



**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**

**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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**Public Copy/Copie du public**

<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>
Feb 6, 2018	2018_617148_0003	014409-17, 029382-17, 029684-17	Complaint

**Licensee/Titulaire de permis**

TAMINAGI INC.  
5 Loiselle Street CP Box 2132 Embrun ON K0A 1W1

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

SARFIELD COLONIAL HOME  
2861 Colonial Road P.O. Box 130 Sarsfield ON K0A 3E0

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

AMANDA NIXON (148)

**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): January 26, 29, 30 and 31, 2018**

**This inspection included three complaints related to care and services provided to an identified resident, provision of essential services specifically water and access to monetary funds of an identified resident.**

**During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care (DOC), General Manager, Office Clerk, Human Resources, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSWs) and Food Service Workers.**

**The Inspector reviewed the health care records of identified residents, communication/shift reports as available and records related to the maintenance of resident money in the home.**

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

**Accommodation Services - Maintenance**

**Admission and Discharge**

**Medication**

**Personal Support Services**

**Resident Charges**

**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	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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. 131. Administration of drugs**
**Specifically failed to comply with the following:**

**s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

**Findings/Faits saillants :**

The licensee has failed to ensure that resident #001 was administered drugs in accordance with the directions for use specified by the prescriber.



Resident #001 was admitted on a specified date, with several diagnosis including respiratory disease. Circumstances arose whereby the resident was sent to the hospital one day after admission.

The resident's medications were reconciled by RN#108 on the same date as admission. In an interview with RN #108, she indicated that the medication orders were reviewed and hand written onto the Medication Reconciliation and Admission Order Form. The Inspector confirmed that RN #108 completed four pages of the Medication Reconciliation and Admission Order Form, including 22 prescriptions; the Inspector confirmed these to be accurate to the medication orders. Upon the physicians review of the medications three medications were discontinued.

The Medication and Administration Record (MARs) was reviewed for the duration of resident #001's stay in the home. It was determined that six medications that were included in the physician orders, were not included on the MAR (including medications for pain and respiratory symptoms). Four of the identified medications would have been scheduled to be administered at 0800 hours, 2000 hours and two of the medications were ordered as needed.

In an interview with RN #108, she reported that she faxed the four paged reconciliation form to the pharmacy. During the interview, RN #108 contacted the pharmacy service provider and determined that page 3 of the reconciliation form was not received. It was noted that page 3 included the above identified six medications. In review of the medication reconciliation process and process related to the implementation of a new medication, it was determined that a second registered nursing staff member would have completed a check of the reconciliation form to ensure that all medication orders were transcribed to the MAR correctly. RN #112 was the evening RN that completed this second check of the medication orders. In discussion with RN #112 and review of the record it was determined that RN #112 had only completed a second check of the medication orders for pages 1 and 2 of the reconciliation. RN #112 was not able to indicate why page 3 and 4 were not checked for correctness.

In this way, resident #001 was not administered drugs in accordance with the directions for use by the prescriber, specifically, as it relates to four medications scheduled for 0800 and 2000 hours, over approximately a 24 hour period.



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***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 residents are administered drugs in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 245. Non-allowable resident charges**

The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
  - i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
  - ii. the Minister under section 90 of the Act. O. Reg. 79/10, s. 245.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario. O. Reg. 79/10, s. 245.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network. O. Reg. 79/10, s. 245.
4. Charges for goods and services provided without the resident's consent. O. Reg. 79/10, s. 245.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home. O. Reg. 79/10, s. 245.
6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program. O. Reg. 79/10, s. 245.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account. O. Reg. 79/10, s. 245.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

**Findings/Faits saillants :**

The licensee has failed to ensure that charges are prohibited for charges for good and services that a licensee is required to provide to a resident using funding that the

licensee receives from a local health integration network under section 19 of the Local Health Systems Integration Act, 2006 and the Minister under section 90 of the Act.

Each Long-Term Care Home maintains a Long-Term Care Home Service Accountability Agreement (L-SAA) between the home and the Local Health Integration Network (LHINs) as a condition of the home's licence. As part of the L-SAA there is a policy titled Eligible Expenditures for Long-Term Care Homes, dated July 1, 2010. This policy indicates the following purpose: "This policy outlines the step-by-step framework through which Level-of-Care (LOC) eligible expenditures can be identified and classified into appropriate funding envelopes for each home in accordance to the Guidelines for Eligible Expenditures for Long-Term Care Homes"

The Guideline for Eligible Expenditures for Long-Term Care Homes (Guideline), was last updated February 2013. The purpose of this document is to help providers, recipients, and auditors of LOC funds interpret the Eligible Expenditures for Long-Term Care Homes policy by providing a step-by-step guide to identify and classify expenditures that are funded by the LHINs through this system.

Within the Guideline, items that are eligible for expenditure are listed under General and Administrative Equipment, whereby items are eligible for expenditure under the Other Accommodations envelope. Specialized equipment required for the care needs of resident #001 is listed under this guideline.

Resident #001 was admitted on a specified date with several diagnosis, one of which indicated the use of specialized equipment. Prior to the resident's arrival to the home, the family of the resident reported to the Inspector that they were required to purchase specialized equipment required for the resident's stay at the home.

In discussion with the home's DOC and RN #108 it was reported that the specialized equipment was delivered to the home approximately two days prior to the resident's arrival. In an interview on January 31, 2018, with the home's DOC, it was confirmed that the family purchased the specialized equipment. Further, a progress note of a specified date, written by RN #108, indicated that the home did not have or provide the identified specialized equipment. The home's DOC indicated that two other specialized pieces of equipment were on site at the time of the residents stay and were not purchased by the family; one piece was provided by the Community Care Access Centre and the other piece was owned by the home.



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It was determined that there was specialized equipment purchased by the family, that was required for the resident's care needs and that this was an eligible expenditure; therefore the licensee is required to provide this equipment.

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**Issued on this 7th day of February, 2018**

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

**Original report signed by the inspector.**