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 # / Registre no	Type of Inspection / Genre d'inspection
Jun 23, 2017	2017_635600_0009	011117-17	Resident Quality Inspection

Licensee/Titulaire de permis

DON MILLS FOUNDATION FOR SENIORS
1 Overland Drive TORONTO ON M3C 2C3

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

THOMPSON HOUSE
1 OVERLAND DRIVE NORTH YORK ON M3C 2C3

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

GORDANA KRSTEVSKA (600), JUDITH HART (513)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): June 7, 8, 9, 12, 13, 14, 15, 16, 19, 2017.

During the RQI inspection the following intakes were inspected:
Critical Incidents:

- **Abuse Prevention: #007145-16, CI #C573-000001-16,**
- **Responsive Behaviour: #031945-16, CI #C573-000019-16, #017359-16, CI #C573-000006-16, #017354-16, CI #C573-000007-16.**

Complaints:

- **Medication Management #008742-17,**
- **Medication Management #025703-16,**
- **Medication Management, Resident's Bill of Rights, Duty to protect #019518 -15.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Registered Dietitian (RD), Physiotherapist (PT), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSW), Resident Assessment Instrument (RAI) - Coordinator, Substitute Decision Maker (SDM), housekeeping staff, and residents.

During the course of the inspection, the inspectors observed the provision of care, staff-resident interaction, reviewed clinical records, medication incidents reports, staff education records, critical incident system (CIS) records, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Continence Care and Bowel Management
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours

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

- **2 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 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 has failed to ensure that residents are protected from abuse by anyone and free from neglect by the licensee or staff in the home.

During the resident interview in stage one of the Resident Quality Inspection (RQI) resident #004 reported that PSW #102 was rough when providing care to resident #004. The incident was reported to the ADON and an investigation started immediately.

Interview with PSW #102 revealed that he/she provided care to resident #004 on September 8, 2016, and while providing care the resident indicated signs of discomfort. The PSW further indicated that he/she knew the resident had altered skin integrity and was sensitive to discomfort. The PSW confirmed that the resident was complaining of discomfort, however, he/she continued to provide care. The PSW expressed regrets and stated he/she should have acknowledged the resident's complaint of pain.

Interview with the Director of Nursing (DON) revealed that there was an incident reported regarding providing care to resident #004. The home investigated the incident and reprimanded and educated the RPN for Abuse Prevention, and Residents' Bill of Rights. The ADON confirmed all staff are expected to follow the home's policy of zero tolerance of abuse and neglect. [s. 19. (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 residents are protected from abuse by anyone and free from neglect by the licensee or staff in the home, 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. (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 had failed 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.

An anonymous complaint was received by the Ministry of Health (MOH) on an identified date, with concerns related to medication administration.

A review of the medication incident records that occurred in the home for the past year revealed a medication incident for resident #015, who received medications prescribed for resident #014.

A review of the medical records revealed resident #015 was prescribed specified medications to be given at identified hours. The notes further indicated that on a specified date resident #015 was actually given different medications at that time which had not been prescribed for resident #015.

An interview with Registered Nurse (RN) #114 indicated that at the specified time on the identified date resident #015 was provided with and received the incorrect medications because of unfamiliarity with the residents.

An interview with the DON confirmed medications were administered for resident #015 that were prescribed for resident #014. [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 28th day of June, 2017

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

Original report signed by the inspector.