

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 2, 2020	2020_756583_0001	012158-19, 017931- 19, 022774-19	Critical Incident System

Licensee/Titulaire de permis

AXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 MISSISSAUGA ON
L4W 0E4

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

The Meadows
12 Tranquility Avenue ANCASTER ON L9G 5C2

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

KELLY HAYES (583)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 21, 22, 23, 25, 26, 27, 29, 2020, as an off-site inspection.

The following intakes were completed during this Critical Incident System inspection:

Log #017931-19, related to falls,

Log #012158-19, related to written complaint with possible allegation of neglect, and

Log #022774-19, related to a medication incident/adverse drug reaction.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED) and the Director of Care (DOC).

During the course of the inspection, the inspector(s) reviewed the electronic and paper clinical records of residents, relevant policies and procedures, the homes investigation reports, medication incident reports, written complaints and responses and completed interviews with staff in the home.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Medication

Prevention of Abuse, Neglect and Retaliation

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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 O. Reg. 79/10, s. 8 (1).

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

Findings/Faits saillants :

1. The licensee failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy or procedure that the policy and protocol was complied with.

In accordance with O. Reg. 79/10, s. 114 (3), the licensee was required to ensure that written policies and procedures developed for the medication management system were implemented in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

Specifically, staff did not comply with the licensee's policy regarding "LTC – Medication Reconciliation – CARE13-O10.02", last revised March 6, 2019.

The home submitted critical incident report on an identified date in 2019, identifying that a medication incident/adverse drug reaction occurred and resident #002 was transferred to hospital.

Resident #002's electronic/paper medical records and the homes medication incident reports were reviewed. On admission resident #002 was ordered an identified number of medications in error, and was administered the medications over a four day period.

The homes policy titled "LTC – Medication Reconciliation – CARE13-O10.02", last revised March 6, 2019, procedure titled "Medication Reconciliation – Move-in" was reviewed. It was confirmed through record review, the homes investigation notes and interviews completed with the Executive Director (ED) and Director of Care (DOC) that the following parts of the procedure were not implemented.

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A) "The Nurse will complete an accurate Best Possible Medication History (BPMH) of the Resident's medication, including name, dose rate, the frequency and corresponding diagnosis. This will include but is not limited:

- A systematic process of interviewing the Resident/SDM, and
- A review of at least one other reliable source.

RPN #102 completed the BPMH using only once source of information the resident's medication blister packs and bottles and systematic process of interviewing resident #002's SDM was not completed. The "indication" section for each medication on the "New Admission Order Form" was blank and the home confirmed in an interview with RPN #102 that they did not correspond each medication with the corresponding diagnosis.

B) Once Medication orders are written and confirmed by Physisican/prescriber, orders are to be verified and checked by second nurse for accuracy.

RPN #103 and #104 both signed the "New Admission Order Form" verifying they completed second checks. In an interview with the ED and DOC, they shared the RPNs did not cross check the written medications on the "New Admission Order Form" with the blister packs/pill bottle prescriptions and that would have been the expectation as part of the second check.

In an interview with the ED and DOC on May 27, 2020, it was verified the home's polices and procedures developed for the medication management system were not complied with by staff. [s. 8. (1) (b)]

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 where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy or procedure that the policy and protocol is complied with, to be implemented voluntarily.

Issued on this 8th day of June, 2020

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

Original report signed by the inspector.