Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	MARIAN MACDONALD (137), CAROLEE MILLINER (144), RUTH HILDEBRAND (128), SHARON PERRY (155)
Inspection No. / No de l'inspection :	2012_024137_0053
Log No. / Registre no:	L-001149-12
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Report Date(s) / Date(s) du Rapport :	Dec 12, 2012
Licensee / Titulaire de permis :	MEADOW PARK (LONDON) INC 689 YONGE STREET, MIDLAND, ON, L4R-2E1
LTC Home / Foyer de SLD :	MEADOW PARK (LONDON) INC. 1210 SOUTHDALE ROAD EAST, LONDON, ON, N6E-1B4
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	~~DAN GULBERT~~ mmo Robert Vander Heyden

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

To MEADOW PARK (LONDON) INC, you are hereby required to comply with the following order(s) by the date(s) set out below:

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Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident.
2007, c. 8, s. 6 (1).

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s.6.
The plan must include confirmation with immediate dates that the written plans of care for 8 identified residents:
- were reviewed and/or revised to ensure that the plans of care provide clear direction to staff;
- assessments were completed and are collaborative and integrated;
- staff were made aware of the care set out in the plan of care so that the care is provided to the residents;
- the care set out in the plans has been reviewed and revised when the care needs have changed.
The plan will also include how plans of care, for all residents of the home, will be reviewed and/or revised to ensure that the care set out in the plan will be provided to residents.

Please submit the plan, in writing, to Marian C. Mac Donald, Long-Term Care Homes Nursing Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, Ontario, N6B 1R8, by email, at Marian.C.Macdonald@ontario.ca by January 2, 2013.

Grounds / Motifs :

1. Two written notifications of non-compliance and two voluntary plans of

correction have previously been issued on September 13, 2011, under s.6.

2. An identified resident's plan of care does not indicate that the resident has lower natural teeth and that staff need to assist the resident with cleaning of the teeth. Interviews, with three PSW's/HCA's, all indicated that the resident has dentures. The last head to toe assessment indicated that the resident has lower natural teeth. The DOC confirmed that the plan of care did not provide clear direction to staff regarding oral care. [LTCHA, 2007 S.O. 2007, c.8, s.6(1)(c)] (155)

3. Clear direction has not been provided to staff related to the written plan of care for an identified resident. The Master diet list by table number states that the resident is to receive pudding at pm snack and HS snack but the diet list by room number states that the resident is to receive a sandwich.
The food service supervisor acknowledged that the lists did not match nor did they provide clear direction to staff. [LTCHA, 2007 S.O. 2007, c.8, s.6(1)] (128)

4. The plan of care for an identified resident revealed that the goal is for the resident to participate in 2 social programs and receive two 1 to 1 visits weekly. A record review revealed that the resident attended 5 social events and had one 1 to 1 visit in the month of October. [LTCHA, 2007 S.O. 2007, c.8,s.6(7)] (128)

5. The plan of care revealed that the activation goal was that an identified would receive two 1 to 1 visits per week.
However, record review revealed that the resident only had two 1 to 1 visits over a 25 day time frame. [LTCHA, 2007 S.O. 2007, c.8, s.6(7)] (128)

6. The licensee has not ensured that the care set out in the plan of care was provided to an identified resident as evidenced by:
A clinical record review revealed that the care plan states that the resident is totally dependent on staff for eating and that a staff member feeds the entire meal. The resident is at high nutritional risk related to not eating.
The resident was observed trying to feed self at the lunch meal October 26, 2012, without a staff member present at the table. The resident did not consume the entrée of this meal.
Personal support workers and a registered nurse confirmed that the resident is not eating well.
The snack list attached to the afternoon snack cart, on October 26, 2012 stated

that the resident was to receive High Energy, High Protein milk(HEHP) at pm snack as well as a sandwich. However, there was neither HEHP milk nor a sandwich on the snack cart for the resident.
A personal support worker stated that the sandwich was given to another resident and that the identified resident would get pudding. The PSW confirmed that the HEHP milk was not sent for the resident but the resident is usually provided juice anyway. [LTCHA, 2007 S.O. 2007, c.8, s.6(7)] (128)

7. The plan of care for an identified resident indicates that the resident is to receive a 1/2 sandwich provided at PM and HS snack daily and that staff are to provide modified texture.
The registered dietitian confirmed in an interview that her expectation was that the resident was to be receiving the interventions outlined in the plan.
Observation of the p.m. snack cart on October 25, 2012 revealed that the sandwich outlined in the plan of care was not provided.
A registered nurse confirmed that the sandwich was not available for the resident. [LTCHA, 2007 S.O. 2007, c.8, s.6(7)] (128)

8. The plan of care revealed that the activation goal is that an identified resident will receive two 1 to 1 visits per week and the resident will be taken to and from each program when not in bed (musical programs, church services).
A record review revealed that the resident had two 1 to 1 visits in the month of October and attended 6 programs. [LTCHA, 2007 S.O. 2007, c.8, s.6(7)] (128)

