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Original Public Report

Report Issue Date August 25, 2022
Inspection Number 2022_1519_0002
Inspection Type
☐ Critical Incident System ☒ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other ______________________________

Licensee
The Perley and Rideau Veterans' Health Centre

Long-Term Care Home and City
The Perley and Rideau Veterans' Health Centre, Ottawa

Lead Inspector
Gurpreet Gill (705004)

Inspector Digital Signature

Additional Inspector(s)
Severn Brown (740785); Sarah Bradshaw (740814); Sarah Stephens (741823); Kera De Boer (740811) were also present during this inspection.

INSPECTION SUMMARY

The inspection occurred on the following date(s): June 22-24, 27, 28, 30 and July 11-15, 2022

The following intake(s) were inspected:

- Intakes # 010502-22 and 019533-21 (Complaint) related to provision of care and services including dressing, medication administration and treatment, skin and wound, nutrition and hydration, laundry and housekeeping services, recreation activities and infection prevention and control.

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

- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control (IPAC)
- Medication Management
- Recreational and Social Activities
- Reporting and Complaints
- Resident Care and Support Services
- Skin and Wound Prevention and Management

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

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INSPECTION RESULTS

WRITTEN NOTIFICATION: DRUGS

NC #01 Written Notification pursuant to FLTCA, 2021, s. 154(1)1
Non-compliance with: O. Reg. 246/22 s. 123 (3) a

The licensee has failed to comply with the medication management system policy, "The Medication Pass" related to documenting on Medication Administration Record (MAR), for the resident.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that written policies and protocols are developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Specifically, staff did not comply with the policy "The Medication Pass" last revised April 2021, which is a part of the licensee's medication system.

Rationale and Summary

The licensee's medication management policy (pharmacy policy and procedure manual for LTC homes) titled "The Medication Pass" states the following:

Double check the Medication Administration Record (MAR) to ensure that the resident has taken all scheduled medications and complete the required documentation:

- Sign/code – document on MAR, in proper space, for each medication administered or document the appropriate code if medication not given.

The resident's Substitute Decision Maker (SDM) indicated that on a copy of the resident's MAR there were no initials on a specific date in May 2022, to indicate if the prescribed medication had been administered as prescribed.

A review of the resident's electronic Medication Administration Record (eMAR) for May 2022, for the administration of medication, there is no sign/code on the eMAR to indicate if the prescribed medication at 1700 hours on a specific date in May 2022 had been administered as prescribed.

During an interview with the RPN, they indicated that the resident was administered prescribed medication at 1700 hours on a specific day in May 2022, and they probably missed the signature on the eMAR for the prescribed medication administered at 1700 hours. The RPN indicated that the required documentation and the practice is to initial on the eMAR that a medication had been administered or to add an appropriate code on the eMAR.

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As such, by not following the medication administration policy there is a potential risk of a medication error as medication was not documented immediately after medication administration.

Sources:
The resident's health care record, "The Medication Pass" Policy (3-6), last revised April 2021, and interviews with an RPN and the resident's SDM. [705004]

WRITTEN NOTIFICATION: NUTRITIONAL CARE AND HYDRATION PROGRAMS

NC #02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 77 (3) (b)

The licensee has failed to ensure that each resident on Ottawa 2 West was offered a between-meal beverage in the morning.

Rationale and Summary

On a day in July 2022, the inspector observed that beverages were not offered or served to residents after breakfast on a specific unit.

The inspector asked the Personal Support Worker (PSW) if residents had been offered beverages after breakfast. The PSW indicated that the snacks/beverages are served at 1030 hours and the staff who serves the beverages is on break.

Another PSW indicated that beverages were not served between meals as they started their shift late and were on their break. The PSW documented in the point of care (POC) that snacks/beverages were not served.

The Food & Nutrition/Housekeeping Manager indicated that the morning snack is served at 1000 hours by the nursing team. As such not serving beverages between meals would put the residents at risk of inadequate fluids.

Sources:
Interviews with the Food & Nutrition/Housekeeping Manager and PSWs and observations made by the inspector. [705004]

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