Ontario

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

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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
Nov 16, 2015	2015_286547_0022	O-002863-15	Resident Quality Inspection

Licensee/Titulaire de permis

MARIANHILL INC.
600 CECELIA STREET PEMBROKE ON K8A 7Z3

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

MARIANHILL NURSING HOME
600 CECELIA STREET PEMBROKE ON K8A 7Z3

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

LISA KLUKE (547), MEGAN MACPHAIL (551), PAULA MACDONALD (138)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 2,3,4,5,6,9 and 10, 2015

During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care (DOC), Unit Managers, a RAI Coordinator, the Director of Environmental Services, the Manager of Nutrition Services, the Registered Dietitian (RD), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeepers, Food Services workers, the President of Resident's Council, the President of Family Council, Residents and Family Members.
In addition the inspection team, reviewed resident health care records, food production
documents including planned menus, Resident Council minutes, Family Council minutes, reviewed policies related to: Complaints and Concerns, Medication Storage, Falls Prevention and Management Program. The inspection team observed aspects of resident care and interactions with staff, along with medication administration and several meal services.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care

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	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 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 has failed to ensure that drugs are stored in an area of the home or a medication cart that is secure and locked.

On November 4, 2015 Inspector #551 observed the following prescribed creams/ointment in resident rooms:

Resident #022 had a container of prescription cream on a bedside table.
Resident #014 had a tube of prescription ointment on a shelf in the resident's shared washroom.
Resident #015 had a container of prescription cream on a table in this resident's room.

On November 4, 2015 Inspector #138 observed two tubes of prescribed ointments for Resident #031 located on a shelf on the back of the toilet for this shared bathroom.

On November 6, 2015 Inspector #547 noted that the prescribed creams in Resident #022, #014 and #015's rooms were no longer there and PSW #109 indicated that prescribed creams for residents are located in bins in the clean utility storage rooms on the unit and should not have been left inside resident rooms.

On November 6, 2015 Inspector #547 observed the same prescribed ointment tubes in Resident #031's shared bathroom shelf. PSW #111 indicated during an interview with Inspector #547 that resident prescribed creams and ointments are supposed to be kept locked in the clean utility storage room however Registered nursing staff apply these ointments to Resident #031. RPN #110 indicated during an interview with Inspector #547 that these prescribed ointments should be kept locked on the medication cart if they are applied by Registered Nursing staff. RPN #110 further indicated that she has never had to apply these to Resident #031 and that the flow sheets in the Resident health records indicated that they were last applied on a specified date earlier in November, 2015. [s. 129. (1) (a)]

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 that includes prescribed creams and ointments are stored in an area of the home or a medication cart that is secure and locked, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee failed to ensure that the home is a safe and secure environment related to the resident accessible high temperature dishwashers in the 1B dining room and the 2D complex care dining room.

Mid-morning on November 6, 2015, Inspector #138 entered the open dining room that is dedicated to the complex care residents on 2D. Although this dining room is not designated for long term care residents, it is located on the unit where the long term care residents reside and is fully accessible to these residents as the doors to the dining room are always open. Upon entry to the dining room, the inspector noted a commercial dishwasher that was fully accessible to anyone in the dining room. The inspector proceeded to this dishwasher and noted that the panel on the front door read "167°F Ready". The inspector was able to easily pull the front door of the dishwasher open, noted that steam came out upon opening the front door, and that the inside was too hot to touch. There was no staff inside the dining room at the time the observation.

Also that morning, the inspector observed in the dining room on 1B that there was a commercial dishwasher tucked into a corner of the dining room but that it was fully accessible to residents. The inspector noted that the dishwasher was very warm to the touch on the outside and, when the front door was open, noted that steam escaped and that the inside was too hot to touch. It was observed by the inspector that there were four residents in the dining room at the time with one of these residents sitting only

several feet from the dishwasher. It was observed by the inspector that there was no staff in the dining room for several minutes, until the food services worker returned from lunch break.

The inspector was in the 2D complex care dining room mid-morning on November 9, 2015 and once again found that the dining room was fully accessible to residents as was the dishwasher within the dining room. The inspector proceeded to the dishwasher and noted that the display on the front panel read, "shutting down mode". The inspector noted that the outside of the dishwasher was very warm to touch, that steam escaped when the front door was easily pulled open, and that the inside of the dishwasher was too hot to attempt to touch. The inspector did not observe staff supervision in the dining room at this time. It was also noted that there were no residents in the dining at the time of the observation.

The inspector spoke with the Manager of Nutrition Services regarding the dish washers in the 2D complex care dining room and the 1B dining room. The Manager of Nutrition Services stated that these dishwashers are high temperature dishwashers that will reach a temperature of 160°F (71°C) during the wash cycle and 180°F (82°C) during the rinse cycle and that these dish washers are only to be used when staff are present. The inspector discussed the observations with the Manager of Nutrition Services in which hot dishwashers were accessible to long term care residents. The Manager of Nutrition Services acknowledged this concern and stated that there are options to ensure resident safety relating to the resident accessible dishwashers on the 1B dining room and the 2D complex care dining room. [s. 5.]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to Resident #006 as specified in the plan related to hygiene and grooming.

On November 2nd and 10th, 2015 Resident #006 was observed to have long facial hair on his/her chin and the resident indicated to Inspector #547 that he/she cannot remove the hair growth on his/her chin independently and had asked staff to remove them but they have not had a chance to do this yet.

On November 10, 2015 Inspector #547 reviewed the current plan of care for Resident #006 that identified this resident to be independent with hygiene however was to be monitored for change in abilities due to decline in cognition. PSW #120 indicated that this resident requires morning and evening verification that hygiene is being performed and may require limited assistance at times. RPN #121 indicated to Inspector #547 that facial hair is also part of daily hygiene verification requirements. Resident #006 was provided a shower on three specified dates in November so far whereby the Resident's facial hair was not removed, and PSW flow sheets identified that hygiene was performed on days and evenings from November 1-10, 2015. [s. 6. (7)]

WN #4: 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 post fall assessments were conducted using a clinically appropriate instrument that is specifically designed for falls for Resident #005 and Resident #020.

Inspector #551 reviewed the resident health care records and noted Resident #020 was admitted to the home on a specified date in May, 2015. According to the most recent quarterly Falls Assessment, the resident is assessed to be at high risk for falls.

Resident #020 fell eight times between specified dates in June to October, 2015.

The DOC was interviewed and stated that the home's clinically appropriate tool for falls is the Post Fall Screen for Resident/Environmental Factors and that this tool should be completed following every resident fall.

A review of Resident #020's health care record shows that the Post Fall Screen for Resident/Environmental Factors was only completed twice after falls that occurred during this period. A Post Fall Screen for Resident/Environmental Factors was not completed six of the eight times that Resident #020 fell. [s. 49. (2)]

2. Inspector #547 reviewed Resident #005 health records from a specified dates from June to November, 2015 and noted that the resident had three falls between specified dates from June to August, 2015.

A Post Fall Screen for Resident/Environmental factors was completed once in July, 2015 and a quarterly Fall Assessment was completed nine days later indicating that Resident #005 was considered high risk of falls and has had multiple falls within the last six months.

RPN #116 indicated to Inspector #547 that the home's expectations is that Registered Nursing staff complete a Post Fall Screen for Resident/Environmental factors after every resident fall in the point click care system. RPN #116 reviewed Resident #005's health records and indicated that no Post Fall Screen for Resident/Environmental factors were completed for two out of three falls that occurred between specified dates from June to August, 2015. [s. 49. (2)]

Issued on this 16th day of November, 2015

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

Original report signed by the inspector.