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 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 apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 22, 2018	2018_682549_0001	026945-17	Complaint

Licensee/Titulaire de permis

The Royale Development GP Corporation as general partner of The Royale Development LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Granite Ridge Care Community
5501 Abbott Street East Stittsville ON K2S 2C5

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

RENA BOWEN (549)

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): January 2, 3, 4, 2018

Log # 026945-17 is related to continence care, pain management, nutrition and hydration and drug administration.

During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSW), Registered Practical Nurses (RPN), the Registered Dietitian (RD), the Director of Dietary Services (DSS), the Director of Care (DOC) and the Executive Director.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Medication
Nutrition and Hydration
Pain

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **2 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	Legendé 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. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (1) The continence care and bowel management program must, at a minimum, provide for the following:
4. Strategies to maximize residents' independence, comfort and dignity, including equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 51 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the continence care and management program

includes strategies to maximize the independence, comfort and dignity, including equipment, supplies, devices and assistive aids for resident #001.

On a specific date in 2017, the Ministry of Health and Long Term Care received a concern related to the amount of time that resident #001 had to wait for assistance after toileting.

Resident #001 was admitted to the home on a specific date in 2016, with multiple diagnosis.

Resident #001 Minimum Data Set (MDS) assessment dated a specific date in 2017 indicated that the resident's Cognitive Performance Scale (CPS) is one. The MDS assessment also indicated that the resident's cognitive skills for daily decision-making is modified independence - some difficulty in new situations only.

During an interview with the Director of Care (DOC) on January 2, 2018, it was indicated to Inspector #549 that the resident is cognitively well and is a good historian.

During an interview with PSWs #100 and #101 on January 2, 2018, it was indicated to the inspector that resident #001 will ring the call bell for staff assistance after the resident has finished using the washroom for personal care and to redress.

Inspector #549 reviewed the Call Bell Response report that was provided on January 2, 2018 by the DOC for resident #001's calls initiated in the washroom..

The Call Bell Response report revealed that on seventeen separate days during a specific month in 2017 the call bell response time to assist resident #001 in the washroom ranged from 10:56 minutes to 30:03 minutes. The report also revealed that the call bell responses covered all three nursing shifts.

The Call Bell Response report revealed that on twelve separate days during a different specific month in 2017, the call bell response time to assist resident #001 in the washroom ranged from 10:43 minutes to 25:13 minutes. The report also revealed that the times of the call bell responses covered all three nursing shifts.

During an interview with resident #001 on January 2, 2018, it was indicated to the inspector that he/she requires staff assistance to complete personal care and redressing after using the washroom. Resident #001 indicated to the inspector that he/she has had

to wait a long time for staff to come and assist him/her with personal care. Resident #001 indicated to the inspector that it is not right that he/she should have to wait so long for assistance. The resident also indicated to the inspector that it is very uncomfortable and not very dignified having to wait so long for staff assistance when in the washroom.

As such, the licensee failed to ensure that the continence care and management program included strategies to maximize the independence, comfort and dignity of resident #001. [s. 51. (1) 4.]

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 the continence care and management program include strategies to maximize the independence, comfort and dignity of resident #001, to be implemented voluntarily.

WN #2: 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 :

1. Licensee has failed to ensure that drugs are administered to resident #001 in accordance with the directions for use specified by the prescriber.

On a sepcific date in 2017, the Ministry of Health and Long Term Care received a concern related to resident #001 not receiving medication as prescribed by the resident's attending physician.

Inspector #549 reviewed resident #001's health care file, physician orders and Medication Administration Records for four specific months.

1. On a specific date resident #001 had a physician's order for a controlled substance to be applied on a specific day for a specific time period. The resident's Medication Administration Record (MARs) for a specific date indicated that on a specific date the controlled substance was applied at 0800 hours and was to be removed at 0759 hours three days later

On a specific date in 2017 resident #001 also had a physician's order for a different specific medication to be applied every morning at 0800 hours and removed every evening at 2000 hours.

Resident #001's progress notes for a specific date in 2017 indicated that on a specific date in 2017 at 0759 hours the RPN went to remove the controlled substance and apply more. The controlled substance was not on the resident's body. The different specific medication was still applied to resident #001. The wrong medication was removed from the resident.

The licensee's investigation documentation was reviewed by Inspector #549 and revealed that on a specific date in 2017, Registered Nurse (RN) #104 removed the controlled substance in error rather than the different specific medication as prescribed.

2. On a specific date in 2017 resident #001 had a physician's order for a specific medication to be applied every morning at 0800 hours and removed every evening at 2000 hours.

Resident #001's progress notes for a specific date in 2017 indicated that on the specific date in 2017 at 0800 hours the unit RPN went to apply the specific medication to resident #001 and found that the specific medication was still applied to the resident when it should have been removed.

The licensee's investigation documentation was reviewed by Inspector #549 and revealed that on a specific date in 2017 at 2000 hours resident #001's specific medication was not removed by RPN #106 as prescribed.

During an interview with the DOC on January 3, 2018 it was indicated to the inspector that resident #001 was not administered the two different types of medications as prescribed.

As such, the licensee has failed to ensure that drugs are administered to resident #001 in accordance with the directions for use specified by the prescriber. [s. 131. (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 to ensure that all residents are administered drugs in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident’s care needs change or care set out in the plan is no longer necessary.

Resident #001’s current plan of care (last updated on a specific date in 2017) which was provided to the inspector by unit RPN #102 indicated that the resident was participating in the home’s toileting program. Staff are to toilet the resident according to assessed needs- during specified times and prior to bed. The plan of care also indicated that one staff member is to provide weight bearing support to transfer the resident on and off the toilet and assistance with personal care and product adjustment.

During an interview with resident #001 on January 2, 2018 it was indicated to the inspector that staff do not assist the resident. The resident does requires assistance with personal care and redressing following using the washroom. The resident indicated to the inspector that he/she activates the call bell in the washroom when finished to request assistance from staff.

During an interview with PSW #100 and #101 on January 2, 2018 it was indicated to the inspector that resident #001 is not on a toileting program as the resident is cognitively well. PSW #101 indicated that the resident will activate the call bell for staff assistance after the resident is finished to complete personal care and redressing.

As such, the licensee has failed to ensure that the resident is reassessed and the plan of care is revised at least every six months and at any other time when the resident’s care needs change or care set out in the plan is no longer necessary. [s. 6. (10) (b)]

Issued on this 23rd day of January, 2018

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

Original report signed by the inspector.