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
Feb 26, 2021	2021_838760_0006	000294-21, 002112-21, 002582-21	Critical Incident System

Licensee/Titulaire de permis

AXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 Mississauga ON L4W 0E4

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

Winbourne Park
1020 Westney Road North Ajax ON L1T 4K6

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

JACK SHI (760)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 17, 18, 19, 22, 23, 2021.

The following intakes were completed in this critical incident inspection:

Two logs were related to falls;
One log was related to an improper treatment of a resident.

During the course of the inspection, the inspector(s) spoke with Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and the Director of Care (DOC).

During the course of the inspection, the inspector conducted observations, interviews and record reviews.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control
Medication
Personal Support Services
Training and Orientation

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 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. 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 has failed to ensure the falls prevention policies and procedures included in the required Falls Prevention Program were complied with, for resident #001.

In accordance with O.Reg. 79/10, s. 48(1), the licensee was required to ensure that that a falls prevention and management program to reduce the incidence of falls and the risk of injury was developed and implemented.

Specifically, staff did not comply with the home's policy and procedure "Head Injury Routine", dated December 31, 2020. The policy states that if a resident's fall is unwitnessed or if there is a suspected head injury, staff will complete a head injury routine and monitor the resident's neurological status.

A Critical Incident Systems (CIS) report was submitted related to the resident's fall. The resident was found on the floor and diagnosed with an injury. A review of the resident's records indicated they had a number of falls prior to this incident. In one of those falls, the resident was found on the ground. A review of the head injury routine related to this fall indicated that it was not completed during the initial period after this resident's fall. An RPN stated that the nurse believed that the resident at that time did not have a fall because of what the resident had stated but the RPN said that this nurse should not have followed what the resident said and should have initially treated this resident's fall as an unwitnessed fall, as they were found on the ground. There was potential risk to the resident, as this resident's unwitnessed fall was not being monitored initially and if the resident had a serious injury from their fall, the staff would not have been able to render immediate interventions to the resident, as they were not being monitored.

Sources: Head Injury Routine policy, dated December 31, 2020; Resident #001's

progress notes, care plan and head injury routines; Interview with an RPN and other staff. [s. 8. (1) (a),s. 8. (1) (b)]

2.The licensee has failed to ensure that the Medication Management policy was complied with by an RPN.

According to O. Reg. 79/10, 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.

A review of the home's policy titled "Medication Administration" #CARE13-O10.01 last updated on July 6, 2020, indicated under procedures, states that prescribed medications will be administered according to their scheduled administration times and medication should be given within the recommended time frame, 60 minutes before and 60 minutes after the scheduled administration time. The policy also mentioned that the medication administered would be documented immediately after administration on the electronic medication administration record (eMAR) system by the administering nurse.

The home submitted a CIS report related to various care concerns related to resident #003 including how their medications were given late from their scheduled time. The complaint indicated a specific medication and an observation made related to the administration of that medication. A review of the eMAR confirmed that this medication was administered past their scheduled time during the period mentioned by the complainant.

An interview with the RPN who administered these medications confirmed that they were not able to follow the home's medication administration policy as it related to the resident's scheduled medication times. There was actual risk to the resident as their given medications were delayed and this may have led to double dosing the resident with their medications.

Sources: Medication Administration Policy (dated July 6, 2020); Resident #003's eMAR records; Interviews with an RPN and other staff. [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 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; is complied with, 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 a PSW participated in the home's infection prevention and control (IPAC) program.

An observation was made in the home and the inspector had observed the PSW disposing soiled items. The PSW completed the task and moved onwards to another resident without performing hand hygiene in between. The PSW was later interviewed by the inspector and acknowledged that they should have performed hand hygiene after disposing the soiled items. There was potential risk to the residents on that unit, since the lack of hand hygiene in between resident care by the staff would lead to potential spread of infectious organisms and/or diseases between residents.

Sources: Observations in the home; Interview with a PSW and other staff. [s. 229. (4)]

Issued on this 1st day of March, 2021

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

Original report signed by the inspector.