9. Plans of care were not followed, at afternoon snack, in the Oxford wing, on October 31, 2012, for the following residents as correct diets and/or interventions were not provided:
*One identified resident was not offered a sandwich as per the care plan and the sandwich was not provided on the snack cart;
*Two identified residents were offered regular juice which was not allowed on the restricted energy diet.
The personal support worker delivering the snacks and beverages did not refer to the diet list on the snack cart nor the menu.
The food service supervisor acknowledged that the expectation is that staff are to follow the Master Diet List to ensure that residents receive the correct diets and that interventions are provided. [LTCHA, 2007 S.O. 2007, c.8, s.6(7)] (128)

10. The plan of care has not been revised, for an identified resident, post

hospitalization. A clinical record review revealed the care plan states the resident is to receive a nutritional supplement yet the order was discontinued. A registered nurse confirmed that the order had been discontinued but that was one of the few things that the resident would drink. Concern was expressed that the resident was not eating well.
The food service supervisor confirmed that the nutritional supplement was discontinued in error, after MOHLTC inspector identified this, and that he had contacted the registered dietitian and the physician to get it re-ordered. [LTCHA, 2007 S.O. 2007, c.8, s.6(1)(b)] (128)

11. The plan of care for an identified resident indicates that the resident is to receive a 1/2 sandwich provided at PM and HS snack daily. The care plan also states that staff are to provide modified texture.
Interviews with a personal support worker, a Registered Practical Nurse and the physician confirmed that the resident's condition has been deteriorating and has not been taking anything via spoon.
The plan of care has not been reviewed and revised to reflect the resident's change of condition.
The registered dietitian confirmed in an interview that the deterioration in the resident's condition had not been communicated to the dietitian. [LTCHA, 2007 S.O. 2007, c.8, s.6(1)(b)] (128)

12. There is no evidence to support that staff collaborate with each other in the assessment and development and implementation of the plans of care for residents. A record review for an identified resident revealed that the diet order has not been written to provide a diet type, food texture and fluid consistency. The registered dietitian confirmed that there was confusion, related to the way the diet order was written and that she would reassess the resident and re-write the diet order. The dietitian also confirmed that she has not been consistently notified when there was a diet order change.The resident's diet order does not match the care plan nor either of the two meal and snack diet lists.
Diet lists by table number and by room number do not match the resident's diet order and care plan.
The registered dietitian confirmed that the home has had discussions but there is not a process in place to ensure there is an integration of assessments and plans of care for residents.
[LTCHA, 2007 S.O. 2007, c.8, s.6(4)(a)] 128

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Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

(155)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2013

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s.15(2)(a) and (c).
The plan must include how the areas identified will be cleaned and repaired, as well as, identify who is responsible to correct the deficiencies and the dates for completion.
The plan must also include who will ensure and how, on an ongoing basis, that the home , furnishings and equipment will be kept clean, sanitary and maintained in a safe condition and good state of repair.

Please submit the plan, in writing, to Marian C. Mac Donald, Long-Term Care Homes Nursing Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, Ontario, N6B 1R8, by email, at Marian.C.Macdonald@ontario.ca by January 2, 2013.

Grounds / Motifs :

1. A previous written notification of non-compliance and a voluntary plan of correction were issued on May 2, 2012, related to the home, furnishings and equipment not being kept clean and sanitary.

Observations of the Chapel, by Inspectors # 128, 137 and 155, revealed

fourteen chairs to be soiled and stained.
The Chapel walls were observed damaged, baseboard lifted and rust stains on the floor.
[LTCHA, 2007 S.O. 2007, c.8, s.15(2)(a)]

(137)

2. Inspector # 137 observed the ceiling lift bar cover in Oxford tub room to be covered with dust, on two days during the inspection.
On October 31, 2012 at 10:21 am, Inspector # 128 observed a large floor fan, at end of Kent near Lambton, to be covered with strings of dust. [LTCHA, 2007 S.O. 2007, c.8, s.15(2)(a)]

(137)

3. During the October 17, 2012 lunch meal in the Elgin/Oxford dining room, Inspector # 155 observed dried food debris on the wall, bulletin board and wall paper, behind the soiled dish utility cart, as well as the hand rail, under the POC kiosk, was not clean.
The radiator cover was missing by an identified table, exposing vertical metal pieces.
Spider webs were observed by an identified table, from the window to flower vases on the window sill.

