



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

**Rapport d'inspection
prévues le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 9, 10, 11, 14, 15, 16, 17, 18, 2011	2011_157_2935_01Mar60125	Annual Log #000781
Licensee/Titulaire Marycrest Home for the Aged, 659, Brealey Drive, Peterborough, ON K9K 2R8		
Long-Term Care Home/Foyer de soins de longue durée St. Joseph's at Fleming, 659, Brealey Drive, Peterborough, ON K9K 2R8 Fax: (705)743-7532		
Name of Inspector(s)/Nom de l'inspecteur(s) Pat Powers, #157 Lynda Brown, #111 Paul Miller, #143 Amanda Nixon, #148		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct an annual inspection.

During the course of the inspection, the inspectors spoke with the Chief Executive Office, Director of Care, Director of Clinical Services, Director of Corporate Services, Coordinator of Staff Development, Coordinator of Resident and Family Services, Professional Practice Leader, Dietitian, Coordinator of Finance, Director of Nutritional and Environmental Services, Manager of Nutrition Services, Manager of Environmental Services, Manager of Resident Programs and Services, two(2) Unit Managers, two(2) Care Coordinators, Coordinator of Nursing Services, nine(9) Registered Practical Nurses (RPN's), two(2) Registered Nurses (RN's), eight(8) Personal Support Workers (PSW's), three(3) Housekeeping, Laundry, Maintenance workers, one(1) Activity Adjuvant, four(4) Nutritional Care Aides, residents, family members, Resident Council President, Family Council President.

During the course of the inspection, the inspectors reviewed the resident's clinical health records, the home's policies and procedures, the home's program and quality improvement records and observed meal service, resident care, resident rooms and common areas.

The following Inspection Protocols were used during this inspection:

Accommodation Services: Housekeeping, Laundry, Maintenance

Admission Process

Contenance Care and Bowel Management

Dignity, Choice and Privacy

Dining

Falls Prevention

Family Council Interview

Food Quality

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse and Neglect

Quality Improvement

Recreation and Social Activities

Resident Charges

Resident Council Interview

Responsive Behaviours

Safe and Secure Environment

Skin and Wound

Sufficient Staffing

Findings of Non-Compliance were found during this inspection. The following action was taken:

12 WN



NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN # 1:

The Licensee has failed to comply with LTCHA, 2007, S.O., c.8, 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,
(c) clear directions to staff and others who provide care to the resident

Findings:

The written care plans for three identified residents did not provide clear direction to staff for post hospitalization care requirements.

Inspector ID #: 157

WN # 2:

The Licensee has failed to comply with O.Reg.79/10, s.78(2) The package of information shall include, at a minimum,
(g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained.
(q) an explanation of the protections afforded by section 26;

Findings:

- Review of the resident admission package indicated there was no information related to the homes policy to minimize the restraining of residents and no information on whistle-blowing protection related to retaliation.
- A representative of the home indicated that a new resident admission package was completed and would be included in the packages when they are returned from the printers.

Inspector ID #: 111

WN # 3:

The Licensee has failed to comply with O.Reg. 79/10, s.17(1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times.

Findings:

It was observed that the call bells for two identified residents were not accessible to the residents.

Inspector ID #: 111, 143

WN # 4:

The Licensee has failed to comply with Long Term Care Program Manual Standards and Criteria.



Criteria M3.22: There shall be an ongoing program of surveillance to determine the presence of infections. Each resident admitted to a LTC facility shall be screened for tuberculosis within 14 days of admission.

Findings:

Four identified residents, admitted prior to July 1, 2010, did not receive tuberculosis screening within 14 days of admission.

Inspector ID #: 111

WN # 5:

The Licensee has failed to comply with O.Reg. 79/10, s. 71

(3) The licensee shall ensure that each resident is offered a minimum of,
(c) a snack in the afternoon and evening.

(4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack.

Findings:

An identified resident informed the inspector that she is not always offered a snack or fluids between meals. Staff indicated that a snack is not consistently provided on the snack cart to meet the dietary requirements of this resident.

