



**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**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 23, 2017	2017_619550_0009	000009-17	Complaint

### **Licensee/Titulaire de permis**

VILLA MARCONI LONG TERM CARE CENTER  
1026 BASELINE ROAD OTTAWA ON K2C 0A6

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

VILLA MARCONI  
1026 BASELINE ROAD OTTAWA ON K2C 0A6

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

JOANNE HENRIE (550)

## **Inspection Summary/Résumé de l'inspection**



**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**

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

**This inspection was conducted on the following date(s): March 15, 16, 17, 20 and 21, 2017.**

**This Complaint Inspection is related to a complaint regarding the care of residents.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), the Resident Care Manager, Registered Staff (RN and RPN), Personal Support Workers (PSW) and family members.**

**In addition, the inspector reviewed resident health care records, observed resident care and services and staff and resident interaction.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Infection Prevention and Control  
Personal Support Services**

**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**

<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 LTCHA, 2007 S.O. 2007, c.8, s. 6.**

**Plan of care**

**Specifically failed to comply with the following:**

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that there is a written plan of care for each resident that sets out, (a) the planned care for the resident; (b) the goals the care is intended to achieve; and (c) clear directions to staff and others who provide direct care to the resident.

A complaint was submitted to the Director at the Ministry of Health and Long Term Care regarding the care of residents.

Inspector #550 reviewed the health care records of residents selected from a list of residents provided by the home.

Resident #001 was admitted to the home in 2013. On a specified date in 2016, a urine culture report identified the presence of a specific organism. On another specified date in 2016, another urine culture report identified that the same organism was still present in the resident's urine.

Inspector #550 reviewed resident #001's health care records, more specifically the resident's written plan of care in place at the time the specific infection was identified in 2016 and the current written plan of care dated a specified date in 2017. The inspector was unable to find any documentation regarding the specific infection as well as no directions for staff on resident care needs and services related to the specific infection in the resident's written plan of care. The inspector observed a contact to contact precaution sign posted on the resident's bedroom door and observed staff donning a yellow isolation gown and gloves before entering the resident's room. During an interview on March 20, 2017, PSW #102 and #103 indicated to the inspector that when there is a contact to contact precaution sign on a resident's bedroom door, they need to wear protection equipment such as an isolation gown, wear gloves and wash their hands whenever they provide care for this resident.

During an interview, the Director of Care indicated to the inspector after reviewing the resident's current written plan of care that there was no indication of the resident's specific infection, no goals and no interventions to guide staff in the provision of care.

As evidenced above, resident #001's written plan of care does not set out the planned care for the resident, the goals the care is intended to achieve and clear directions to staff and others who provide direct care to the resident. [s. 6. (1)]



2. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident.

A complaint was submitted to the Director at the Ministry of Health and Long Term Care regarding the care of residents.

According to resident #001's health care records and observation of the resident, Inspector #550 identified that the resident had a catheter in place with a urine drainage bag. The inspector reviewed the resident's actual plan of care and noted there was no directions regarding the frequency of the changing of the drainage bag and by whom. The inspector reviewed the resident's progress notes and Medication Administration Record for a specified period of time in 2017, and did not find any documentation regarding when the urine drainage bag was changed.

On March 17, 2017, during an interview, RPN #100 who regularly works at the home indicated to the inspector that the urine drainage bags are to be changed by the Registered Practical Nurse (RPN) on a weekly basis but she is not sure where this would be documented as she never had to change a drainage bag. The Assistant Director of Care (ADOC) indicated that the urine drainage bags are to be changed on a monthly basis by the Registered Nurses (RN) at the same time that they change the urinary catheter. She indicated these directions are not documented anywhere and that Registered Staffs are to use their professional knowledge as to how often a urine drainage bag is to be changed.

During an interview on March 20, 2017, the Director of Care (DOC) indicated to the inspector that the urine drainage bags are changed on the fifteenth of each month at the same time as the catheters are changed but these directions are not currently documented anywhere. He further indicated that he is currently reviewing the home's policy regarding catheters and this will be included in the revised policy.

As such, the written plan of care for resident #001 does not provide clear directions to staff and others who provide direct care to the resident regarding the frequency the urine drainage bag is to be changed and by whom. [s. 6. (1) (c)]

***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 resident #001's written plan of care is revised to set out the planned care, the goals the care is intended to achieve and clear directions to staff and others who provide direct care to the resident, specifically regarding infections and the care of the urinary drainage bag, 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. (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 has failed to ensure that drugs are administered to residents in accordance with the directions for use specified by the subscriber.

A complaint was submitted to the Director at the Ministry of Health and Long Term Care regarding the care of residents.

During a review of resident #001's health care records and the resident's current plan of care, Inspector #550 observed that the resident has issues with constipation. It was documented on the resident's plan of care that the resident has irregular bowel elimination and is at risk for constipation related to lack of mobility and one of the documented interventions was to follow Medical Directive Bowel protocol as per physician's orders and to refer to the resident's individual medical directive sheet. The inspector reviewed the physician orders and noted the following order for bowel protocol:

Bowel Protocol 1: administer a specific medication if no BM x 2 days

Bowel Protocol 2: administer a specific medication if no BM x 3 days



Bowel Protocol 3: administer a specific medication if no BM x 4 days. Call physician if not effective.

The inspector reviewed the documentation in the bowel flow sheets and the progress notes and noted the resident did not have a bowel movement on specific dates in 2017.

The inspector then reviewed the Medication Administration Record for three months in 2017 when the bowel protocol should have been implemented and observed that the bowel protocol was not implemented as per the physician's order on the following dates:

Bowel Protocol 1: six specified dates,  
Bowel Protocol 2: three specified dates, and,  
Bowel Protocol 3: two specified dates.

During an interview on March 17, 2017, RPN #100 indicated to the inspector that the evening registered staffs are required to print the "bowel list" report from the Medicare System and identify the residents who did not have a bowel movement for 2 days or more. They then have to implement the bowel protocol to the identified residents as per the physician's order.

During an interview with the ADOC on March 20, 2017, she indicated to the inspector that resident #001 did not receive the bowel protocol as per the physician's order on the above identified dates.

On March 21, 2017, during an interview, the Director of Care indicated resident #001 has medications for constipation prescribed on a daily basis plus on specific days of the weeks and that this may have caused confusion to staff on when to implement the bowel protocol. [s. 131. (2)]



**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**

***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 are administered to resident #001 in accordance with the directions for use specified by the subscriber, to be implemented voluntarily.***

---

**Issued on this 27th day of March, 2017**

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

**Original report signed by the inspector.**