Thirteen days later, on October 30, 2012 @ 11:10 am, in Elgin/Oxford dining room, Inspectors # 128 and # 137 observed the wall paper, wall and wooden wall guard under the menu board, the wall by two identified table, the radiator cover and window glass by an identified table still to be soiled with dried food debris.
The ceiling air conditioner was observed to contain dust and in need of cleaning.
The radiator cover was observed to be rusted and scraped of paint.
The seat cushions of 31/37 (83.78%) dining chairs were observed to be stained and dining room table legs/pedestals were scratched.
The Administrator and Food Service Supervisor observed and confirmed the observations of the Inspectors. [LTCHA, 2007 S.O. 2007, c.8, s.15(2)(a)] (128 and 137)
(137)

4. Observations of the servery area in the main dining room revealed the following maintenance issues:
- the counter top is very stained and the wall behind has paint peeling off of it;
-there is a hole in the wall and the baseboard is coming off the wall beside the refrigerator/counter.
The Administrator shared that the expectation is that the home, furnishings and equipment are kept clean, sanitary and maintained in a safe condition and good state of repair. [LTCHA, 2007 S.O. 2007, c.8, s.15(2)(c)]

(128)

5. On October 17, 2012 at noon, Inspector # 128 observed two cupboard doors in disrepair, a hole in the wall and the garbage can lid was dirty, in Lambton dining room.
On October 23, 2012, Inspector # 155 observed a phone outlet box lying on the floor and resident's room noted to have chipped paint off of wall at head of bed and closet door in an identified room on Elgin. Door frames to room and bathroom had paint chipped in another identified room on Elgin.
A ceiling light was observed not working in the lounge at the end of Elgin, in front of Kent.
On October 26, 2012 at 8:40 am, Inspector # 137 observed holes/damage to six identified walls on Lambton.
On October 31, 2012 at 12 noon, Inspector # 137 observed 4 damaged and scraped ceiling tiles in Lambton tub room, as well as damaged floor tiles and chipped wall in Oxford elevator.
[LTCHA, 2007 S.O. 2007, c.8, s.15(2)(c)] (128 and 155) (137)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2013

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 003

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s.84.
The plan must include what immediate and long-term actions will be undertaken to correct the identified deficiencies, as well as identify who will be responsible for ensuring that the overall quality improvement and utilization review system is fully implemented.
Please submit the plan, in writing, to Marian C. Mac Donald, Long-Term Care Homes Nursing Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, Ontario, N6B 1R8, by email, at Marian.C.Macdonald@ontario.ca by January 2, 2013.

Grounds / Motifs :

1. The home has developed a quality improvement and utilization review system but not all components have been implemented as evidenced by the following:
The major issues identified in the Residents' Satisfaction Survey of October 2011 remain outstanding, such as:
* Laundry, missing clothing, not processed promptly – A new labeling form and procedure was to be implemented by October 15, 2012, to avoid any mislabeling, missing clothing and labeling on time. There is no documented evidence of a new labeling form and procedure implemented and, this was confirmed by the Environmental Services Supervisor.
* Food Service, temperatures, look of meals, overall satisfaction – An in-service was to be held to enforce with dietary aides the need to ensure the food is

plated in an attractive manner. There is no documented evidence that an in-service was conducted and this was confirmed by the Food Service Supervisor.
* Fire Safety – Signage was to be posted on the back of each bedroom door notifying residents what to do in the event of a fire. Inspector # 137 observed that there was no signage posted on the bedroom doors in Kent, Elgin and Oxford and this was confirmed by the Staff Educator. Also, the Residents' Council and residents were to be informed of Fire Procedures in the home. The Staff Educator confirmed that this had not occurred.
The Environmental Services Supervisor, Food Service Supervisor, Life Enrichment Coordinator and Staff Educator all confirmed that the issues identified in the October 2011 Resident Satisfaction Survey have not been acted upon, except for the Family Council being informed of the Home's Fire Procedure.

A review of 14 maintenance audits, conducted between March 16 - October 15, 2012, revealed that the ballasts require replacing in Elgin and Oxford hallway lighting. A quote was submitted to Corporate Office in March 2012.
A review of housekeeping audits, conducted between March 16 – October 15, 2012, revealed that the finish on floors is not in good condition as schedules were not compliant, due to floor scrubber breakdown and schedules for cleaning rooms, refinishing and buffing floors were postponed, waiting for a floor scrubber.
A quote was submitted to Corporate Office on November 29, 2011.
While these deficiencies have been identified, no action plans have been developed and implemented to correct the deficiencies.
A review of the Administrator's Walk-through Audit of April 2012 revealed a problem/deficiency with privacy curtains being soiled. The action plan was that a new program and schedule will be in effect to wash privacy curtains. There is no documented evidence that a new program and schedule is in place and this was confirmed by the Environmental Services Supervisor.
[LTCHA, 2007 S.O. 2007, c.8, s.84]
(137)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Feb 28, 2013

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 004

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, 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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s.8(1)(a) & (b), to ensure that policies are implemented in accordance with applicable requirements under the Act and regulations and that they are complied with.
The plan must identify how education will be provided to staff related to existing and newly implemented policies and how compliance will be monitored.

Please submit the plan, in writing, to Marian C. Mac Donald, Long-Term Care Homes Nursing Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, Ontario, N6B 1R8, by email, at Marian.C.Macdonald@ontario.ca by January 2, 2013.

