

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

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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
Sep 30, 2019	2019_770178_0019	016948-19	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

SUSAN LUI (178)

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): September 11, 12, 13, 17, 18, 19, 20, 23, 24, 25, 2019.

Log #016948-19 was inspected, which involved multiple concerns regarding a resident's care.

During the course of the inspection, the inspector(s) spoke with a resident, a resident's family, Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), a Registered Dietitian (RD), the Food Service Supervisor, a Food Service Worker, the Director of Care (DOC), the Administrator.

During the course of the inspection the inspector also observed residents and resident care, reviewed medical health records, and reviewed home policies.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Infection Prevention and Control

Nutrition and Hydration

Personal Support Services

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

<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>Légende</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. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff and others who provided direct care to resident #001 had convenient and immediate access to the plan of care.

The DOC indicated to Inspector #178 that the residents' plans of care consisted of the care plan, the medication administration record and physician's orders. The DOC indicated that the home was in the process of changing their electronic record systems, so residents' care plans were printed and were being kept in a binder on each unit and staff were expected to access and update that printed care plan until the home had completely switched over to the new electronic records system.

On Friday September 20, 2019, the PSWs and registered nursing staff from day and evening shifts were unable to locate or provide the written plan of care for resident #001 to Inspector #178. PSW #107 and PSW #112 both indicated to Inspector #178 that they know what care a resident requires by looking at the resident's plan of care, but neither PSW could locate the written plan of care for resident #001. RN #119 and RPN #118 were also unable to locate the written plan of care for resident #001. [s. 6. (8)]

2. The licensee has failed to ensure that resident #001's written plan of care was reviewed and revised when the resident's care needs changed.

PSW#106 indicated to Inspector #178 that resident #001 is incontinent of urine and stool and does not use the toilet. RPN #108 indicated to Inspector #178 that it has been numerous months since resident #001 used the toilet. Review of resident #001's most recent RAI MDS assessment indicated that the resident is incontinent of bowel and bladder, wears pads or briefs, and does not use the toilet.

The current written plan of care for resident #001 was reviewed and indicated that the resident requires assistance for toileting related to high risk of falls, is transferred on and off the toilet related to poor balance, and will be toileted with the assistance of two staff members.

The DOC indicated that the resident care area nurse should have revised resident #001's plan of care to reflect the resident's current care needs. [s. 6. (10) (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 staff and others who provide direct care to resident #001 have convenient and immediate access to the plan of care, and that resident #001's written plan of care is reviewed and revised when the resident's care needs change, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system

Specifically failed to comply with the following:

s. 114. (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home. O. Reg. 79/10, s. 114 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

As per O. Reg. 79/10, s. 131 (4), a member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,

(a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;

(b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and

(c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff. O. Reg. 79/10, s. 131 (4).

RPN #105 indicated to Inspector #178 that PSWs apply prescribed creams to resident #001 after receiving instruction and supervision from the RPN. PSW #117 indicated that they have applied prescribed creams to resident #001 after receiving instruction from the RPN regarding how to apply the cream, and that the RPN witnesses them applying the prescribed creams. The DOC indicated to Inspector #178 that some RPNs have been trained regarding delegating to the PSW the task of applying prescription cream to residents, and some PSWs are applying prescription creams, but the home does not yet have a written policy in regards to this practice. [s. 114. (2)]

Issued on this 4th day of October, 2019

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

Original report signed by the inspector.