Ontario

**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 prévue 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


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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Jul 10, 2019 | 2019_532590_0019 | 011882-19 | Complaint |

## Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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

Berkshire Care Centre
350 Dougall Avenue WINDSOR ON N9A 4P4

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

ALICIA MARLATT (590)

## Inspection Summary/Résumé de l'inspection

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): June 26 - 28, 2019.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, the Food Services Manager, a Registered Dietitian, one Physiotherapist, one Physiotherapist Assistant, two Registered Practical Nurses, three Personal Support Workers and one family member.**

**During the course of the inspection, the inspector(s) observed dining services, infection prevention and control practices, the provision of resident care, recreational activities, staff and resident interactions, the posting of required information and resident home areas.**

**During the course of the inspection, the inspector(s) reviewed one residents clinical record, an Infoline report and policies relevant to inspection topics.**

**The following Inspection Protocols were used during this inspection:**
**Dining Observation**
**Medication**
**Personal Support Services**
**Sufficient Staffing**

**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<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Légende<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>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.<br><br>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 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 this Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with.

In accordance with O.Reg. 79/10, s. 30, the licensee was required to have a written description of each of the interdisciplinary programs required under section 48 of this Regulation, which included a pain program to identify and manage residents in pain.

In accordance with O.Reg. 79/10, s. 52 (1), the pain management program must, at a minimum, provide for the following: 1. Communication and assessment methods for residents who were unable to communicate their pain or who were cognitively impaired. 2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids. 3. Comfort care measures. 4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

Also in accordance with O. Reg 79/10, s. 52 (2) every licensee of a long-term care home shall ensure that that when a residents' pain is not relieved by initial interventions, the resident was to be assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

A complaint was received by the Ministry of Long-Term Care (MOLTC) from resident #001's family member. The family member stated that when the resident was admitted they had arrived to the long-term care home around 1300 hours. The family member stated that the resident had to wait until about 2200 hours to receive their medications. They stated that the resident had specific medications and had pain issues and was not sure if they received medications that were ordered on the day of their admission.

Review of resident #001's clinical record was completed, and it showed that resident #001 was admitted to the long-term care home on a specific day. The first progress note written indicating that the resident was in the home was written by the Registered Dietitian at 1425 hours. The next progress note was written by Registered Practical Nurse (RPN) #105 at 1832 hours. This progress note documented that the resident was having pain. There were no further progress notes written to indicate if anything was done for the resident's pain. Review of the completed assessments in Point Click Care (PCC), showed that there was no pain assessment completed on the day of their admission.

The inspector reviewed the homes' policy titled "Pain Management", policy index I.D: RCS G-60 and last revised on March 13, 2019. The policy stated that "Pain Assessment: found under Assessment Tab in PCC is to be completed for ALL residents and documented as follows: Move-in day and Return from Hospital: within 4 hours."

Review of resident #001's Medication Reconciliation and Admission Order Form completed on their admission day, showed that an order for analgesics were obtained by RPN #105 from the physician at 1800 hours. The RPN stated in an interview that the time documented on this form was the time that they had spoken with the physician and obtained the orders. The RPN said that admission's during the afternoon shift can be difficult, in that obtaining medications for their shift and the next day shift can be hard as the pharmacy closed early. They said that they were to contact the on-call pharmacist for any medication related concerns after-hours and said that they could not recall if they had contacted the pharmacist that afternoon, but had not documented it if they did.

Furthermore, RPN #105 shared that they recalled the resident complaining of pain on the day of their admission; the RPN was working the afternoon shift. When asked what their responsibility was when a new resident complained of pain they said that they were supposed to do a pain assessment to determine where the pain is, the intensity of the pain and what relieved it. When asked if the home used an assessment tool specifically for pain they shared that there was a pain assessment tool, and they were documented in PCC. The inspector asked the RPN to show them the completed pain assessment on the day of this residents' admission and they shared that they had not started one. When asked what was done for the resident at the time of their complaints of pain they shared that they had not provided any immediate intervention as the resident stated that it was tolerable, and they were going to obtain orders from the physician soon. The RPN and the inspector reviewed the progress notes on the admission day, and found that they had

not documented anything further about what was done for the resident's pain and stated that they should have completed a pain assessment and documented more about the interventions provided and their effectiveness.

In an interview with Director Of Care (DOC) #101 they shared that the pain policy stated that pain assessments were to be completed upon every residents' admission, and confirmed that a pain assessment had not been completed nor interventions provided when resident #001 was admitted to the home and had complained of pain as evidenced by the documentation. [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 this Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, procedure, strategy or system, the licensee is required to ensure that the plan, policy, procedure, strategy or system is complied with, to be implemented voluntarily.***

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**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. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber.

A complaint was received by the Ministry of Long-Term Care (MOLTC) from the family member of resident #001. The family member said that their loved one was admitted to the home on a specific day, around 1300 hours and had not received their medications until 2200 hours. They said that the resident had specific diagnosis' and was to receive treatments and medications four times a day and was not sure if it was provided.

Review of resident #001's clinical record showed that the resident was admitted to the long-term care home on a specific day. The Medication Reconciliation and Admission Order Form was reviewed that was completed on the admission day and it was signed at 1800 hours by the RPN. The staff were ordered to provide a specific treatment and provide the appropriate dose of medication four times a day. Upon inspection, there were no recorded treatments on admission day, in Point Click Care (PCC). Furthermore, there were no medications documented as given on the residents' electronic Medication Administration Record (eMAR) on the admission day.

In an interview with RPN #105 who worked the afternoon on the admission day, they shared that they had obtained the physician's orders at 1800 hours. The inspector and the RPN reviewed the orders together and the RPN said that the order written stated that treatments and medications were to be done four times a day. Resident #001's clinical record showed that nothing related to treatments or medications were documented. They shared that they had provided resident #001's treatment and medications on the evening of their admission, however they had failed to document their interventions.

In an interview with DOC #101, they had made the same observations as the inspector, in that there was nothing documented related to the interventions provided to the resident. The DOC stated that they could not provide any documentation to support that the treatment was provided, or that medication was given as ordered. [s. 131. (2)]

***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 administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.***

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**Issued on this 10th day of July, 2019**

[redacted]

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

**Original report signed by the inspector.**