

**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  
Inspection de soins de longue durée**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 27, 2021	2021_621755_0009	001019-21	Complaint

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**Licensee/Titulaire de permis**

United Counties of Prescott and Russell  
59 Court Street Box 304 L'original ON K0B 1K0

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

Residence Prescott et Russell  
1020 Cartier Boulevard Hawkesbury ON K6A 1W7

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

MANON NIGHBOR (755)

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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): February 25, 26, March 1-5, 8-12, 15-19, 22-26, 29-31, April 1, 2021.**

**The following intake log# 001019-21 was completed in this complaint inspection, related to pain control, oxygen needs, infection prevention and control (IPAC) and continence care.**

**During the course of the inspection, the inspector(s) spoke with The Director of Care (DOC), Nursing Coordinator, Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Eastern Ontario Public Health Unit Nurse, a resident and their family member.**

**During the course of the inspection, the inspector observed resident and staff interactions, reviewed related health care records, relevant home policies and procedures, correspondence, staffing schedules and related IPAC documents.**

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

**Continence Care and Bowel Management  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Pain**

**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**

<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>Légende</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. 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 the resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The resident was administered an analgesic at two separate occasions in one day. The analgesics were ineffective and the resident continued to ask constantly, for more analgesic. After the initial intervention, an assessment instrument to assess the resident's unrelieved pain, was not utilized. As a result, the resident continued to experience pain.

Sources: progress notes, electronic medication administration record, pain assessment form, Pain Management Program policy and procedure no.345.01 and interview with RPN. [s. 52. (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 that when any resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.***

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**WN #2: 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 the Resident's Medication Management Electronic System policy and procedure was complied with for the resident.

O. Reg. 79/10, s 52. (1) 4. requires where the pain management program must, at a minimum, provide monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

Specifically, staff did not comply with the licensee's policy and procedure, Resident's Medication Management Electronic System policy and procedure, no.340.11, dated 11/2014, revised 11/2019. The Resident's Medication Management Electronic System policy and procedure states that the efficacy of each medication administered as needed (PRN) must be documented in the follow up section of the medication administration file, linked to the progress notes of the resident's electronic health record.

On six occasions a PRN medication was administered to the resident and it's efficacy was not documented as per the licensee's policy and procedure. As a result, the resident's pain was at risk of not being effectively managed.

Sources: Policy and Procedure No. 340.11, medication administration file in progress notes, Electronic Medication Administration Record and interviews with DOC, RPN's and RN.

. [s. 8. (1) (a),s. 8. (1) (b)]

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**Issued on this 4th day of May, 2021**

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

**Original report signed by the inspector.**