Grounds / Motifs :

1. A written notification of non-compliance and a voluntary plan of correction were previously issued on October 5, 2011 related to the Head to Toe Skin Assessment Policy, not being complied with.

A review of the Quality Council Overview Policy, dated January 2009, revealed that the meeting minutes were to be posted in the home and that membership includes front line staff, volunteers and representation from Residents' and Family Councils. The Administrator confirmed that the minutes are not posted

and membership consists of the management team only.

A review of the Call Bell System Policy, dated May 2007, revealed all call bells are to be checked yearly for proper functioning. There is no documented evidence that the nurse call system has been tested and on November 6, 2012 at 3:00 pm, this was confirmed by the Environmental Services Supervisor. [O. Reg. 79/10, s.8(1)]

(137)

2. The home is not complying with their policy entitled Documenting Resident Attendance, dated June 2008, from the Life Enrichment manual. The policy contains 14 participation codes that are to be used to document resident participation in all life enrichment activities.
However, the legend currently used to document participation only has 10 codes and many of them do not match the codes in the policy. As an example,"N" in the policy indicates inactive while "N" in the current legend indicates not available. Likewise, "L" in the policy indicates Leave of Absence/ Out of the building while "L" is currently being coded for Own Leisure.
The Life Enrichment Coordinator acknowledged that the home is not following their documentation policy.
It was also noted that the documentation for the month of October was not always accurate. The following errors were noted:
One identified resident was coded with an A for Active participation at Fitness on October 18, 2012. However, it was observed that the resident slept through this activity.
Another identified resident is not coded as being at Fitness on October 18, 2012. The resident did attend although slept throughout it.
A deceased resident, was coded as actively participating in shuffleboard, on October 27, 2012.
Another identified resident was coded with an A for Active participation in craft workshop on October 3, 2012. However, the resident is unable to participate actively in many recreational activities related to cognitive impairment and physical disabilities.
The Life Enrichment Coordinator acknowledged that the coding for these residents was not done correctly. [O. Reg. 79/10, s.8(1)]

(128)

3. Jarlette Health Services-Policy subject: Medication Management System--Drug Storage; Manual: Resident Care
Revised Date: Feb 2010 states:
Ensure that all narcotics and controlled drugs are stored in a double locked, permanently affixed compartment within the general medication cart and or medication room.
Ensure that during the distribution of medications, that the medication cart and medication room is kept locked when not attended.
Ensure that no medication is left on top of the medication cart when the Registered Staff is not in attendance.
During this inspection it was noted that controlled drugs are not stored in a double locked, permanently affixed compartment within the general medication cart and medication room.
The policy was not complied with as evidenced by controlled substances were observed in the medication cart and the medication fridge and were not double locked; and medication/treatment carts were unlocked and unattended and/or medication left on top of the cart and cart unattended on 8 occasions during this inspection. [O. Reg. 79/10, s.8(1)]
(155)

4. The home's policies regarding height monitoring being done annually are inconsistent. One policy was not followed and the other policy does not meet the expectations in the regulations.
The policy entitled Measuring Height, dated October 2010, in the Nutrition manual states that heights are to be taken annually but 10 of 10 record reviews confirmed that they have not been taken annually.
The DOC confirmed that the nursing policy entitled Height Measurement, dated May 2007, from the Resident Care manual does not meet current regulation as it does not indicate that the heights are to be taken annually. [O. Reg. 79/10, s.8 (1)]

(128)

5. The Tray Service for Residents policy, dated May 2007, was not followed when an identified resident was provided a tray and was observed eating in the resident's room, with no staff in the vicinity, on October 17, 2012, at the lunch

meal.
The policy states "the resident will be brought their meal by the nursing care staff and the staff member will stay with the resident throughout the meal. A resident eating alone in their room is at risk for choking".
The registered dietitian confirmed that the expectation is that the policy be followed for all residents who eat in their rooms. [O. Reg. 79/10, s.8(1)]
(128)

6. The home has not implemented a policy related to immunizations against tetanus and diphtheria, as required, in the regulations.
The Co-DOC/designated infection control practitioner confirmed that the policy entitled, Tetanus and Diptheria Immunization, dated September 2012, has not been implemented in the home and it was just received from corporate when MOHLTC inspectors requested the policy. [O. Reg. 79/10, s.8(1)]
(128)

7. Classic Care Pharmacy
Subject: Safe Storage of Medication
Policy Number 4.8
Revision Date: October 2010
Medications, which require refrigeration, are stored in a refrigerator in the medication room or in a locked box in a refrigerator. The medication refrigerator should: Have a thermometer to monitor temperature; be maintained between 2 and 8 degrees Celsius.
Narcotic and controlled substances are stored separately, with no other articles, and always maintained under double-lock. They must be: Stored in a stationary narcotic box in the medication cart or in a stationary narcotic cupboard or box in the medication room.
Clonazepam was observed to be stored in the regular strip packaging.
Lorazepam ordered PRN was observed stored in a card in the bottom drawer of the medication cart. Injectable lorazepam 4mg/ml was noted to be stored in the medication fridge in the medication room and the medication fridge temperatures are not monitored. [O. Reg. 79/10, s.8(1)]

