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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, L1K-0E1
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, L1K-0E1
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 9, 2014	2014_199161_0023	O-000498-14	Complaint

Licensee/Titulaire de permis

ST. PATRICK'S HOME OF OTTAWA INC.
2865 Riverside Dr., OTTAWA, ON, K1V-8N5

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

ST PATRICK'S HOME
2865 RIVERSIDE DRIVE, OTTAWA, ON, K1V-8N5

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

KATHLEEN SMID (161)

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): October 3, 6, 7, 8, 2014.

During the course of the inspection, the inspector(s) also inspected Complaint Inspection Logs #O-000498-14, #O-000647-14 and #O-000870-14

During the course of the inspection, the inspector(s) spoke with the identified Residents, Personal Support Workers, Rehabilitation Service Worker, Registered Practical Nurses, Coordinator Clinical Practice and Performance, Vice President Clinical Care and the President/Chief Executive Officer.

During the course of the inspection, the inspector(s) observed the identified Residents, their rooms and reviewed their health care records, select email correspondence and the home's Fall Prevention and Management Program.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Hospitalization and Change in Condition
Medication
Personal Support Services
Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

The licensee failed to ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, in the assessment of the Resident so that their assessments are integrated and are consistent with and complement each other.

On September 25, 2014 the attending physician wrote an order that Resident #001 was to have their blood pressure checked for 14 days and the results to be recorded in the Resident's electronic health care record.

Upon review of Resident #001's electronic health record from September 26, 2014 till October 2, 2014 morning, it is noted that the Resident's blood pressure was not taken on 4/6 days.

On October 2, 2014 the attending physician wrote an order indicating that Resident #001's blood pressure is to be taken daily for 14 days as previously ordered on September 25, 2014. [s. 6. (4) (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 Resident #001's blood pressure is to be assessed as ordered by the attending physician, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

The licensee failed to comply with O. Reg. 79/10 s.8 (1)(b) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system to be complied with, in that the home failed to ensure compliance with the following policy.

As per O.Reg79/10, s. 49 (2) The licensee shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Review of the home's policy titled Falls Prevention and Management Program issued 2011-07-15 provided by the Coordinator, Clinical Practice and Performance, indicates "Initiate Head Injury Routine for all unwitnessed falls and witnessed falls that have resulted in a possible head injury or if the resident is on anticoagulant therapy. Monitor every hour for the first 4 hours and then every 4 hours for 24 hours post fall for signs of neurological changes e.g. facial droop, behaviour changes and weakness on 1 side."

On a specific date in the summer of 2014 at 10:25 a.m. Resident #001 fell and hit their head on the adjacent wall sustaining a 5 cm laceration to the back of their scalp. The home initiated a Head Injury Routine Record immediately at 10:25 a.m. A review of Resident #001's Head Injury Routine Record indicates that Resident #001 was not assessed on the specific date in the summer of 2014 at 11:25 a.m., 12:25 p.m., 1:25 p.m., 5:25 p.m., 9:25 p.m., and the following day at 01:25 a.m., 05:25 a.m. in accordance with the home's Falls Prevention and Management Program. [s. 8. (1) (a),s. 8. (1) (b)]

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 staff comply with the home's Falls Prevention and Management program related to the initiation of the Head Injury Routine, to be implemented voluntarily.

WN #3: 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. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits saillants :

The licensee failed to ensure that no drug is administered to a Resident in the home unless the drug has been prescribed for the Resident.

On a specific date in July 2014 Resident #001 was administered a drug by an RPN. Upon review of the Physician's orders it is noted that the drug had not been prescribed for Resident #001. On that date the Vice President Nursing Programs indicated in an email to Resident #001's Power of Attorney, that an agency RPN had made the drug error and that she would follow up with the agency to ensure that this drug administration error was addressed with the RPN involved.

On a specific date in September 2014 Resident #001 was administered a drug by an RPN. Upon review of the Physician's orders it is noted that the drug had not been prescribed for Resident #001. On that date the Vice President of Nursing Programs indicated in an email to Resident #001's Power of Attorney that (a) the process of reconciliation of drugs upon a Residents return to the home from the hospital was discussed with the pharmacy, medical director and nursing at an earlier meeting that day and (b) the RPN who made the drug administration error would receive retraining.

On a date in April 2014 Resident #002 was prescribed Nitroglycerin Patch 0.4 mg/hour to be applied at 10:00 p.m. and to be removed at 08:00 a.m. On a date in October 2014 at 08:00 a.m., RPN #S103 removed the Nitroglycerin patch applied at 10:00 p.m. the evening before. The dose inscribed on the removed patch indicated a dose of 0.6mg/hour, not the prescribed dose of 0.4mg/hour. [s. 131. (1)]

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 only drugs that have been prescribed for a Resident are administered, to be implemented voluntarily.

Issued on this 10th day of October, 2014

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