENHUNEN (196)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): October 18, 2013

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Nurse Manager, Registered Nurses (RN), Registered Practical Nurses (RPN), RAI Coordinator, Physiotherapist, Recreation staff, Residents

During the course of the inspection, the inspector(s) conducted a walk through tour of all home areas, observed the provision of care and services to residents, observed the staff to resident interactions, reviewed the health care records of several residents

The following Inspection Protocols were used during this inspection:



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Minimizing of Restraining

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :



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1. On October 18, 2013 at 1045hrs, the clean supply room door, just outside of the nursing station, was noted to be unlocked. On the counter top, within access to residents who may enter, there was a squirt bottle of disinfectant labelled "Buckeye quat 256". In addition, the spa/shower room door was observed to be unlocked. In the cupboard under the sink, there were two squirt bottles and a jug labeled "Buckeye quat 256" disinfectant, also within access of residents.

The licensee failed to ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. [s. 91.]

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 that ensures that all hazardous substances at the home are kept inaccessible to residents at all times, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 110.

Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

6. All assessment, reassessment and monitoring, including the resident's response. O. Reg. 79/10, s. 110 (7).

Findings/Faits saillants :



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1. On October 18, 2013, resident #001 was observed to have bed rails elevated while in bed. The health care records were reviewed for information regarding the use of a physical device to restrain resident #001. The care plan included the focus of "physical restraints" and specified the "use of bed rails to prevent falls" and the interventions noted "all bed rails up and bed alarm on when (resident #001) is in bed for safety and to prevent falls and/or injury related to a fall". In addition, the interventions included the checks, repositioning and the reassessment every eight hours. The document titled "LTC Physical Restraint Monitoring Record" for the month of October 2013 was reviewed. There was no documentation to identify the every one hour monitoring of the resident during the night shift of October 11, 12, 13, 14 and 15, 2013, nor for the day shift of Oct. 12, 2013 and for the evening shift of Oct. 13, 14, 15, 2013. An interview was conducted with staff member #104 on Oct. 18, 2013 regarding the restraint documentation record having some areas not completed and they stated "think the staff are doing the assessments, just not documenting properly".

The licensee failed to ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented: all assessment, reassessment and monitoring, including the resident's response. [s. 110. (7) 6.]

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 that ensures that every use of a physical device to restrain a resident under section 31 of the Act is documented and, includes all assessment, reassessment and monitoring, including the resident's response, to be implemented voluntarily.

WN #3: 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).
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Findings/Faits saillants :

1. On October 18, 2013 at 1045hrs, during a tour of the resident care areas, six residents had various prescription creams and ointments in their rooms and in their personal washrooms. The inspector confirmed with staff member #103 that there was not a physician order for these prescription medications to be left at the resident's bedside. It was reported to the inspector, by management staff member # 101 that it is not the normal practice to have medications left at the bedside.

The licensee failed to ensure that, drugs are stored in an area or a medication cart, that is used exclusively for drugs and drug-related supplies, and that is secure and locked. [s. 129. (1) (a) (ii)]

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

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids



Specifically failed to comply with the following:

- s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,
 - (a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).
 - (b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :

1. On Oct. 18, 2013 at 1230hrs, several personal care items were observed in the spa/shower room used and unlabelled. The items included two black combs, one pink comb and two hair picks, soiled with debris. In addition, there were three used deodorants, a used bar of soap in a plastic zip up bag and one pink soiled nail brush. All of these items were unlabelled. It was reported by staff member #101 that it is normal practice for the home not to label these personal care items as they are to be left in the resident's rooms for use.

The licensee failed to ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids, (a) labelled within 48 hours of admission and of acquiring, in the case of new items. [s. 37. (1) (a)]

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 110. (6)	CO #002	2012_104196_0029	196
O.Reg 79/10 s. 112.	CO #003	2012_104196_0029	196



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LTCHA, 2007 S.O. 2007, c.8 s. 29. (1)	CO #001	2012_104196_0029	196
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Issued on this 10th day of January, 2014

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

Lauren Lohman #196.