(155)

8. Review of Jarlette Health Services Policy
Subject: Head to Toe Assessment

Manual: Resident Care Manual
Section: PCC Documentation
Revised Date: June 2011
Policy states that the Head to Toe Skin Assessment will be completed on every resident at risk of altered skin integrity within 24hrs of admission, upon return from hospital and following leaves of absence greater than 24 hours. An identified resident returned from hospital but the resident's Head to Toe Skin Assessment was not initiated until approximately 38 hours after returning from hospital. The assessment was still not signed as being completed 15 days after returning from hospital.This was confirmed by The Director of Care. [O. Reg. 79/10, s.8(1)(b)] (155)

(137)

9. A review of the Maintenance Manual Policy "Electrical Fixtures", dated January 2007, revealed the nursing home is to be checked daily for any faulty or burnt out lights and replace immediately.
This policy has not been complied with as evidenced by Inspector # 137 observed light bulbs to be not working in the following areas:
Elgin Lounge - 1 of 4 ceiling lights was not working.
Alcove across from DOC office - 3 of 5 lights in the ceiling fixture were not working.
Kent Lounge - 2 of 4 ceiling lights were not working.
Sconce light on wall near E5 was not working.
Oxford Lounge 1 of 4 ceiling lights was not working
Several fluorescent light tubes in Elgin and Oxford hallways were not working. ESS confirmed that the ballasts needed to be replaced.
In one bedroom on Elgin and in three bedrooms on Oxford, the bedroom ceiling light fixtures contained only one light bulb, rather than two, or two bulbs with only one working. The ESS confirmed this. [O. Reg. 79/10, s.8(1)(b)]
(137)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2013

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 005

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. Residents must be offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

O. Reg. 79/10, s. 229 (10).

Order / Ordre :

The licensee must conduct an immediate review of the immunization status for all residents and staff, related to TB screening, to ensure the immunizations are completed, unless medically contraindicated.

The licensee must ensure that all residents are offered immunizations against pneumococcus, tetanus and diptheria and that the home has a non-expired supply of these vaccines available.

The licensee must develop and implement an action plan to ensure all immunizations are completed in the required time frames, on an ongoing basis.

Grounds / Motifs :

1. A review of immunization records revealed that six residents have not been adequately screened for tuberculosis because the second step of the 2 Step screening was not administered despite receiving Step 1 of the TB test being done within 14 days of admission:
Resident # 1 - 167 days post admission;
Resident # 2 - 169 days post admission;
Resident # 3 - 715 days post admission;
Resident # 4 - 205 days post admission;
Resident # 5 - 713 days post admission;
Resident # 6 - 697 days post admission.
Another identified resident has not been screened for tuberculosis within 14 days of admission, and is now 340 days post admission.
[O.Reg 79/10, s.229(10)1] (128)

2. Inspector # 137 observed that there is no vaccine for tetanus and diphtheria in the vaccine refrigerator.
A review of immunization records for 10 residents revealed that none of the residents (100%) have been offered immunizations against tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
The DOC confirmed that none of the residents in the building have received the immunizations.
[O.Reg 79/10, s. 229. (10) 3]
(128)

3. Medical records were reviewed, with the Office Manager, for staff hired since May 22, 2012 and 8 of 10 staff files did not have evidence of screening for tuberculosis. One of the 10 staff had step one of the 2 step TB test completed but step 2 was never administered. One of the 10 employees had step one administered within 14 days of hire but the home was reported to not have any serum so step one was repeated 69 days post hire.
The DOC confirmed that the expectation is that all staff have their TB tests done upon hire before they commence working in the home.
[O. Reg. 79/10, s. 229(10) 4] (128)

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Jan 15, 2013

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 006

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(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).

Order / Ordre :

The licensee must take immediate action to achieve compliance with O. Reg. 79/10, s.17(1) by installing a resident - staff communication and response system that is available in every area, including the areas identified in the grounds for this order.
The licensee must also ensure that all call bells in the home are functioning and easily accessed by all residents, staff and visitors.

