



**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  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 28, 2014	2014_344586_0018	H-001590-14	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

NORFOLK HOSPITAL NURSING HOME (THE)  
365 WEST STREET SIMCOE ON N3Y 1T7

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

THE NORFOLK HOSPITAL NURSING HOME  
365 WEST STREET SIMCOE ON N3Y 1T7

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

JESSICA PALADINO (586), LESLEY EDWARDS (506), MARILYN TONE (167)

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## **Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): November 18, 19, 20, 21, 24, 25 and 26, 2014.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Nurse Manager (NM), Registered Dietitian (RD), Program Coordinator, registered staff, housekeeping staff, dietary staff, Personal Support Workers (PSW's), residents and family members.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping**

**Accommodation Services - Laundry**

**Contenance Care and Bowel Management**

**Dignity, Choice and Privacy**

**Dining Observation**

**Family Council**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Personal Support Services**

**Reporting and Complaints**

**Residents' Council**

**Responsive Behaviours**

**Skin and Wound Care**

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

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

**WN #1: The Licensee has failed to comply with 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 a) drugs were stored in an area or a medication cart that, ii) was locked and secure and b) controlled substances were stored in a separate locked area within the locked medication cart.

A) On November 24, 2014, it was observed that the medication cart was located in the hallway outside of a resident area and it was noted that the second drawer of the medication cart was slightly open, exposing medication pouches. The drawer was not locked and it opened easily. There was also a bottle of a resident's personal medication sitting on top of the medication cart.

i) It was noted that the registered staff who was dispensing medications was in the nearby room speaking with a resident.

ii) The inspector monitored the medication cart until the registered staff member came out of the room and returned to the medication cart.

B) On November 24, 2014, the medication cart was observed to be in the hallway outside of a resident area. It was noted that there were no staff around the area at the time.

i) When the drawers to the medication cart were tested, it was noted that they were unlocked.

ii) It was also noted that the narcotic box in the bottom drawer of the medication cart was also unlocked allowing access to the narcotic supply to any resident or staff who passed by.

iii) PSW staff interviewed indicated that the registered staff giving the medications that day was taking their break.

iv) After 15 minutes, no registered staff had yet returned so the NM was notified by the inspector.

v) The NM came to the home area and locked the medication cart and narcotic box. [s. 129. (1)]



***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 all drugs are stored in an area or a medication cart that is locked and secure and that controlled substances are stored in a separate locked area within the locked medication cart, to be implemented voluntarily.***

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**WN #2: 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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
  - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
  - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #002's plan of care was revised when the resident's care needs changed.

Resident #002 experienced significant weight loss. The resident was assessed by the RD on a specified date in November 2014 whereby a specific intervention was to be added. On November 24, 2014, review of the resident's documented care plan and kardex, as well as the main floor snack list that front line staff refer to during snack pass, revealed that the addition of the intervention was not added. This was confirmed by the DOC. Interview with the resident on November 24, 2014 confirmed they had not received this intervention as of yet. The resident's plan of care was not updated when their care needs changed. [s. 6. (10) (b)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**

**Specifically failed to comply with the following:**

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

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident-staff communication and response system was easily seen, accessed and used by resident, staff and visitors at all times.

On November 21, 2014, the call bell attached to the bed in a resident's room was not functioning when pushed and therefore could not be activated. Staff confirmed that the call bell was broken and could not be activated. The communication and response system was inaccessible to the residents in the room. [s. 17. (1) (a)]

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**



**Specifically failed to comply with the following:**

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the advice of the Residents' Council and Family Council was sought out when developing and carrying out the satisfaction survey, and in acting on its results.

Interview with the Residents' Council chair on November 24, 2014 and the Family Council chair on November 25, 2014 revealed that the councils were not given the opportunity to participate in developing the home's satisfaction survey. Interview with the DOC confirmed that the survey questions had not been reviewed with the councils for input prior to distribution in the home. [s. 85. (3)]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

**Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:**

**1. All areas where drugs are stored shall be kept locked at all times, when not in use.**

**2. Access to these areas shall be restricted to,**  
**i. persons who may dispense, prescribe or administer drugs in the home, and**  
**ii. the Administrator.**

**3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

**Findings/Faits saillants :**





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1. The licensee has failed to ensure that all areas where drugs are stored shall be locked at all times, when not in use.

On November 25, 2014, the clean utility rooms on both the main floor and first floor were observed to have six clear containers filled with a number of residents' prescription creams on the counters. The clean utility rooms were not equipped with a lock and were kept open for accessibility. The DOC confirmed on November 25, 2014 that prescription creams should be stored in an area that can be locked at all times, when not in use. [s. 130. 1.]

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**Issued on this 5th day of December, 2014**

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

**Original report signed by the inspector.**