Ontario

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

# Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*


**Ministry of Health and Long-Term Care**
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de longue durée**
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

| Date(s) of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection |
|---|---|---|
| November 9,10,2010 | 2010-173-2862-09Nov094444 | H01505 Complaint<br>H01307 CIS Review |

**Licensee/Titulaire**
Revera Long Term Care Inc. 55 Standish Court, 8th floor,
Mississauga, Ontario L5R 4B2
Fax: 289-360-1201

**Long-Term Care Home/Foyer de soins de longue durée**
Northridge Long Term Care Centre
496 Postridge Drive
Oakville, Ontario L6H 7A2
Fax:905 257-9883

**Name of Inspector(s)/Nom de l'inspecteur(s)**
Lesa Wulff – Compliance Inspector – Nursing #173

## Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint and critical incident inspection related to medication administration and continence care.

During the course of the inspection, the inspector spoke with: Director of Care, RAI-Coordinator, registered staff, personal support workers, and residents.

During the course of the inspection, the inspector: reviewed policy and procedures, clinical health records, medication administration records, observed resident care, observed medication administration.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management Inspection Protocol

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

3 WN
3 VPC

## NON- COMPLIANCE / (Non-respectés)

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire
**DR** – Director Referral/Régisseur envoyé
**CO** – Compliance Order/Ordres de conformité
**WAO** – Work and Activity Order/Ordres: travaux et activités

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| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.<br><br>Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.) | Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.<br><br>Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi. |

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s.135(2)(b)(c)**
**In addition to the requirement under clause (1) (a), the licensee shall ensure that,**
**(b) corrective action is taken as necessary; and**
**(c) a written record is kept of everything required under clauses (a) and (b).**

**Findings:**

1. A medication incident related to an identified resident was reported to the home's management in August, 2010. It was reported that a resident's medication was marked on the medication administration record as not available for one day. This medication is to be administered twice a day along with a second medication and is important to maintain the resident's condition. The unavailability of the medication was not reported by the nurse to the next shift, nor was the pharmacy contacted by the nurse to order more. As a result the resident's condition worsened and the resident was sent to hospital. On further examination of the clinical record, there were possibly four doses that were not given.
2. A review of the internal incident report was completed. During interview with the Director of Care, a request was made to review the investigation by the management into the circumstances related to this medication error. The Director of care stated that although verbal meetings were held with the staff involved, there were no statements taken, or notes made to record the investigation. The staff member was not disciplined or reinstructed. The Director of Care stated that a form was completed and sent to their corporate office, but could not produce the form when asked.
3. Two interventions were documented as implemented on the internal incident report as a result of the error. Neither of these interventions was in place during the inspection at the home.

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| **Inspector ID #:** | 173 |

**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 related to developing a process to ensure that actions is taken as necessary, and a written record kept of everything required under clauses (a) and (b) related to medication incidents in the home, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s.26(3)8**
**A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**
**(8) Continence, including bladder and bowel elimination.**

**Findings:**

1. Home has used a gentle care approach to continence care for some time. This includes not disturbing or waking a resident who is sleeping at night to provide continence care, unless required.
2. Eight (8) residents were reviewed for continence needs concentrating on required needs for overnight. The continence assessment used by the home did not include any continence patterns or extra required needs for overnight, but staff were able to verbalize who required extra care and possible changes at night when asked by the inspector. A list is also kept by the home to indicate what type of product each resident requires and includes care and products required for overnight use.
3. The plan of care for seven (7) of eight (8) residents reviewed did not include the required needs for overnight care as described by staff. The home's gentle care approach was also not included on the plan of care related to continence.

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**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 related to developing a process to ensure that all residents receive an interdisciplinary assessment and an individual plan of care for continence is developed, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s.8(1)(b)**
**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, procedure, protocol, strategy or system, the licensee is required to ensure that the plan, policy procedure, protocol, strategy or system**
**(b) is complied with**

**Findings:**

1. The registered staff member on duty and administering medications on an identified home area did not administer a medication to a resident due to unavailability. This staff member did not report the unavailability to the charge nurse to reorder, did not communicate the absence of the medication to the next shift and did not document in the progress notes that the medication was not given and the reason why. As a result, the medication was not available to give and the resident missed four (4) scheduled doses.
2. Classic Care Pharmacy policy #4.5 related to non-administered medications states, In the event that a scheduled medication pass/dose cannot be made, documentation of the non-administered medication must ensue. On the bottom right hand corner of the medication administration record (MAR) is the following legend:

- Drug Refused
- Nausea/Vomiting
- Hospitalization
- Away with meds
- At activities
- Sleeping
- Withhold
- Other ( progress note )

Due to the unavailability of the medication to give, the registered staff member was required to code the incident as "other" and complete a progress note as per this policy. This was not completed.

3. The home's policy for Medication/Treatment Administration #LTC-G-90 states that appropriate notation including specific codes on your MAR/TAR must be made as per the legend on the MAR/TAR.
4. The home's policy for Medication Incidents # LTC-G-100 states that the Director or Care/designate will complete the electronic Medication incident report on the VPN. The Director of Care could not produce this report when asked.
5. The home's policy for Medication Incidents # LTC-G-100 states that the Medical Director/Attending Physician/Pharmacist will review the incident and sign the medication incident form. On review of the form, the physician had not signed the form, nor was there any indication that the physician was aware of the incident report. During interview with the Director of Care it was stated "When the medication error requires that the resident is sent to hospital for assessment, the physician may not sign the form. If the error happened in house, he may or may not review and sign the form. In this case, the doctor was aware of the situation and the transfer to hospital and also saw the resident shortly after the incident. But, no, he did not sign the form".

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**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 related to developing a process to

ensure that policy/procedure as required in the Act or Regulations is complied with related to medication incidents and adverse drug reactions, to be implemented voluntarily.

| Signature of Licensee or Representative of Licensee<br>Signature du Titulaire du représentant désigné | Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.<br>Lena Wulff |
|---|---|
| **Title:** **Date:** | **Date of Report:** (if different from date(s) of inspection).<br>Jan 28/11 |