Ontario

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 prévue sous *la Loi de 2007 sur les foyers de soins de longue durée*

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de 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
Sep 27, 2019	2019_683126_0021	006142-19, 012419-19, 013834-19	Critical Incident System

Licensee/Titulaire de permis

The Governing Council of the Salvation Army in Canada
2 Overlea Blvd TORONTO ON M4H 1P4

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

The Salvation Army Ottawa Grace Manor
1156 Wellington Street OTTAWA ON K1Y 2Z3

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

LINDA HARKINS (126), JOELLE TAILLEFER (211)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): September 12, 13, 16, 17, 18, 2019

During this inspection the following logs were inspected:
Log # 006142-19, Critical Incident (CI) #2873-000013-19 related to allegation of physical abuse
Log # 012419-19, CI #2873-000027-17 related to control substances missing/unaccounted
Log # 013834-19, CI #2873-000029-19 related to transfer to hospital

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), several Registered Nurses (RN), several Registered Practical Nurses, a Behavioral Supports Ontario/ Personal Support Worker (BSO), several Personal Support Workers, two residents and family members.

In addition, the Inspector reviewed residents' health care records and documents related to the licensee's investigations and the licensee's policies related to Falls Prevention and Management Program, Head and Injury Routine and the Administration, Documentation and Storage. The Inspector observed resident care environments, resident care, staff to resident interactions and resident to resident interactions.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Medication
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.
- **1 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. 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 where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure the policy is complied with.

As per O. Reg 79/10, s. 49. (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

Review of licensee's policy #F23 titled "Fall Prevention and Management Program" dated July 2018, indicated that a Head Injury Routine (HIR) need to be checked by the Registered Nursing Staff as followed:
Every half hour, two times for one hour,
Every hour, three times for three hours,
Every two hours, two time for two hours, and then
Every four hours, sixteen times for 64 hours.
This Head Injury Routine will take a total of seventy hours. Assess post fall for signs of neurological changes by assessing hand grips and size of pupils. Look for any facial droop, behavior changes, and weakness on one side.

Review of resident #001's health care record indicated that the resident had a fall on a specific date in July 2019 and a second fall the following day. The resident was transferred to the hospital on a specific date in July 2019.

Review of the Head Injury Routine (HIR) sheet indicated that the Registered Nursing Staff documented on two occasions the neurological signs on those days.

In an interview with RPN #103 on September 12, 2019, stated that resident #001 was cognitively able to answer correctly the questions after the initial fall.

In an interview with RN #100 on September 12, 2019, indicated that the resident's cognition had changed from their usual level. RN #100 stated that the staff from the previous shift indicated that the resident was confused.

In an interview with the RN #105 on September 13, 2019, indicated that the neurological signs were not completed on those specific days of July 2019 because the resident was sleeping.

In the interview with the Director of Nursing (DOC) on September 14, 2019, confirmed that the registered nursing staff documented the HIR on two occasions, but didn't keep the frequency of the HIR's monitoring as indicated in their Fall Prevention and Management Program policy. [s. 8. (1) (b)]

2. The licensee has failed to ensure where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure the policy is complied with.

As per O. Regs 79/10 s.114.(2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

Review of licensee's policy 4.3. titled "Administering and documenting Controlled Substances " dated December 2016, indicated the following:
-"The quantity of every controlled substance is verified for accuracy at the change of each shift with two registered staff members; shift counts are not completed in advance by the outgoing nurse prior to the arrival of the incoming nurse
-Pharmacy provided individual controlled substance administration count record sheets with duplicate prescription labels and separate shift counts sheets which can be used for documentation purposes
-All controlled substances documentation is to be maintained by the staff at the Home."

In an interview with Registered Practical Nurse (RPN) #110 on September 18, 2019, indicated that the day/evening shift narcotic count was done by RPN #110 and #111 on

a specific date in June 2019 and the bottle containing 10 tablets of a specific medication was accounted for. Following the narcotic count, RPN #110 indicated that they signed the Narcotic and Controlled Substances Shift Count Sheet (NCSSCS), page 2, to confirm that the specific medication tablets were counted.

In an interview with RPN #111 on September 18, 2019, indicated that they did not recall why the NCSSCS, page 2 was not signed by herself/himself. RPN #111 indicated that as the count was done, there was a distraction that required them to get out of the nursing station and attended a resident. At the end of the evening shift, RPN#111 noted that the bottle of the specific medication was not in the medication cart. RPN#111 immediately reported the missing bottle of the specific medication to the evening Charge Registered Nurse (RN) #109. RPN #111 indicated that there was no negative impact on the resident and that specific medication was available in the Emergency Drug box if needed.

In an interview held with RN #109 on September 18, 2019, indicated that RPN #111 informed them that the bottle of that specific medication was missing. RN #109 contacted the Director of Care (DOC) #101, a medication incident report was written, and they started a search in the medication cart and in the garbage as it was possibly thrown in the garbage by mistake.

In an interview with DOC #101 on September 19, 2019, indicated that RPN #111 did not signed the Narcotic Sheet as per policy. The DOC indicated that the bottle of the specific medication probably ended up in the garbage and was never found.

The licensee has failed to ensure that all the Narcotic and Controlled Substances Shift Count Sheets were signed by two registered nursing staff as per the Administering and documenting Controlled Substances policy. [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 Head Injury Routine and the Administering and documenting Controlled Substances are complied with, to be implemented voluntarily.

Issued on this 27th day of September, 2019

[redacted]

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

Original report signed by the inspector.