Inspector ID #: 111, 157

WN # 6:

The Licensee has failed to comply with O.Reg. 79/10, s8.(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 all applicable requirements under the Act;
and

(b) is complied with

Findings:

Under O. Regulation 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.

- The homes pharmacy policy #11-80, revised July, 2008 titled "Topical Medications Application" states that PSW's may not apply antibiotic creams and ointments. On March 12, 2011, an antibiotic cream was provided by a PSW. The home's policy was not complied with.
- The homes pharmacy policy #8-1, revised April, 2008 does not provide direction for the use of e-mars.

Inspector ID #: 148

WN # 7:

The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8 s.3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

Findings:

- A resident was observed being provided care with the door of the resident's room partially open and the resident, wearing only an incontinent product was visible to passersby in the hallway.
- A resident requested that staff knock on the bathroom door before entering



Inspector ID #:	148, 157
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WN # 8:

The Licensee failed to comply with LTCHA, 2007, S.O. 2007, c.8 s.85 (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results.

Findings:

- The home implemented the Resident Satisfaction Survey in February 2011.
- The advice of the Resident Council was not attained prior to the implementation of the Survey.

Inspector ID #:	143, 148
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WN # 9:

The Licensee has failed to comply with O. Reg. 79/10 s.130 Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

2. Access to these areas shall be restricted to,
 - i. persons who may dispense, prescribe or administer drugs in the home, and
 - ii. the Administrator.

Findings:

- Two employees who are not qualified to dispense, prescribe or administer medications, were observed to have access to medication storage areas.
- Prior to completion of this inspection, the lock on the medication room was changed and only persons who may dispense prescribe or administer drugs in the home have access to this room.

Inspector ID #:	143, 157
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WN # 10:

The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8 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.

Contents

- (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,
 - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect
 - (d) shall contain an explanation of the duty under section 24 to make mandatory reports;

Findings:

A review of the homes abuse policies and procedures, Policy No.14-05 and Policy No.14-10, revised August 11, 2003 indicated that these policies:

- did not identify mandatory reporting requirements

These policies did not comply with the requirements of O. Reg. 79/10 s.96:

- they did not identify strategies and interventions to prevent abuse
- they did not address training and retraining requirements for all staff

Inspector ID #:	143
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WN # 11:

The Licensee has failed to comply with O. Reg. 79/10 s.109 Every licensee of a long-term care home shall ensure that the home's written policy under section 29 of the Act deals with,

- (c) restraining under the common law duty pursuant to subsection 36 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others;
- (e) how consent to the use of physical devices as set out in section 31 of the Act and the use of PASDs as



set out in section 33 of the Act is to be obtained and documented;

(f) alternatives to the use of physical devices, including how these alternatives are planned, developed and implemented, using an interdisciplinary approach; and

(g) how the use of restraining in the home will be evaluated to ensure minimizing of restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation.

Findings:

A review of the homes restraint Policy No. 8-2010, revised October, 2008, indicated that the policy:

- did not identify common law duty
- did not identify how consent to the use of physical devices is to be obtained
- did not identify alternatives to the use of physical devices
- did not identify how the use of restraints will be evaluated to ensure minimizing of restraining

Inspector ID #: 143

WN # 12:

The Licensee has failed to comply with O. Reg. 79/10 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:

3. The person who made the order, what device was ordered, and any instructions relating to the order.
4. Consent.
5. The person who applied the device and the time of application.
6. All assessment, reassessment and monitoring, including the resident's response.
7. Every release of the device and all repositioning.
8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care.

Findings:

A resident was observed to be in bed with both side rails up. A review of this resident's clinical health care record indicated that:

- No documented order for side rails had been obtained
- No documented consent for the application of restraint was on file
- No documentation of person who applied the restraint
- No documented assessments and monitoring of the resident including her response
- No documentation to indicate the release of the restraint, repositioning of the resident and at what times the side rails were removed

Staff confirmed that:

- The resident required assistance to lower the side rails and to be repositioned in the bed
- The resident did not have a physician's order for side rail restraint

Inspector ID #: 143

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Title: Date:

Date of Report:

April 11, 2011