



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

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
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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
May 14, 2014	2014_258519_0010	L-000241- 14, L- 000363-14	Complaint

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

SHERRI GROULX (519)

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): May 8 and 9, 2014

During the course of the inspection, the inspector(s) spoke with the Acting Director(s) of Care, a Registered Nurse, a Registered Practical Nurse, a Personal Support Worker, and three Residents.

During the course of the inspection, the inspector(s) made observations of Residents and Staff in their environments, reviewed the clinical records, reviewed policies and procedures, reviewed staffing schedules, reviewed medication administration time audits, and other relevant documents.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Responsive Behaviours

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.



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>Legendé</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 failed to ensure that where the Act or this Regulation requires the



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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 is complied with.

On May 9, 2014, during an interview with a Registered staff, there were concerns raised that at times medication administration to the Residents can be up to three hours late.

The Sunnyside Home Physician's Orders Audit Report was produced on May 9, 2014 at 1217 hours for the start dates of May 1, 2014 to May 7, 2014 for Residents # 6, 7 and 8.

A review was done of this report and it revealed that on May 1, 2014 Resident #8 was ordered to receive two medications at 1000 hours. This resident received these medications one hour and forty four minutes late at 1144 hours.

On May 1, 2014 Resident # 8 was to receive a medication at 1300 hours. This resident received this medication one hour and twenty seven minutes late at 1427 hours.

On May 1, 2014 Resident # 8 was to receive two medications at 1600 hours. This resident received these medications one hour and fifty one minutes late at 1751 hours.

On May 1, 2014 Resident # 8 was to receive four different medications at 1630 hours. This resident received these medications one hour and twenty one minutes late at 1751 hours.

On May 3, 2014 Resident # 8 was to receive a medication at 1600 hours. This resident received this medication one hour and twenty minutes late at 1720 hours.

On May 5, 2014 Resident # 8 was to receive two different medications at 1600 hours. This resident received these medications one hour and eighteen minutes late at 1718 hours.

On May 5, 2014 Resident # 8 was to receive a medication at 1900 hours. This resident received this medication one hour and twelve minutes late at 2012 hours.



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On May 6, 2014 Resident # 8 was to receive a medication at 1900 hours. This resident received this medication one hour and twenty minutes late at 2020 hours.

On May 2, 2014 for Resident # 8, a treatment was ordered at 1630 hours but not administered until 2032 hours.

On May 3, 2014 the treatment was ordered for 1630 hours and not administered until 2305 hours.

On May 4, 2014 the treatment was ordered for 1630 hours and not administered until 2240 hours.

The Medical Pharmacy Policy and Procedure Manual for LTC Homes, Policy number 3-6, titled " The Medication Pass", last reviewed in Jan 2014 stated that each resident is to receive the correct medication, in the correct prescribed dosage, at the correct time, and by the correct route.

During an interview with the Acting Director of Care she verified that medications are to be given at the correct time. [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 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 is complied with, to be implemented voluntarily.



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Issued on this 15th day of May, 2014

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

Sherri Groulx #519.