

Original Public Report

Report Issue Date	July 15, 2022		
Inspection Number	2022_1020_0001		
Inspection Type			
<input type="checkbox"/> Critical Incident System	<input checked="" type="checkbox"/> Complaint	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Director Order Follow-up
<input type="checkbox"/> Proactive Inspection	<input type="checkbox"/> SAO Initiated	<input type="checkbox"/> Post-occupancy	
<input type="checkbox"/> Other			
Licensee	Sharon Farms & Enterprises Limited		
Long-Term Care Home and City	Strathcona Long Term Care, Mount Forest		
Lead Inspector	Nuzhat Uddin #532		Inspector Digital Signature

INSPECTION SUMMARY

The inspection occurred on the following date(s): June 28-30, July 4-8, 2022.

The following intake(s) were inspected:

- Log #007142-22 related to IPAC and staffing.
- Log #012311-22 related to falls prevention and medication.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Medication Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: PLAN OF CARE

NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 s. 6(5)

The licensee has failed to ensure that resident #001's substitute decision-maker was given an opportunity to participate fully in the development and implementation of the resident's plan of care.

Rationale and Summary:

An SDM made specific request related to medication administration.

The request was not documented in the resident's plan of care or the kardex.

A registered staff member was aware of the SDM's request but indicated that the SDM's requests were not followed.

There was minimal risk to the resident when the SDM was not given an opportunity to participate fully in the development and implementation of the resident's plan of care.

Sources:

Resident's plans of care and kardex, progress notes, interview with staff and SDM.

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WRITTEN NOTIFICATION: FALLS PREVENTION AND MANAGEMENT

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 54(2)

The licensee has failed to ensure that when a resident has fallen, the resident was assessed and that where the condition or circumstances of the resident require, a post-fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Rationale and Summary

A resident was found on the floor.

Falls Prevention and Management policy revised June 7, 2022, defined falls as "any unintentional change in position where the Resident ends up on the floor, ground or other lower level". Under post fall management/documentation it further stated that "if a fall has occurred, the Registered Staff will complete a Post Fall Assessment through Risk Management (PCC)—"Incident-Falls".

A registered staff acknowledged that there was no post fall assessment completed for the resident.

Not assessing the resident for injuries or completing a post-fall assessment placed the resident's safety at moderate risk of harm.

Sources:

Falls Prevention and Management #FP-P-20, resident's plan of care and kardex, progress notes, assessments, MDS, orders, risk management, interview with the Executive Director and the staff.

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WRITTEN NOTIFICATION: FALLS PREVENTION AND MANAGEMENT

NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 54(3)

The licensee has failed to ensure that the equipment, supplies, devices and assistive aids referred to in subsection (1) were readily available at the home.

Rationale and Summary

A resident was at risk of falls and was found on the floor with an injury.

The plan of care indicated that the resident was to have an assistive device in place.

The Executive Director (ED) acknowledged that the assistive device was ordered after the fall, and it was not readily available at the home.

By not ensuring that appropriate strategies and fall equipment were implemented in a timely manner placed the resident and their safety at risk of harm.

Sources:

Falls Prevention and Management #FP-P-20, resident's plan of care and kardex, progress notes, assessments, MDS, orders, risk management record assessment review, interview with the Executive Director and other staff.

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WRITTEN NOTIFICATION: ADMINISTRATION OF DRUGS

NC#004 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 140(3)

The licensee has failed to ensure that no person administers a drug to a resident in the home unless that person was a physician, dentist, registered nurse or registered practical nurse.

Rationale and Summary

The home's policy titled "Administration of Medications", last revised June 7, 2022, directing registered staff to not to leave the medication unattended for the Resident to self-administer unless the Resident performs self-medication administration in adherence to the Self-Administration of Medication.

The Registered staff was to monitor, provide appropriate documentation, and follow up as required relating to the Resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs.

A. A drug was sitting on the bed side table in a resident's room.

An RPN acknowledged that they left the medication in the room for the SDM to administer, however, there was no specific order for the SDM to give the medication to the resident.

B. A review of an electronic medication administration record (e- MAR) for a specific drug showed that there were eight missing signatures.

An RPN said that there should be signatures in the e-MAR to indicate that the medications were either administered or held back.

Sources:

Administration of Medications policy, Medication Administration record for a resident, Physician orders, interview with staff.

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