Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 16, 2014	2014_289550_0021	O-0000589-14	Resident Quality Inspection

Licensee/Titulaire de permis

UNITED COUNTIES OF PRESCOTT AND RUSSELL
59 Court Street, Box 304, L'Orignal, ON, K0B-1K0

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

RESIDENCE PRESCOTT et RUSSELL
1020, Cartier Boulevard, HAWKESBURY, ON, K6A-1W7

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

JOANNE HENRIE (550), LINDA HARKINS (126), SUSAN WENDT (546)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): July 2, 3, 4, 7, 8, 9, 10 and 11, 2014.

Log # O-000339-14, O-001309-14 and follow-up to Compliance Order Log #O-000312-14 were also completed during this RQI.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Nursing Care supervisor, the Food Service Supervisor and Activities and Program manager, the Dietitian, the Environmental supervisor, Activity Aides, Dietary Aides, Coordinators, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Residents' and Family Councils representatives and Residents and Family members.

During the course of the inspection, the inspector(s) completed a walk through tour of all resident areas, observed medication storage areas, resident care and services, meal services, medication administration, reviewed several residents' health records, several policies and procedures, minutes of the Residents' Council, minutes of the Family Council, 2 critical incident report and a previous compliance order #001.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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	Legendé 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. 37. Personal items and personal aids

Specifically failed to comply with the following:

s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,
(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).
(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident of the home had his or her own personal care items, including personal aids such as dentures, glasses and hearing

aids,(a) labelled within 48 hours of admission and of acquiring, in the case of new items.

During the Resident Quality Inspection on July 2, 3, 4, 7, 8, 9, 10 and 11 2014, Inspectors # 546, 550, 126 and #599 observed the following unlabelled items:
• In the tub room on 1st floor (Cartier Wing) - one bar of soap in a plastic container, one deodorant stick, one and half full bottle mouthwash, two jars of body creams;
• In the toilet room on 2nd floor (Spence Wing) - one white urine collector stored on top of a basket filled with two used hairbrushes;
• In the tub room on 2nd floor (Spence Wing) – several used shampoo bottles, several jars of used body creams, 1 thermal drinking glass with straw;
• In the toilet room on 2nd floor (Cartier Wing) – one used jar of VitaRub, one tube of Barrier Cream, one opened box of denture cleaning tablets, one used hairbrush, one bottle and of Ivory Body wash, one used deodorant stick – all in one basket;
• In the tub room on 2nd floor (Cartier Wing) – a cabinet filled with jars of creams, bottles of shampoo, bottles of body wash, two deodorant sticks;
• In the tub room on 3rd floor (Cartier Wing), one bar of soap in a plastic container, one used deodorant stick, one and half full bottle of mouthwash, several jars of creams;
• In the toilet room on 3rd floor (Cartier Wing), one bar of soap in a plastic container, one used deodorant stick; an unlocked cupboard with several personal care products;
• In the tub room on 3rd floor (Spence Wing), several used bottles of shampoo, one opened box of denture cleaning tablets, one used hairbrush.
• In a specific resident room – a white toothbrush, a tube of toothpaste, a bottle of mouthwash on the counter of the shared room's sink;
• In a specific resident room – a white and blue toothbrush, a tube of toothpaste, a urinal full of urine and a denture cup with dentures soaking on the counter of the shared room's sink;
• In a specific resident room - two bars of soap in the same soap dish on the counter of the shared room's sink;
• In a specific resident room - a white urine collector container stored on the floor underneath the sink in resident's room;
• In a specific resident room – one denture cup, one white toothbrush on the counter of the shared room's sink;
• In a specific resident room – a hairbrush, a bottle of mouthwash on the counter of the shared room's sink;

On July 10 2014, during an interview with Inspector #546, RN S#102 confirmed that

all equipment, including personal care items must be labelled and must not be shared as communal care items in tub rooms, in toilet rooms. [s. 37. (1) (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 to ensure all resident's personal items, including dentures, glasses and hearing aids be labeled within 48 hours of admission and of acquiring, in the case of new items, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents personal health information within the meaning of the Personal Health Information Protection Act, 2004 is kept confidential in accordance with that Act.

Inspector # 126 observed the medication pass on July 8, 2014. Inspector #126 observed Registered Practical Nurse #S101 throw a resident's empty medication pouch in the garbage. Staff #S101 indicated to Inspector # 126 that the medication pouches labelled with the name of the resident, the type and dosage of medication are thrown in the regular garbage.

On July 9, 2014, discussion held with the Director of Care (DOC) indicated that the medication pouches containing some Personal Health Information (name of resident, type and dosage of medication) are thrown in the regular garbage and that there is no process in place at this time to protect the Personal Health Information. [s. 3. (1) 11. iv.]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that:
-in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff.

In this inspection report the resident-staff communication and response system is commonly referred to as the call bell system.

During the Resident Quality Inspection, Inspector #550 noted that call bells could not be heard from the end of the hallways on all floors when activated. Speakers for the nursing call bell system are located at the entrance of each hallway and in the middle of the hallways.

