



**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 26, 2015	2015_240506_0025	H-003379-15	Complaint

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

PARK LANE TERRACE LIMITED  
284 CENTRAL AVENUE LONDON ON N6B 2C8

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

PARK LANE TERRACE  
295 GRAND RIVER STREET NORTH PARIS ON N3L 2N9

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

LESLEY EDWARDS (506)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): November 13, 16, 17 and 18, 2015.**

**Concerns that were identified to be reviewed while at the home were as follows:**

**Item #1- End of Life Care.**

**Item #2- Pain Management.**

**Item #3- Medication Administration.**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care(DOC), Physician, Registered Staff, Resident Assessment Instrument Co-ordinator(RAI), Personal Support Workers(PSWs), families and residents.**

**During the course of the inspection the inspector: toured the home, observed the provision of care and services, reviewed relevant records including policies and procedures, complaint logs, medication administration records and residents health records.**

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

**Dignity, Choice and Privacy**

**Medication**

**Pain**

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

**3 WN(s)**

**3 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. 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 has failed to ensure that the policy and procedure for pain management was complied with.

The home's policy " Nursing Manual, Pain Management Program Screening and Assessment" (policy number section: 1.2, last revised 09/15) indicated that each resident would be assessed by registered staff upon admission, quarterly, post fall, when daily screening identified pain and when a resident's pain was not being managed for example complaints of pain during the RAI assessment, with change of condition and post procedure.

A review of resident #001's clinical record noted there were several incidences when the resident made verbal and non-verbal expressions of pain during the months of April, May, June and July 2015. The family and staff also expressed that the resident's pain was not being controlled. During these identified dates when the resident expressed verbal and non-verbal expressions of pain a pain assessment was not completed and this was confirmed by the DOC. [s. 8. (1) (b)]

2. The licensee has failed to ensure that the policy and procedure for emergency starter packs was complied with:

The home's policy "Nursing Manual, Medication- Emergency Starter Pack" (policy number page 1 of 1, last revised 02/14) indicated that all care units will have a supply of long term care medications available for emergency use.

During a review of resident #001's medication administration record it was noted the resident did not receive their full dose of prescribed medication on two occasions in April 2015. The DOC confirmed the registered staff could only administer part of the prescribed medication because the home did not have enough of the prescribed medication in the emergency supply to give the resident the full dose as prescribed.[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 the home follows their policy and procedure for pain management and follows their policy and procedure for emergency starter packs is complied with, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**

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

**s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for that purpose.

According to the clinical record, resident #002 was making verbal and nonverbal expressions of pain throughout the months of April, May, June and July, 2015. The resident had frequent medication changes which included increasing their pain medication dosage. A review of the resident's clinical record did not include a pain assessment. The DOC confirmed the resident's pain was not assessed using a clinically appropriate assessment instrument specifically designed for this purpose, when the resident's pain was not relieved. [s. 52. (2)]



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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 to ensure residents with pain not relieved by initial interventions, the resident will be assessed using a clinically appropriate assessment tool for pain, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs**

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

**s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that all drugs were administered to resident #001 as prescribed by the prescriber.

A review of resident #001's medication administration records indicated that resident #001 did not receive their prescribed medications as ordered.

- i. On an identified date in April 2015, the resident was to receive their prescribed pain medication at a specified time. The registered staff on duty did not give the prescribed dose as there was not enough medication available in the home.
- ii. On an identified date in April 2015, the resident was to receive pain medication at a specified time. The registered staff on duty did not give the prescribed dose as there was not enough medication available in the home.
- iii. On an identified date in May 2015, the registered staff on duty gave the resident their breakthrough dose of prescribed pain medication instead of the scheduled dose of pain medication, therefore the resident did not receive the required dose as prescribed.
- iv. On an identified date in June 2015, the registered staff on duty did not give the resident their scheduled dose of pain medication at their specified time and gave the resident their breakthrough medication over an hour late and was not the prescribed scheduled dose, therefore the resident did not receive the required dose as prescribed.
- v. On an identified date in July 2015, the resident was to receive their prescribed pain medication hourly; the prescribed dose was not given on time as prescribed therefore the resident only received two of their three scheduled doses of pain medication in a three hour time period.
- vi. On an identified date in July 2015, the resident was to receive their prescribed pain medication hourly; the prescribed dose was not given on time as prescribed therefore the resident only received two of their three scheduled doses of pain medication in a three hour time period.

This information was confirmed with the DOC. [s. 131. (2)]

***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 all drugs are administered to residents as prescribed by the prescriber., to be implemented voluntarily.***



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**Issued on this 26th day of November, 2015**

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

**Original report signed by the inspector.**