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

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 26, 2015	2015_303563_0046	025634-15, 026283-15, 022274-15, 021524-15, 024482-15	Critical Incident System

Licensee/Titulaire de permis

REGIONAL MUNICIPALITY OF WATERLOO
150 Frederick Street KITCHENER ON N2A 4J3

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

SUNNYSIDE HOME
247 FRANKLIN STREET NORTH KITCHENER ON N2A 1Y5

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

MELANIE NORTHEY (563)

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): October 28 - 29, 2015

The following Critical Incidents inspections were conducted concurrently during this inspection:
Log # 025634-15 / M578-000028-15
Log # 026283-15 / M578-000030-15
Log # 022274-15 / M578-000024-15 & M578-000022-15
Log # 021524-15 / M578-000025-15
Log # 024482-15 / M578-000027-15

During the course of the inspection, the inspector(s) spoke with the Director of Care, one Registered Nurse, six Registered Practical Nurses, one Registered Practical Nurse Student, one Personal Support Worker, one Resident Care Coordinator, and one Resident Home Assistant.

The inspector also made observations of residents and care provided. Medication administration and medication storage areas were observed. Relevant policies and procedures, as well as clinical records and plans of care for identified residents and the home's investigation notes were reviewed.

The following Inspection Protocols were used during this inspection:
Medication
Prevention of Abuse, Neglect and Retaliation

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **1 VPC(s)**
- **1 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 LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee failed to protect residents from abuse by anyone and failed to ensure that residents were not neglected by the licensee or staff.

For the purposes of the Act and this regulation, O Reg 79/10, s. 5 "neglect means the failure to provide a resident with the treatment, care and services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents."

Record review of the home's investigation notes related to Critical Incident # M578-000027-15 revealed an investigation summary where by the registered staff member removed a specific care plan task from Point of Care (POC) for 8 residents, including Resident # 004, 005 and 006 and there were negative health outcomes. Staff interview with the Director of Care confirmed the specific tasks were removed from POC.

Record review of the Quality Indicator Reports from Point Click Care comparing quarters for the Cider Mill and Woodside Home Care Areas (HCA) revealed that in Quarter 4 there were seven stage 1-4 pressure ulcers recorded on the Minimum Data Set (MDS) Assessments. Quarter 1 documented 18 stage 1-4 pressure ulcers recorded on the MDS Assessments.

Record review of the home's investigation notes confirmed the specific care plan tasks for those residents where it was deleted for the nighttime routine have been reinstated for those residents who required it.

Staff interview with the Director of Care (DOC) confirmed the POC night shift specific care plan tasks were removed from the plans of care for Resident # 004, # 005 and # 006 resulting in negative health outcomes.[s. 19. (1)]

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. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs were stored in an area or a medication cart that was secure and locked.

Observation of the medication cart on the Shantz Hill home care area (HCA) revealed the Registered Practical Nurse (RPN) left the medication cart unlocked and unattended for 11 minutes. The medication cart was parked across from the dining room against the far wall where multiple staff and residents as well as a maintenance person walked past or near the cart in that time. The Registered Nurse noticed the cart unlocked and proceeded to engage the locking mechanism on the cart and confirmed the medication cart was not secure and locked.

Observation of the medication administration on the Riverside HCA revealed the RPN left the Medication cart unlocked and unattended with back to cart and out of sight for 2-3 minutes while administering a medication in the dining room. Inspector opened each drawer of the medication cart with the Director of Care (DOC) present. Staff interview with the DOC confirmed all registered staff need to lock the medication cart when not in use and confirmed the RPN did not secure the medication supply in her absence. [s. 129. (1) (a)]

2. The licensee has failed to ensure that controlled substances were stored in a separate, double-locked stationary cupboard in the locked area.

Observation of the Riverside HCA Medication Room revealed multiple emergency narcotic starter packs were kept in the same narcotic cupboard as those controlled substances for destruction. The single-locked narcotic cupboard in the locked medication room did not comply with this legislation where controlled substances for resident use were to be triple-locked.

Emergency starter packs contained the following medications and amounts:
- five vials of Hydromorphone injectable 2mg/ml
- six vials of Morphone injectable 15mg/ml
- six tabs of of Dilaudid 1mg
- 12 tabs of Oxycocet 5mg/325mg
- 12 tabs of Tylenol # 3, 30 mg
- two vials of Midazolam 1mg ampule, 5mg/ml

Narcotics for destruction were stored with the controlled substances in the emergency starter packs and included the following:
- three tabs of Hydromorphone 2mg
- seven tabs of Hydromorph Contin 12mg
- 26 tabs of Hydromorphone 2mg

Observation of the Woodside HCA Medication Room revealed controlled substances for destruction were kept in the locked narcotic cupboard in a locked medication room serving only as a double-locked storage area. Controlled substances for resident use were to be triple-locked.