Grounds / Motifs :

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

1. Call bells were observed to not be functioning, on October 19, 2012, in the washrooms of two identified rooms on Lambton.
A personal support worker confirmed that the call bells were not working.
MOHLTC Inspector informed the home of this safety risk and the call bells were noted to be working on October 22, 2012.
A staff interview with DOC confirmed that the expectation is that residents' call bells are working and can be used by residents at all times.
On October 19, 2012 at 3:30 pm, the call bells in Oxford and Elgin tub rooms were observed, by Inspector # 137, as not being visible and accessible, as well as were obstructed by care supply carts. The pull cords were not attached at the activation point. The Director of Care was informed and was also unable to locate the call bell until shown the location by the Inspector. The Administrator was made aware and confirmed that the call bells were not visible and access was obstructed.
On October 22, 2012 at 9:32 am, the call bell in Oxford tub room was again observed not visible and access was obstructed by the care supply cart.
[O. Reg. 79/10, s. 17(1)(a)]

(128)

2. Observation of the Kent, Oxford, main lobby area and two Lambton lounges, as well as the Oxford, Elgin and Lambton dining rooms and the Chapel, revealed that there is no resident-staff communication and response systems available.
Personal support workers, housekeeping aides and the Life Enrichment Coordinator confirmed that there were no call bells accessible to residents, staff and visitors, in all of these areas.
[O. Reg. 79/10, s. 17(1)(e)] (137) (128)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2013

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 007

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

Order / Ordre :

The licensee must ensure that the home is maintained at a minimum temperature of 22 degrees Celsius to ensure compliance with O. Reg. 79/10, s. 21.

Grounds / Motifs :

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

1. Temperatures were taken in all areas of the home, October 29, 2012, between 10:54 and 11:26 am. The identified rooms were not at the required minimum temperature of 22 degrees:
The temperatures ranged from 18 - 213. degrees Celsius.
Three residents expressed concerns about the temperature of the building being too cold.
Two personal support workers stated that they were cold and that residents were complaining of being cold.
Two residents in bed were observed with the blankets over their heads.
Lambton dining room - temperature was 21.3 degrees Celsius;
Lambton hallway - temperature was 21.5 degrees;
A resident near Lambton lounge complained that it was cold in here but stated he/she was okay right now;
The environmental services supervisor acknowledged in an interview that he was aware that the home needed to be at a temperature of at least 22 degrees Celsius and that the thermostat had been adjusted. He was not sure if it would increase the temperature immediately.
Later that day the administrator acknowledged that there had been previous concerns identified related to the heating system and arrangements were made a month ago with a heating company to address the concerns. The company was noted to be on-site after the MOHLTC inspector had identified concerns regarding the heating.
[O. Reg. 79/10, s. 21]
(128)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 17, 2012

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 008

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, 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
(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s.72(3)(a) to ensure that all food and fluids are prepared and served using methods that preserve taste, appearance and food quality.
The plan must include the development and implementation of a process to identify how residents will be consulted to ensure that they are satisfied with the food, at the time of meal service. The plan must also include an ongoing monitoring process which is documented, to ensure overall resident satisfaction with food and fluids.

Please submit the plan, in writing, to Marian C. Mac Donald, Long-Term Care Homes Nursing Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, Ontario, N6B 1R8, by email, at Marian.C.Macdonald@ontario.ca by January 2, 2013..

Grounds / Motifs :

Ontario

Ministry of Health and Long-Term Care

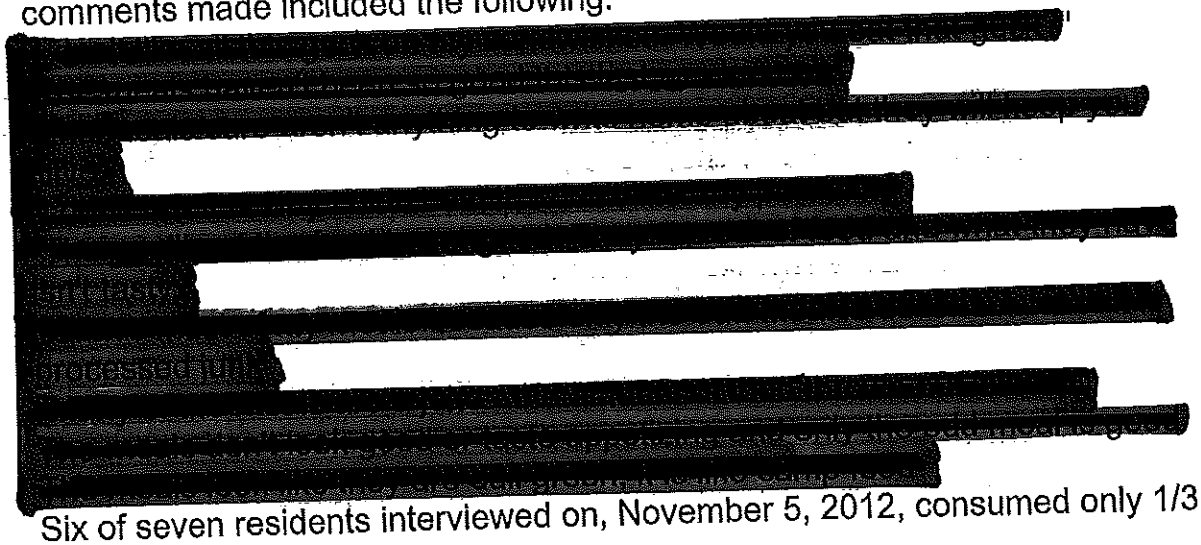
Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

1. A previous written notification of non-compliance and a voluntary plan of correction were issued, on May 2, 2012, related to residents' dissatisfaction with meals.