During an interview on a specific day in July, 2014 PSW #S103 and #S104 reported to Inspector #550 that they cannot hear the call bells when they are at the end of the hallway on the second floor or when in a resident's room with the door closed.

On July 11th, 2014 Inspector #550 and the Director of Care monitored the call bells on the first floor. The Director of Care indicated to Inspector that she was unable to hear the call bells when she was standing at the end of the hallway and that this issue was not brought to her attention by the staff.

On July 11th, 2014, during a discussion with the Administrator regarding the call bells system issues she indicated to Inspector #550 she was going to call the Engineers to fix the problem. [s. 17. (1) (g)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that any written complaints that have been received concerning the care of a resident or the operation of the home are immediately forwarded to the Director.

During an interview on July 10th, 2014, the Director of Care indicated to Inspector #550 that she was not aware that all written complaints concerning the care of a resident or operation of the home have to be immediately forwarded to the Director.

The Administrator indicated to Inspector #550 during an interview on July 10th, 2014 that she was not aware that all written complaints concerning the care of a resident or operation of the home have to be immediately forwarded to the Director.

A review of the home's "Complaint" binder for the month of June 2014 by Inspector # 550 indicated the home had received written complaints on June 4, 11, 13 and 19, 2014 regarding the care of residents. During an interview on July 11th, 2014 the Administrator indicated these written complaints were not reported to the Director. [s. 22. (1)]

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 56. Residents' Council

Specifically failed to comply with the following:

s. 56. (2) Only residents of the long-term care home may be a member of the Residents' Council. 2007, c. 8, s. 56 (2)

Findings/Faits saillants :

1. The Licensee failed to ensure that only residents of the long-term care home may be a member of the Residents' Council.

The Food Service Supervisor and Activities and Program manager informed Inspector #550 during an interview that the president of the Residents' Council is not a resident. They indicated that a family member is the president of the Council as there are no residents who are willing to be president of the Council. She indicated the Administrator and herself are aware that the legislation requires only residents may be members of the Residents' Council but they both decided to keep this practice in place until they were instructed otherwise.

The Administrator confirmed she is aware that only residents of the long term care home may be a member of Residents' Council and that presently a family member, not a resident is the president of the Council. [s. 56. (2)]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee failed to ensure that they respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations under paragraph 6 or 8 of the subsection (1).

The Food Service Supervisor and Activities and Program manager indicated to Inspector #550 during an interview on July 8th, 2014 the licensee does not always respond in writing within 10 days to the Resident Council. She said they are aware of the legislation.

The Administrator indicated to Inspector #550 during an interview that she and other managers will respond verbally within 10 days of being informed of concerns and recommendations to the Residents' Council but they do not respond in writing.

Inspector reviewed the minutes of the Residents' Council for three months and some concerns/issues were identified that the licensee should have responded to in writing within 10 days of receiving advice from the Council :

Council's Minutes dated April 24, 2014:
-employees talking amongst themselves or texting while providing care to residents
-call bells not being responded to at 1:45 and 2:45

Coucil's Minutes dated May 15, 2014:
-maintenance employees entered a resident's room to install air conditioner, the resident asked them to come later but the employees refused.
-the large fans in the hallways are blowing too much air on the residents while they are waiting to have their baths.

Council's Minutes dated June 19, 2014:
-request to have visitors served at the end of the meal service
-poor quality of care to the residents on the second floor
-residents are gathering in front of the elevator limiting the other residents to move freely. [s. 57. (2)]

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

1. The licensee failed to ensure that they respond in writing within 10 days of receiving Family Council advice related to concerns or recommendations under either paragraph 8 or 9 of subsection(1).

On July 9th during an interview the Family Council representative indicated to Inspector #550 the licensee does not respond to the Family Council within 10 days of receiving advice related to concerns or recommendations. The licensee will respond in writing at the next meeting.

The Family Council assistant indicated to Inspector #550 during an interview on July 10th, 2014 that the licensee uses the same process as the Residents' Council to respond to concerns or recommendations; therefore they do not respond within 10 days of receiving the recommendations or concerns.

Inspector #550 reviewed the minutes of the Family Council dated April 7th, May 2nd and June 6th, 2014. Concerns/issues were identified in the minutes for the month of June that are still outstanding and the licensee should have responded to in writing within 10 days of receiving advice from the Council :
-bed alarms
-rough linens
-follow-up on new linens
-care improvements
-absenteeism
-outbreaks
-issues with the infection control practices regarding the use of personal protective equipment amongst employees. [s. 60. (2)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
5. The person who applied the device and the time of application. O. Reg. 79/10, s. 110 (7).

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
7. Every release of the device and all repositioning. O. Reg. 79/10, s. 110 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that the documentation include:
5. the person who applied the device and the time of application, and
7. every release of the device and repositioning.

Resident #516 was observed by Inspector #550 wearing a front closure lap belt in his/her wheelchair on July 4th, 2014 to prevent him/her from sliding off the chair. Resident is unable to undo the lap belt by himself/herself.