Record review of the home's narcotic critical incident reports revealed controlled substances have gone missing or unaccounted on the following dates:
- CI # M578-000011-15 on April 7, 2015
- CI # M578-000012-15 on March 30, 2015
- CI # M578-000022-15 on July 17, 2015
- CI # M578-000024-15 on July 25, 2015
- Ci # M578-000025-15 on August 6, 2015

Staff interview with the DOC and two RPNs on October 29, 2015 confirmed the controlled substances were not stored in a separate, double-locked stationary cupboard in the locked medication room. [s. 129. (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 drugs were stored in an area or a medication cart that was secure and locked and to ensure that controlled substances were stored in a separate, double-locked stationary cupboard in the locked area, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written policy that promotes zero tolerance of abuse and neglect of residents and that it was complied with.

Record review of the "Resident Abuse & Neglect Zero Tolerance” Policy # 7-10 with revised/approved date of May 12, 2015 revealed, "All persons who witness or suspect abuse and/or neglect must report it. The report may be made to a front line staff member who must immediately report it to a manager, manager on call, registered nurse, Administrator of Resident Care, Ministry of Health and Long Term Care (MOHLTC) or the Long Term Care Action Line."

Record review of the Critical Incident (CI) # M578-000028-15 revealed the incident was reported to the Ministry of Health and Long-Term Care. The CI documented that two Personal Support Workers (PSWs) reported an incident of suspected neglect.

Record review of the Critical Incident (CI) # M578-000027-15 revealed several complaints have been raised over the past few months about a specific Registered Practical Nurse and the suspicion of neglect. "During the course of an extensive investigation, it was determined that these complaints were true and that the care of the residents had been neglected." The CI was submitted to the MOHLTC in September 2015, even though there were "several complaints raised over the past few months." The home did not report the incident immediately to MOHLTC when suspected neglect was first reported.

Staff interview with the Director of Care (DOC) revealed it was the home's expectation that all staff report suspected or witness abuse immediately to their supervisor and confirmed the incident occurred and that the two PSWs did not report the suspected neglect of Resident # 003 until three days later and this was not in compliance with the abuse policy. The DOC also confirmed the home did not report the suspicions of neglect immediately when the complaints were raised several months ago. [s. 20. (1)]

Issued on this 4th day of December, 2015

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
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 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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	MELANIE NORTHEY (563)
Inspection No. / No de l'inspection :	2015_303563_0046
Log No. / Registre no:	025634-15, 026283-15, 022274-15, 021524-15, 024482-15
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Nov 26, 2015
Licensee / Titulaire de permis :	REGIONAL MUNICIPALITY OF WATERLOO 150 Frederick Street, KITCHENER, ON, N2A-4J3
LTC Home / Foyer de SLD :	SUNNYSIDE HOME 247 FRANKLIN STREET NORTH, KITCHENER, ON, N2A-1Y5
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	GAIL KAUFMAN-CARLIN

To REGIONAL MUNICIPALITY OF WATERLOO, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
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 # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Order / Ordre :

The licensee must achieve compliance to ensure that residents are not neglected by the licensee or staff.

The licensee must prepare, submit and implement a plan for achieving compliance with O.Reg. 79/10, s. 19. (1).

The plan must include:
1. A reassessment plan for all residents with skin issues to ensure appropriate care planning.
2. A process in place where by modifying the plan of care is only done once the resident has been reassessed and the plan of care changed only if necessary to ensure appropriate care is delivered.
3. A monitoring process to ensure compliance with this plan.

Please submit the plan, in writing, to Melanie Northey, Long Term Care Homes Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 130 Dufferin Avenue, 4th Floor, London, Ontario, N6A 5R2, by email to melanie.northey@ontario.ca by December 11, 2015.

Grounds / Motifs :

1. The licensee failed to protect residents from abuse by anyone and failed to ensure that residents were not neglected by the licensee or staff.

For the purposes of the Act and this regulation, O Reg 79/10, s. 5 "neglect means the failure to provide a resident with the treatment, care and services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents."

Record review of the home's investigation notes related to Critical Incident # M578-000027-15 revealed an investigation summary where by the registered staff member removed a specific care plan task from Point of Care (POC) for 8 residents, including Resident # 004, 005 and 006 and there were negative health outcomes. Staff interview with the Director of Care confirmed the specific tasks were removed from POC.

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Staff interview with the Director of Care (DOC) confirmed the POC night shift specific care plan tasks were removed from the plans of care for Resident # 004, # 005 and # 006 resulting in negative health outcomes.

The scope of this issue was a pattern. The home did not have a compliance history. The severity of this issue was determined to be a level 3 as the residents experienced actual harm due to the actions of the staff. (563)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 15, 2016

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
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

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 or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and 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 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:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and 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.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 26th day of November, 2015

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Melanie Northey

Service Area Office /
Bureau régional de services : London Service Area Office