Nine residents expressed concerns about the quality/taste of the food. The comments made included the following:



Six of seven residents interviewed on, November 5, 2012, consumed only 1/3 to ½ their lunch meal entrees.
Plate waste was noted at lunch, November 5, 2012, with at least 1/2 the entrée from 12 of 12 plates observed being scraped into the garbage. Additionally, 8 of 8 residents observed did not consume the corn/black bean salad on October 17, 2012 and it was all scraped into the garbage.
The food service supervisor acknowledged that plate waste is not monitored in the dining rooms in terms of assessing the quality of the food and residents satisfaction with the taste of the food.
[O. Reg. s. 72. (3) (a)]
(128)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2013

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 009

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Order / Ordre :

The licensee must achieve compliance with O. Reg. 79/10, s.73(1)10 to ensure proper techniques are used to assist residents with eating, including safe positioning of residents who require assistance.
The licensee must also provide education to all staff and volunteers, related to safe positioning of all residents who require assistance with eating.

Grounds / Motifs :

1. A previous written notification of non-compliance and a voluntary plan of correction were issued on May 2, 2012, related to not using proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

Observations of the afternoon snack cart, on October 31, 2012, revealed that proper techniques, including safe positioning of residents were not used to assist six identified residents who required assistance with eating.
*Resident # 1 started to cough while being provided a drink .The PSW sat down and when the resident stopped coughing, the PSW stood up again. The resident started to cough again.
The plan of care for this resident revealed that risk of choking/aspiration and ensuring appropriate positioning were identified.
*Resident # 2 was not at a safe feeding position while a personal support worker stood to provide the resident with a snack, placing the resident at risk of choking. The PSW sat down part way through the snack but then stood to provide the resident with the beverage.
The plan of care for this resident revealed that risk of choking/aspiration was identified.
*resident # 3 was not at a safe feeding position while a personal support worker stood to provide the resident with a drink, placing the resident at risk of choking.
*Resident # 4 was not at a safe feeding position while a personal support worker stood to provide the resident with a snack, placing the resident at risk of choking.
*Resident # 5 was not at a safe feeding position while a personal support worker stood to provide the resident with a snack and juice, placing the resident at risk of choking.
*Resident # 6 was not at a safe feeding position while a personal support worker stood to provide the resident with juice. The resident's chair was also not in an upright position, placing the resident at risk of choking.
The DOC and registered dietitian both confirmed that the expectation was that

all staff must ensure every resident was at a safe feeding position while being provided with food and fluids.
[O.Reg. 79/10, s. 73.(1)10]
(128)

2. A personal support worker was observed standing to feed an identified resident thickened fluids, on October 18, 2012, at afternoon snack. The resident was not in a safe feeding position and was sitting reclined at approximately a 110 degree angle.
The PSW acknowledged that resident was at choking risk and put the resident in an upright position, after MOHLTC intervention.
The DOC confirmed that the expectation is that all residents are positioned safely while being assisted with eating and that residents should be placed at a 90 degree angle to ensure safety.
[O. Reg. 79/10, s. 73 (1) (10)] (128)

3. An identified resident's current kardex indicates that the resident is to be properly positioned for all oral intake and 30 minutes afterward.
During the lunch meal on October 17, 2012,the resident was in a reclined position while a PSW was feeding the resident thickened fluids and the fluids were running out of the resident's mouth. Inspector asked that the resident be repositioned due to not being in a safe position and the request was complied with.
[O.Reg. 79/10, s. 73.(1)10] (155)

4. On October 24, 2012, a PSW was giving an identified resident thickened fluids while the resident was seated in a reclined position.The current care plan indicates that the resident is to be in tilt position at all times other than just prior to consuming her meal. A registered practical nurse confirmed that the resident is a choking risk.
[O.Reg. 79/10, s. 73.(1)10] (155)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 17, 2012

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 010

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,
(a) procedures are developed and implemented to ensure that,
(i) residents' linens are changed at least once a week and more often as needed,
(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,
(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and
(iv) there is a process to report and locate residents' lost clothing and personal items;
(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;
(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and
(d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s.89(1)(b) & (c) to ensure that there is an organized program of laundry services to provide a sufficient supply of clean linen, face cloths and bath towels which are always available in the home for use by residents and that linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours.
Please submit the plan, in writing, to Marian C. Mac Donald, Long-Term Care Homes Nursing Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, Ontario, N6B 1R8, by email, at Marian.C.Macdonald@ontario.ca by January 2, 2013.

