



**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

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 public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 27, 2017	2017_418615_0029	025905-17	Resident Quality Inspection

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
5015 Spectrum Way Suite 600 MISSISSAUGA ON 000 000

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

TRILLIUM COURT
550 PHILIP PLACE KINCARDINE ON N2Z 3A6

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

HELENE DESABRAIS (615), AMIE GIBBS-WARD (630)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): November 20, 21, 22 and 23, 2017.

The following inspections were conducted during the Resident Quality Inspection:

Complaint IL-50278-LO/Log# 007387-17 related to alleged improper care of a resident;

Compliant IL-47575-LO/Log# 030961-16 related to alleged improper care of a resident.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), two Registered Nurses (RN), one Registered Practical Nurse Resident Assessment Instrument Coordinator (RPN-RAI Coordinator), one RPN, one Registered Dietician (RD), one Dietary Aide (DA), one Personal Support Worker, a representative from Residents' Council, over 20 residents and three family members.

Inspectors also toured the resident home areas and common areas, medication rooms, spa rooms, observed resident care provision, resident to staff interactions, medication administration, medication storage areas, reviewed relevant resident clinical records, posting of required information, relevant policies and procedures, as well as meeting minutes pertaining to the inspection, and observed general maintenance and cleanliness of the home.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Residents' Council

Skin and Wound Care

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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>



**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**

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

**s. 229. (5) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (5).**

Findings/Faits saillants :

1. The licensee has failed to ensure that staff monitored symptoms of infection in residents on every shift, in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

A review of three resident's progress notes stated that on specific dates, the residents were diagnosed with an infection and antibiotics were ordered by the physician.

A review of the three residents' clinical record showed no documented evidence that the residents' symptoms of infection were monitored on each shift.

During interviews, the DOC, RN, RPN and a PSW stated that the residents were diagnosed with an infection and that the residents were not monitored on each shift for symptoms of infections. The DOC and a RN both stated that the symptoms of infection monitoring and recording were not completed in the past "and will be from now on".

The DOC was asked to provide the home's policy on infection control regarding the monitoring and recording of symptoms of infection in residents on every shift in accordance with evidence-based practices. The DOC said that they could not provide a policy or process to the inspector.

A review of the home's "Resident Home Area Daily Infection Control Surveillance Form", for a specific month, indicated there were nine residents with an infection. Administrator #100 stated that they used that form monthly to indicate what infection residents were diagnosed with and that residents were not monitored every shift for symptoms of infection.

During interviews the Administrator and DOC said that the home's expectation was that staff monitored symptoms of infection in residents on every shift.

The severity was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of this issue was determined to be widespread during the course of this inspection. There was no compliance history of this legislation being issued in the home. [s. 229. (5) (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 staff monitor symptoms of infection in residents on every shift in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident and every adverse drug reaction is, (a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and O. Reg. 79/10, s. 135 (1). (b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider. O. Reg. 79/10, s. 135 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that every medication incident involving a resident and every adverse drug reaction was reported to the resident, the resident's substitute decision-maker (SDM), if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider.

A review of the home's Medication Incidents' policy, last reviewed January 17, 2017, stated in part: "It is our expectation that all medication incidents are reported and documented in a timely manner to ensure that optimal management and prevention strategies are developed and implemented" and, "All medication incidents, including near misses or close calls that are identified are reported immediately to the nurse or designate and to the Director of nursing/Care or Resident Services Manager"; "the

prescriber is to be informed of medication incidents that involve the resident. The error or adverse drug reaction is also to be reported to the resident and/or substitute decision-maker”.

A review of the home's medication incidents from August to November 22, 2017, indicated there were eight medication incidents that involved residents occurred during this time frame. According to all medication incident reports, seven incidents were not reported to the Medical Director and two were not reported to the residents' substitute decision-makers.

During an interview, the DOC stated that one physician of the home was an attending physician and also the Medical Director of the home and there were five other attending physicians. The DOC stated that when a medication incident occurs, the attending physician, the family and the pharmacy were notified. The DOC said that the Medical Director was made aware of the medication incidents only at the quarterly medication review meeting.

During an interview, the DOC shared that there were two medication incidents that were not reported to the residents' family/SDM and that the home's expectation was that when a medication incident occurred, the Medical Director and the residents' family/SDM would be notified.

The licensee has failed to ensure that every medication incident involving a resident and every adverse drug reaction was reported to the resident's SDM and the Medical Director.

The severity was determined to be a level 1 as there was minimum risk. The scope of this issue was determined to be a pattern during the course of this inspection. There was no compliance history of this legislation being issued in the home. [s. 135. (1)]



**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**

Issued on this 18th day of December, 2017

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

Original report signed by the inspector.