



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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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
Dec 6, 2013	2013_188168_0038	H-000816-13	Complaint

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9

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

SHERIDAN VILLA
2460 TRUSCOTT DRIVE, MISSISSAUGA, ON, L5J-3Z8

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

LISA VINK (168), ROBIN MACKIE (511)

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): December 5, 2013.

This inspection was also completed by Inspector Irene Pasel (#510).

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), registered staff, personal support workers, Behavior Supports Ontario staff (BSO) and residents.

During the course of the inspection, the inspector(s) reviewed clinical records for the identified residents, reviewed relevant policies and procedures and observed the provision of care to residents.

The following Inspection Protocols were used during this inspection: Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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. 134. Residents' drug regimes

Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Findings/Faits saillants :



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1. The licensee did not ensure that, when a resident had taken any drug or combination of drugs, including psychotropic drugs, there was monitoring and documentation of the resident's response and the effectiveness of the drug appropriate to the risk level of the drugs.

A. The clinical records reviewed for resident #001 indicated that on October 26, 2013, they were administered, as needed, medication for agitation. Interview with the charge nurse, confirmed the resident exhibited occasional agitation. The staff identified the expectation for medication administration was to document the effectiveness of the medication in the clinical record following administration. The clinical record did not include documentation of the effectiveness for the medication administered on October 26, 2013, which was confirmed by staff.

B. The physician made changes to the dosage of a specified medication for resident #003. The dosage was decreased on two occasions between November 29, 2013 and December 3, 2013, due to symptoms observed. Staff did not consistently document the resident's response or the effectiveness of the dosage changes in the clinical record during this period of time. Interview with the DOC confirmed that it would be the expectation that staff record their assessment, including the resident's response and the effectiveness of the medication changes in the progress notes, on a shift by shift basis, during the initial period of implementation. [s. 134. (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 that, when a resident has taken any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drug appropriate to the risk level of the drugs, to be implemented voluntarily.



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Issued on this 6th day of December, 2013

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

L. Vink
I. Paset