Grounds / Motifs :

1. A written notification of non-compliance and a voluntary plan of correction were previously issued on May 2, 2012, related to linen not being clean and in a good state of repair.

On October 26 and October 29, 2012, interviews were conducted with 8 staff members and all revealed that the home frequently runs out of linens on a daily basis, including top sheets, bottom sheets and bath towels.
A tour of the linen rooms, on October 29, 2012 between 7:58 - 8:15 am, revealed that there was a shortage of bottom sheets on Oxford, top sheets, bed spreads and slings on Kent, top and bottom sheets on Lambton and bath towels on Elgin.
There were no sheets in Oxford, no linens in Kent, 8 pillow cases in Lambton and some aprons and peri-cloths in Elgin.
There was not a sufficient supply of clean linens, face cloths and bath towels always available in the home for use by the residents. [O. Reg. 79/10, s.89(1)(b)]
(137)

2. Observations conducted by two inspectors (# 137 and # 155) throughout the RQI revealed the following:
Lambton – pillow cases and sheets observed to be stained, worn, had holes and were discoloured in 7 identified rooms. A mattress cover was observed to be worn.
A therapeutic surface cover was observed to be soiled and had a strong urine odour detected from it.
Kent – observed stained sheets in two identified rooms. Several sheets and pillow cases on beds and care cart were observed to be discoloured.
Elgin – pillow cases and sheets observed to be worn and had holes, in two identified rooms.
Oxford – observed worn and stained pillow cases in two identified rooms.
[O. Reg. 79/10, s.89(1)(c)]

(137)

3. Soiled privacy curtains were observed throughout the RQI in 11 identified rooms. [O.Reg. 79/10, s.89(1)(c)]
(137)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2013

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 011

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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
(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).

Order / Ordre :

The licensee must take immediate action to achieve compliance with O. Reg. 79/10, s.129(1) to ensure that drugs are stored in an area or a medication cart that is secure, locked and not left unattended.

Grounds / Motifs :

1. On October 31, 2012 , Inspector # 128 observed an unattended medication cart with crushed medication in applesauce and prescription eye drops sitting on the top of the cart.
The Care Services Coordinator was made aware, confirmed observation, expressed concern and removed the cart to administration office. [O. Reg. 79/10, s.129(1)]
(128)

2. Inspector # 128 observed a treatment cart unlocked and unattended with prescription creams inside the cart, on October 31, 2012, in the Oxford wing. The DOC confirmed the expectation is that treatment carts are to be locked at all times and in the medication room when unattended.

The DOC took the treatment cart and put it in the medication room. [O. Reg. 79/10, s.129(1)]
(128)

3. Inspector # 128 observed a treatment cart unlocked and unattended with two prescription creams sitting on the top of it, as well as inside the cart, on October 31, 2012, in the Lambton secure wing.
The RPN was in the tub room for four minutes while the cart was unattended. The RPN acknowledged that it "probably should have been locked", but indicated the expectation is more so with medication carts. [O. Reg. 79/10, s. 129(1)]
(128)

4. A medication cart was observed unlocked and unattended sitting near the window by the administration area on October 31, 2012. A registered staff walked from the Oxford hallway past the cart to the lounge area near the front entrance. The cart was removed from the area and taken to the administrator's office. Registered staff were not in view of the cart. [O. Reg. 79/10, s.129 (1)]
(128)

5. On October 25, 2012, a registered practical nurse had the Oxford medication cart parked by the administration office doorway. At 11:28 am, the RPN left the medication cart unattended and unlocked and entered the dining room to administer medications to a resident. At 12:05 pm, the registered practical nurse again left the medication cart unlocked and unattended and entered the dining room to administer medications to a resident. [O. Reg. 79/10, s.129(1)(a)] (155)

6. On October 25, 2012 at 9:25 am, Inspector # 155 entered the Lambton secure unit and observed the medication cart unattended, outside of the activity room. There was a bottle of Pediatrix Drops 80mg/ml 500 ml bottle that was 3/4 full. Residents were coming out of the doorway where the medication cart was located. A registered practical nurse came out of the dining room at 0930 hours. The inspector introduced self to the RPN who then opened the medication cart and put the bottle of Pediatrix drops 80mg/ml away in the cart. [O. Reg. 79/10, s.129(1)(a)]
(155)

7. On October 26, 2012 at 8:30 am, Inspector # 137 observed the medication

cart, in Kent, to be unlocked, unattended and there were 7 medications in a medication cup, situated on top of the MAR, as well as a bottle of Diclofenic topical solution on top of the medication cart.
A registered practical nurse was observed to be in the dining room and returned to the medication cart at 8:35 am. [O. Reg. 79/10, s.129(1)(a)]

(137)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 17, 2012

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 12th day of December, 2012

Signature of Inspector / Signature de l'inspecteur : Marian C. MacDonald

Name of Inspector / Nom de l'inspecteur : MARIAN MACDONALD

Service Area Office / Bureau régional de services : London Service Area Office