During an observation of the restraint flow sheet in Medecare, Inspector #550 observed there was no documentation on who applied the restraint, when it was applied and when the device was released and the resident was repositioned. Inspector observed the home's documentation tool at point of care and the system does not provide for this information to be documented.

During an interview, PSW #S105 showed Inspector #550 on the point of care in Medecare they only enter the monitoring of their restraint once per shift in the system and there is no provision to enter the time of application and by whom as well as when the device was released and the resident was repositioned.

On July 9th 2014, during an interview the Nursing Care supervisor indicated to Inspector #550 the Point of Care system does not provide for documentation of when a restraint was applied and by whom and when the device was released and the resident was repositioned. She explained that when the home's medicare system was upgraded, the company was unable to provide the home with their original restraint monitoring flow sheet and the system's form does not allow staff to indicate when the restraint was applied and by whom and the device was released and the resident was repositioned. The nursing care supervisor provided a copy of the home's ''formulaire de vérification quotidienne des contentions pour le mois de...'' which was the paper copy the home used for the documentation of their restraints prior to using point of care and what should have been integrated in medecare but was not. She indicated that the home is no longer using this paper copy and are documenting the restraints only in point of care where they cannot indicate the time of application of a restraint and by whom as well as when the device was released and the resident was repositioned.. [s. 110. (7) 5.]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
i. persons who may dispense, prescribe or administer drugs in the home, and
ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. The licensee failed to ensure that all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs including the Administrator.

On July 8, 2014, Inspector # 126 interviewed the Director of Care (DOC) who indicated that discontinued medications and the Government medication supplies are kept in the basement.

The discontinued medications are kept in a locked room where the nursing supplies and other items are located. The Government medication supplies are kept in another room. In an interview with the Environmental Supervisor he indicated that he and his 2 other maintenance staff have access to these rooms. [s. 130. 2.]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (3) The drugs must be destroyed by a team acting together and composed of,
(a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada),
(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
(ii) a physician or a pharmacist; and O. Reg. 79/10, s. 136 (3).

s. 136. (3) The drugs must be destroyed by a team acting together and composed of,
(b) in every other case,
(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
(ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 79/10, s. 136 (3).

s. 136. (4) Where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy must provide that the team composed of the persons referred to in clause (3) (a) shall document the following in the drug record:
1. The date of removal of the drug from the drug storage area. O. Reg. 79/10, s. 136 (4).
2. The name of the resident for whom the drug was prescribed, where applicable. O. Reg. 79/10, s. 136 (4).
3. The prescription number of the drug, where applicable. O. Reg. 79/10, s. 136 (4).
4. The drug’s name, strength and quantity. O. Reg. 79/10, s. 136 (4).
5. The reason for destruction. O. Reg. 79/10, s. 136 (4).
6. The date when the drug was destroyed. O. Reg. 79/10, s. 136 (4).
7. The names of the members of the team who destroyed the drug. O. Reg. 79/10, s. 136 (4).
8. The manner of destruction of the drug. O. Reg. 79/10, s. 136 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a controlled substance is destroyed it shall be done by a team acting together and composed of, in the case of a controlled

substance, one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and a physician or a pharmacist.

On July 8, 2014, Inspector #126 interviewed the Director of Care(DOC) who indicated that the drug destruction of the controlled substances is not done on site. The DOC indicated that the actual process in place is that the controlled substances and narcotic are kept on the third floor in a lock cupboard in the locked medication room. For the destruction of these medications, the Pharmacist and one Nurse review the content of the discarded controlled substance in the cupboard with a list. Afterwards, the Pharmacist brings the content of the cupboard to be destroyed at the pharmacy. [s. 136. (3) (a)]

2. The licensee has failed to ensure that when all other drugs are destroyed it shall be done by a team acting together and composed of, one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and one other staff member appointed by the Director of Nursing.

On July 8, 2014, Inspector #126 interviewed the Director of Care who indicated that the drug destruction of the non controlled substances is not done on site. The DOC indicated that the process in place is that the non controlled substances are kept on each nursing unit in the locked medication room. When the bag is full of discontinued medications, the nurse on the floor brings the bag to the basement and puts it in a hamper. When the hamper is full, the pharmacy picks it up for destruction off-site. [s. 136. (3) (b)]

3. The licensee has failed to ensure that where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy provide that the team composed of the persons referred to in clause (3) (a) shall document the following:

-the date when the drug was destroyed,
-the names of the persons who destroyed the drug and
-the manner of destruction of the drug

On July 8, 2014, Inspector #126 interviewed the Director of Care (DOC) who indicated that the home does have a policy on "Retrait et destruction des Medicaments".

The policy was reviewed by Inspector #126. It was noted that the policy for controlled substance does not include the following:

-the date when the drug was destroyed,
-the names of the persons who destroyed the drug and
-the manner of destruction of the drug [s. 136. (4)]

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	**TYPE OF ACTION/ GENRE DE MESURE**	**INSPECTION # / NO DE L'INSPECTION**	**INSPECTOR ID #/ NO DE L'INSPECTEUR**
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #001	2014_289550_0010	550

Issued on this 29th day of July, 2014

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