

**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
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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
Dec 9, 2020	2020_621755_0019	007148-20, 007600- 20, 007821-20, 013543-20, 017353-20	Complaint

Licensee/Titulaire de permisThe Perley and Rideau Veterans' Health Centre
1750 Russell Road Ottawa ON K1G 5Z6**Long-Term Care Home/Foyer de soins de longue durée**The Perley and Rideau Veterans' Health Centre
1750 Russell Road Ottawa ON K1G 5Z6**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

MANON NIGHBOR (755), ANANDRAJ NATARAJAN (573)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 26, 27, 28, 29, 30, November 2, 3, 4, 5, 6, 9, 10, 12, 13, 16, 17, 18, 19, 20, 23, 24, 25, 2020.

During this inspection the following logs were inspected:

Log #013543-20, log # 007148-20, log #007600-20; log #007821-20, related to residents death.

Log #017353-20, related to refusal of admission.

During the course of the inspection, the inspector(s) spoke with Physician, Director of Clinical Practice, Managers of Resident Care, Occupational Therapists (OT), Dietician, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PWS), resident and family members.

During the course of this inspection, the inspectors observed residents and staff interactions, made observation of care and services, reviewed relevant clinical health records, relevant policies and procedures, Fall Program Inspection document, College of Nurses Practice Standards, Champlain Local Health Integration Network application for long term placement, documented communication between the licensee and family members and interviewed staff, resident and family members.

The following Inspection Protocols were used during this inspection:

Admission and Discharge

Falls Prevention

Medication

Nutrition and Hydration

Personal Support Services

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system

Specifically failed to comply with the following:

- s. 114. (3) The written policies and protocols must be,**
(a) developed, implemented, evaluated and updated in accordance with evidence-
based practices and, if there are none, in accordance with prevailing practices;
and O. Reg. 79/10, s. 114 (3).
(b) reviewed and approved by the Director of Nursing and Personal Care and the
pharmacy service provider and, where appropriate, the Medical Director. O. Reg.
79/10, s. 114 (3).

Findings/Faits saillants :

1. The licensee has failed to implement their policy and procedure to provide safe medication management and optimize effective drug therapy outcome for residents in that the administration of two resident's medication as required was not evaluated and documented as indicated by evidence based practices.

The licensee's Pharmacy Policy and Procedure Manual for Long Term Care Homes, Documentation and Record Keeping, Medication Administration Record, states that the nurse charting in progress notes is required for PRN (medication as required) medication use and topical treatments evaluation effectiveness.

A resident was administered a PRN medication.

Manager of Resident Care said that, they expect staff to document the evaluation of effectiveness of a medication administered PRN by the end of their shift.

This staff said they did not document the effectiveness of the medication administered as per policy.

This resident continued to be agitated which elevated this resident's risk of fall.

Another staff administered an analgesic, as a PRN, to a different resident and documented it's effectiveness, one minute post administration. The same staff, on the same shift, also administered a different PRN medication to the same resident and documented it's effectiveness at the exact time of it's administration.

During the interview, the staff indicated that this documentation practice is not correct. The staff shared that evaluating effectiveness should of been done approximately 30 minutes after administration of a PRN medication and documented at that time.

Sources:

Record Review

Interviews

Pharmacy Policy and Procedure, Documentation and Record Keeping, section 8-1
Medication Administration Record (MAR/TAR).

College of Nurses, Practice Standard-Medication and Documentation [s. 114. (3) (a)]

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 with implementation of their policy and procedure to provide safe medication management and optimize effective drug therapy outcome for residents in that the administration of medication as needed to be evaluated and documented as required by evidence based practices., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home

Specifically failed to comply with the following:

- s. 44. (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,**
- (a) the ground or grounds on which the licensee is withholding approval; 2007, c. 8, s. 44. (9).**
 - (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care; 2007, c. 8, s. 44. (9).**
 - (c) an explanation of how the supporting facts justify the decision to withhold approval; and 2007, c. 8, s. 44. (9).**
 - (d) contact information for the Director. 2007, c. 8, s. 44. (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that when withholding approval for an applicant, a detailed explanation of the supporting facts, an explanation of how the supporting facts justify the decision to withhold approval and contact information for the Director was provided.

A review of the bed refusal letter addressed to the applicant indicated that the licensee was unable to accept the admission as the home lacked the physical facilities necessary to meet the applicant's care requirements.

In this letter, the licensee did not provide an explanation of the supporting facts associated with a reported lack of physical facility to meet the applicant's care requirements and an explanation of how the supporting facts justify the decision to withhold applicant's approval. Furthermore, the licensee did not provide the contact information for the Director as required by this section.

Sources: licensee's refusal letter addressed to the applicant and an interview with the Director of Clinical Practice. [s. 44. (9)]

Issued on this 10th day of December, 2020

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

Original report signed by the inspector.