

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

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
Oct 8, 2019	2019_626501_0022	024756-18, 000246- 19, 015180-19	Complaint

Licensee/Titulaire de permis

Shepherd Village Inc.
3758/3760 Sheppard Avenue East TORONTO ON M1T 3K9

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

Shepherd Lodge
3760 Sheppard Avenue East TORONTO ON M1T 3K9

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

SUSAN SEMEREDY (501)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): September 30, October 1, 2, 3, 4, 2019.

During this inspection the following complaint intakes were inspected:

Log #024756-18 related to medication

Log #000246-19 related to personal support services, nutrition and hydration and skin and wound

During this inspection follow up intake #015180-19 related to skin and wound was also inspected.

Inspector #760, Jack Shi, attended this inspection during orientation.

During the course of the inspection, the inspector(s) spoke with the Assistant Director of Care (ADOC), quality and compliance manager, nurse manager, registered dietitian, registered nurses, registered practical nurses, personal support workers, and substitute decision-makers.

During the course of inspection, the inspectors(s) conducted observations of personal care, staff and resident interactions, and reviewed health records, home's investigation records, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Medication

Nutrition and Hydration

Personal Support Services

Skin and Wound Care

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)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
O.Reg 79/10 s. 50. (2)	CO #001	2019_790730_0019	501

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. 114. Medication management system

Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 114 (2).

Findings/Faits saillants :

The licensee has failed to ensure that written policies and protocols were developed for the medication management system to ensure the accurate administration of all drugs in the home.

The Ministry of Long-Term Care (MLTC) received a complaint from resident #001's substitute decision-maker (SDM) indicating the resident was administered a discontinued drug after returning from the hospital.

During an interview the SDM indicated resident #001 had been sent back from the hospital and suspected that medications that had been put on hold were still being administered to the resident. The SDM then spoke with a nurse manager who confirmed a medication error had occurred and these medications were stopped immediately. A review of resident #001's medical record indicated the resident was discharged from the hospital on an identified date. According to a medication incident form, medications were transcribed from the hospital medication administration record (MAR) by staff member #106 who had missed putting on hold an identified number of medications. The medication incident form also indicated second medication order checks had not been completed.

An interview with nurse manager (NM) #100 indicated they had investigated the above-mentioned medication incident. An interview with staff member #106 confirmed they had missed discontinuing an identified number of medications when resident #001 returned from the hospital. According to the NM, the policy at the time did not indicate that double checks needed to be completed for new admission and readmission orders. The NM stated that the home has since implemented a new policy and protocol to conduct medication reconciliation.

A review of the home's policy #NURS VII-143 titled, Admission/Physician's Order, effective March 2017, indicated there was no double or second nurse to check the orders.

An interview with quality compliance manager #102 confirmed that the home's previous policy related to medication reconciliation did not reflect best practice and did not ensure the accurate administration of drugs in the home. [s. 114. (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 that written policies and protocols were developed for the medication management system to ensure the accurate administration of all drugs in the home, to be implemented voluntarily.

Issued on this 8th day of October, 2019

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

Original report signed by the inspector.