

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
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Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 23, 2020	2020_563670_0027	007727-20, 013459- 20, 013572-20, 017074-20	Critical Incident System

Licensee/Titulaire de permis

The Corporation of the County of Essex
360 Fairview Ave West ESSEX ON N8M 1Y6

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

Sun Parlor Home for Senior Citizens
175 Talbot Street East LEAMINGTON ON N8H 1L9

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

DEBRA CHURCHER (670)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): September 8, 9, 10, 2020.

This inspection was conducted to inspect the following:

Log#013459-20 CIS#M579-000011-20 related to alleged improper care.

Log#013572-20 CIS#M579-000010-20 related to a medication error.

Log#007727-20 CIS#M579-000006-20 related to a fall with injury.

Log#017074-20 CIS#M579-000018-20 related to a fall with injury.

During the course of the inspection, the inspector(s) spoke with The Administrator, the Director of Nursing, two Assistant Directors of Nursing, one Registered Nurse, one Registered Practical Nurse, two Personal Support Workers and multiple residents..

During the course of this inspection the Inspector observed the overall cleanliness and maintenance of the home, observed the provision of care, observed staff to resident interactions, reviewed relevant clinical records, reviewed relevant internal investigative notes and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Medication

Prevention of Abuse, Neglect and Retaliation

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: 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 :

1. The licensee has failed to ensure that the Falls Prevention Management policies and procedures included in the required Falls Prevention Program were complied with for residents #003 and #004.

O. Reg. 48 (1) 1. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home. A falls prevention and management program to reduce the incidence of falls and the risk of injury."

The homes policy titled Falls Prevention Management Program #0104-01 under the Neurological Assessment tab stated; This assessment is to take place if a resident was witnessed hitting their head, stated they had hit their head or if a fall is un-witnessed. The homes policy titled Follow-Up Care of Head Injury stated Procedure:

Check vital signs

-Blood Pressure

-Temperature

-Pulse

-Respiration

-Pupil Size and Reaction

-Grip Strength

-Level of Consciousness

-Assessment to be conducted every hour for four hours followed by every four hours for 24 hours.

-Document results on Head Injury Routine Record in PCC.

A) Review of resident #003's progress notes and tasks showed an un-witnessed incident

occurred with four Head Injury Routines (HIR) documented at different intervals that did not follow the home's policy. The resident's progress notes and tasks also showed second un-witnessed incident with five HIR documented at different intervals that did not follow the home's policy.

B) Review of resident #004's progress notes and tasks show the resident had a witnessed incident with an injury with six HIR documented at different intervals that did not follow the home's policy.

During an interview with the Director of Nursing they acknowledged that resident #003 and #004 did not have HIR's completed as per the homes policy.

The homes failure to complete HIR's per their policy placed resident #003 and #004 at actual risk for harm.

Sources: Resident #003 and #004's progress notes and HIR assessments, Critical Incident System reports, policy Falls Prevention Management Program #0104-01, policy Follow-Up Care of Head Injury, and interview with DON. [s. 8. (1) (a),s. 8. (1) (b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

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. (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 :

1. The licensee has failed to ensure that no drug was administered to resident #001 unless the drug had been prescribed for the resident.

Resident #001's physician orders showed that a medication was to be placed on hold. Review of resident #001's Electronic Medication Administration Record (eMAR) showed the medication was administered in error, the day after the medication was supposed to be placed on hold. The medication was not placed on hold until the day after the physician ordered the medication to be placed on hold.

During an interview with Assistant Director of Care (ADOC) #102 they stated that resident #001 received the medication the day after it was to be placed on hold and should not have been given.

The resident receiving the medication resulted in minimal risk for harm.

Sources: Resident #001's physician orders, progress notes and eMAR, Critical Incident System report, and interview with ADOC #102 and others. [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 no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident, to be implemented voluntarily.

Issued on this 23rd day of September, 2020

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : DEBRA CHURCHER (670)

Inspection No. /

No de l'inspection : 2020_563670_0027

Log No. /

No de registre : 007727-20, 013459-20, 013572-20, 017074-20

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Sep 23, 2020

Licensee /

Titulaire de permis : The Corporation of the County of Essex
360 Fairview Ave West, ESSEX, ON, N8M-1Y6

LTC Home /

Foyer de SLD : Sun Parlor Home for Senior Citizens
175 Talbot Street East, LEAMINGTON, ON, N8H-1L9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Jayne Brooks-Keller

To The Corporation of the County of Essex, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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
 (b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee must be compliant with O. Reg. 79/10 r. 8.(1). (b).
 Specifically;
 A) The licensee must ensure that the home's policies related to falls prevention and management and head injury routines/neurological assessments are implemented and complied with.
 B) The licensee must ensure that all Registered Nurses and Practical Nurses receive re-training to the home's policies related to falls prevention and management and head injury routines/neurological assessments.
 C) The licensee must keep a record related to the training that indicates the staff members that received the training and the date the training was completed.
 D) The home must implement processes that alert Registered Staff to the date and time a head injury routine/neurological assessment is required.

Grounds / Motifs :

1. 1. The licensee has failed to ensure that the Falls Prevention Management policies and procedures included in the required Falls Prevention Program were complied with for residents #003 and #004.

O. Reg. 48 (1) 1. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home. A falls prevention and management program to reduce the incidence of falls and the risk of injury."

Order(s) of the Inspector

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Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The homes policy titled Falls Prevention Management Program #0104-01 under the Neurological Assessment tab stated; This assessment is to take place if a resident was witnessed hitting their head, stated they had hit their head or if a fall is un-witnessed. The homes policy titled Follow-Up Care of Head Injury stated Procedure:

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-Assessment to be conducted every hour for four hours followed by every four hours for 24 hours.

-Document results on Head Injury Routine Record in PCC.

A) Review of resident #003's progress notes and tasks showed an un-witnessed incident occurred with four Head Injury Routines (HIR) documented at different intervals that did not follow the home's policy. The resident's progress notes and tasks also showed second un-witnessed incident with five HIR documented at different intervals that did not follow the home's policy.

B) Review of resident #004's progress notes and tasks show the resident had a witnessed incident with an injury with six HIR documented at different intervals that did not follow the home's policy.

During an interview with the Director of Nursing they acknowledged that resident #003 and #004 did not have HIR's completed as per the homes policy.

The homes failure to complete HIR's per their policy placed resident #003 and #004 at actual risk for harm.

Sources: Resident #003 and #004's progress notes and HIR assessments, Critical Incident System reports, policy Falls Prevention Management Program #0104-01, policy Follow-Up Care of Head Injury, and interview with DON.

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Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

The severity of this non-compliance was actual risk for harm due to potential unrecognized neurological decline related to a head injury.. The scope of this non-compliance was widespread as three falls were inspected and the HIR was not completed per the homes policy for all three falls. The home has a compliance history of seven written notifications (WN), four voluntary plans of correction (VPC), and one compliance order (CO) being issued to the home related to different sub-sections of the legislation in the past 36 months. (670)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jan 21, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

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Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 23rd day of September, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Debra Churcher

Service Area Office /

Bureau régional de services : London Service Area Office