Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux 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
Dec 31, 2020	2020_683126_0025	001323-20, 001325-20, 002803-20, 008356-20, 009723-20, 010000-20, 016701-20, 016908-20, 017763-20, 018152-20, 021661-20, 023686-20	Follow up

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

LINDA HARKINS (126), ANANDRAJ NATARAJAN (573), LISA CUMMINGS (756)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): December 7, 8, 9, 10,11 (on site), 14, 15, 16, 17, 18, 21, 22, 23, 24, 29 (offsite), 2020

The purpose of this inspection was to conduct a follow up which included the following inspection/logs related to:
Log #001323-20, Follow up related to the plan of care (s.6. (1) (c))
Log #001325-20, Follow up related to restraint (s.31. (1))
Log #016701-20, Complaint related to continence care
Log #023686-20, Complaint related to Family Council
Log #0211661-20/Critical Incident (CI)#2818-000038-20 related to improper care
Log #010000-20/CI #2818-000022-20, log #009723-20/CI #2818-000020-20, log #008356-20/CI #2818-000018-20 related to allegation of abuse resident to resident and log #002803-20/CI #2818-000005-20 related to an allegation to staff to resident abuse
Log #018152-20/CI #2818-0000031-20, log #016908-20/ CI#2818-000029-20 related to falls and transfer to hospital.

Complaints inspection #2020_593573_0024 was conducted simultaneously during this inspection and was related to falls.

The following intake was completed in this inspection, log # 017763/CI #2818-000030-20 related to fall and transfer to the hospital.

During the course of the inspection, the inspector(s) spoke with Administrator, the Director of Care (DOC), several Registered Nurses (RNs), several Registered Practical Nurses (RPNs), several Personal Support workers (PSWs), several members of the Family Council, the President of the Board of Director, several residents and family members.

The inspectors reviewed several resident health care records, reviewed the Abuse Policy (Diversicare, 2013), reviewed staffing schedules, critical incident reports and licensee internal investigation reports and observation of provision of care and services to residents. The following Directives were also reviewed: CMOH Directive #1 for Health Care Providers and Health Care Entities (Revised March 30, 2020), CMOH Memo: Directive # 3 for Long-Term Care Homes (May 23, 2020), COVID-19 Guidance: LTC Homes, version 4, April 15, 2020, Guidance for mask use in LTC homes and retirement homes, version 1- April 15, 2020, and Personal Protective Equipment (PPE): Guidance for the LTC & RH Sectors, Version 1.0, April 20, 2020, all long term care home staff are to wear face masks at all times when in a long-term care home.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **5 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 31. (1)	CO #002	2019_683126_0032	573
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #001	2019_683126_0032	126

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	Légende 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 O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).

Findings/Faits saillants :

1. The licensee has failed to ensure that no resident administered a drug to himself or herself unless the administration had been approved by the prescriber.

The resident's physician order a medication and did not specify that this medication could be self administered by the resident. On a specific date in 2020, the RPN dissolved the medication in hot water and left the glass of medication on the resident's table with the instruction to allow the medication to cool during the breakfast meal service and then later administer the medication to themself.

Sources: the resident's progress notes and medication orders, critical incident report, and an interview with RPN #107 and other staff. [s. 131. (5)]

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 resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident, to be implemented voluntarily.

WN #2: 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. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that PSW #117 participate in the implementation of the infection prevention and control program as it relates to the use of PPEs.

It is noted that as per the CMOH Directive #1 for Health Care Providers and Health Care Entities (Revised March 30, 2020), CMOH Memo: Directive # 3 for Long-Term Care Homes (May 23, 2020), COVID-19 Guidance: LTC Homes, version 4, April 15, 2020, Guidance for mask use in LTC homes and retirement homes, version 1- April 15, 2020, and Personal Protective Equipment (PPE): Guidance for the LTC & RH Sectors, Version 1.0, April 20, 2020, all long term care home staff are to wear face masks at all times when in a long-term care home.

As per the licensee's, COVID-19 daily procedure mask use signage all staff are to wear face mask and face shield at all times except in private/designated areas.

During an observation of the resident home area, inspector #573 observed PSW #117 not wearing a mask and face shield on the resident unit. PSW #117 stated that since they were by themself and documenting in the computer they removed their face mask and face shield.

Sources: Direct observation, PSW interview #117 and other staff interviews, COVID-19 daily procedure mask use signage. [s. 229. (4)]

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 the infection prevention and control program required under subsection 86 (1) of the Act complies with the requirements of this section. (4) and ensure that all staff participate in the implementation of the program, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with.

On a specific date in 2020, a PSW was observed by an RPN to swear at a resident and hit the resident on their leg. The RPN immediately intervened but did not report the observed verbal and physical abuse of the resident to the charge RN until 3 days after and to the DOC until 4 days after. Once notified, the charge RN did not report the allegation of abuse to the management of the home.

The policy to promote zero tolerance of abuse and neglect of residents in place at the time of this incident was not complied with. The policy stated that abuse of residents is not tolerated and that any witnessed or suspected abuse of a resident must be immediately reported to the immediate supervisor or to the director of resident care.

Sources: critical incident report, licensee internal investigation notes, Diversicare policy #ADM-VIII-005 ‘Zero Tolerance for resident abuse and neglect’ effective April 2013, and an interview with RPN #106 and other staff. [s. 20. (1)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 59. Family Council

Specifically failed to comply with the following:

s. 59. (6) The following persons may not be members of the Family Council:
1. The licensee, and anyone involved in the management of the long-term care home on behalf of the licensee. 2007, c. 8, s. 59 (6).
2. An officer or director of the licensee or of a corporation that manages the long-term care home on behalf of the licensee or, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129, as the case may be. 2007, c. 8, s. 59 (6).
3. A person with a controlling interest in the licensee. 2007, c. 8, s. 59 (6).
4. The Administrator. 2007, c. 8, s. 59 (6).
5. Any other staff member. 2007, c. 8, s. 59 (6).
6. A person who is employed by the Ministry or has a contractual relationship with the Minister or with the Crown regarding matters for which the Minister is responsible and who is involved as part of their responsibilities with long-term care home matters. 2007, c. 8, s. 59 (6).
7. Any other person provided for in the regulations. 2007, c. 8, s. 59 (6).

Findings/Faits saillants :

1. The license has failed to ensure that member participating at the Family Council are member as per the legislation requirement.

On September 18, 2020 the Annual General Meeting was held at the home. The Family Council (FC) President #118 was elected on the Board of Director. A FC meeting was held on November 10, 2020 and the FC President #118 opened the meeting to informed the Council that they were stepping down. The majority of the FC members agreed to proceed with the election for New FC Executive. The election was run by another member.

Sources: Several emails and minutes of the FC (dated November 18, 2020); interviews with several FC members, the President of the Board of Director and others. [s. 59. (6) 2.]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
6. All assessment, reassessment and monitoring, including the resident's response. O. Reg. 79/10, s. 110 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that every use of a physical device to restrain resident #019 under section 31 of the Act was documented. Specifically, all assessments, and the reassessments by the registered nursing staff.

On December 10, 2020, Inspector #573 and the DOC reviewed the restraint documentation for resident #019, for two specific months in 2020. Upon review, it was noted that resident #019's restraint documentation did not capture the reassessment of the resident's condition and the effectiveness of the restraining by the registered nursing staff.

Sources: resident #019's Emar documentation, Staff interviews with RPN #113 and the DOC. [s. 110. (7) 6.]

Issued on this 12th day of January, 2021

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

Original report signed by the inspector.