

**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
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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 20, 2019	2019_791739_0039	019431-19, 020255- 19, 020415-19, 020952-19, 022422- 19, 022677-19, 022844-19	Critical Incident System

Licensee/Titulaire de permisChartwell Master Care LP
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1**Long-Term Care Home/Foyer de soins de longue durée**Chartwell Royal Oak Long Term Care Residence
1750 Division Road North KINGSVILLE ON N9Y 4G7**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JULIE DALESSANDRO (739), SAMANTHA PERRY (740)

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): December 2, 3, 4, 5, 6, 9, and 10, 2019

The following intakes were completed during this Critical Incident System Inspection:

Related to responsive behaviours:

Log #020415-19

Log #019431-19

Log #022844-19

Log #020952-19

Related to change in condition:

Log #022677-19

Related to improper care:

Log #020255-19

During the course of the inspection, the inspector(s) spoke with Personal Support Worker(s), Registered Practical Nurse(s), Registered Nurse(s), Pinkerton Security staff member, the home's Associate Director of Nursing, and the home's Administrator.

During the course of this inspection the inspector(s) also conducted record reviews as well as staff and resident observations relevant to the inspection.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Hospitalization and Change in Condition

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.

**1 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 O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (1) The pain management program must, at a minimum, provide for the following:

- 1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired. O. Reg. 79/10, s. 52 (1).**
- 2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 52 (1).**
- 3. Comfort care measures. O. Reg. 79/10, s. 52 (1).**
- 4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies. O. Reg. 79/10, s. 52 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the pain management program provided for strategies to manage pain, including non-pharmacological interventions, equipment, supplies, devices and assistive aids.

In accordance with Ontario Regulation 79/10 s. 48 (1) the licensee had failed to ensure that the following interdisciplinary programs were implemented in the home: A pain management program to identify pain in residents and manage pain.

In accordance with Ontario Regulation 79/10 s. 30 (1) 1. the licensee was required to ensure that the staff in the home complied with the pain management program policies, procedures and protocols that were in place to reduce and ensure residents' pain was managed effectively; 3. The program must be evaluated and updated at least annually in accordance with the evidence-based practices and, if there are none, in accordance with prevailing practices; and 4. the licensee should have kept a record related to the each evaluation under paragraph 3 that included the date of the evaluation, the names of the persons who participated in the evaluation, summary of the changes made and the date that those changes were implemented.

Specifically, the home did not implement the "Pain Management Program" which included the "Pain and Palliative Care" policy and procedures, #LTC-CA-WQ-200-05-04, last revised December 2017.

A) Critical Incident System (CIS) report #2939-000038-19 submitted to the Ministry of Long-Term Care (MOLTC) on a specific date, documented a significant change in resident #001's health condition, which resulted in a transfer to hospital.

The home's "Pain and Palliative Care" policy, #LTC-CA-WQ-200-05-04, last revised December 2017, included the following under the heading "Policy":

"Each home will implement a pain management program that provides the following:

- Assessment processes that assist staff in thoroughly assessing a resident's pain irrespective of cognitive status;
 - Offers strategies to manage pain which include both pharmacological and non-pharmacological interventions, equipment, supplies, devices and assistive aids;
 - The monitoring of residents' responses to and the effectiveness of strategies implemented for pain control, and;
 - An annual evaluation of the home's pain management program that includes an analysis of the Canadian Institute for Health Information (CIHI) pain quality indicators: percentage of residents with pain and percentage of residents whose pain worsened."
- "The goals and objectives of the home's pain management program are to:
- Ensure comprehensive assessment and reassessment of the resident pain;
 - Work with the resident to establish and maintain a functional level of pain relief or pain control;
 - Ensure resident comfort;
 - Liaise and refer resident's with intractable or un-managed pain to external agencies or health care practitioners."
 - "The effectiveness of the medication for residents receiving an "as necessary" or "prn" pain medication will be evaluated and documented as per Procedures section. If required, Registered Staff will contact the physician/nurse practitioner for further directions and treatment options."
 - "Each home will implement a pain management committee that will meet at a minimum quarterly; this committee may be part of the home's palliative care committee or the professional advisory committee. The committee is responsible for the oversight of the pain management program in the home including quarterly and annual analysis of the 2 CIHI indicators related to pain and the Pain Program Evaluation. The committee is responsible for implementing any actions based on the analysis of the CIHI indicators."
- Included the following under the heading "Procedures":
- 7. If the intervention was ineffective, the team is responsible to reassess alternatives to manage/control the pain and update the care plan accordingly. This is an iterative process until the resident pain is under control as defined by the resident."

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Review of resident #001's pain assessments in Point Click Care (PCC) documented the following:

- In a seven day period, a Pain Assessment in Advanced Dementia Scale (PAINAD) assessment for resident #001 was completed and 35 of the 72 (49 per cent) assessments documented a PAINAD score equal to or greater than five, which indicated moderate to severe pain.

Review of resident #001's care plan in PCC documented the following interventions related to pain:

- "Consider pain when resident is agitated. Utilize analgesic rub as needed possibly prior to care or when showing signs of agitation."
- "Assess for pain in relation to location & severity. Non Pharmacological: Attempt to encourage resident rest period in bed during day turning & repositioning, try heat pack to affected area if needed (20 minutes on & 20 minutes off), warm blanket."
- "Resident displays the following nonverbal signs of pain; furrowing of brow, restlessness, stating they are in pain when asked, Striking out at staff/family, calling out. These signs are to be reported to Registered staff when observed."

Review of resident #001's Kardex in PCC documented the following under the heading "Resident Care":

- "Assess for pain in relation to location & severity. Non-Pharmacological: Attempt to encourage resident rest period in bed during day turning & repositioning, try heat pack to affected area if needed (20 minutes on & 20 minutes off), warm blanket."
- "Resident displays the following nonverbal signs of pain; furrowing of brow, restlessness, stating they are in pain when asked, Striking out at staff/family, calling out. These signs are to be reported to Registered staff when observed."

Review of resident #001's Medical Administration Record (MAR) for a specific month in PCC, documented that the pain medication every four hours as necessary was not given every four hours when the resident exhibited pain as per the PAINAD numerical score and registered staff indicated that the as necessary dose was "Ineffective" 8 out of 20 (40%) administration in a seven day period.

Review of resident #001's progress notes documented numerous signs and symptoms of pain as indicated by the resident's plan of care. These signs and symptoms included: restlessness, not sleeping at night, striking out at staff, and calling out, 23 times in a seven day period.

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The progress notes also documented that an analgesic rub was used as a non-pharmacological intervention for pain 14 times in a six day period and was used for greater than three days consecutively. As stated in resident #001's progress notes, "Note regarding if analgesic rub is used for a maximum amount of three days, physician to be notified for further orders". The physician was not notified, and no further orders were obtained by registered staff.

In an eight day period the registered staff wrote their concerns about resident #001's change in condition in the Doctor's communication book four times. There were no documented physician assessments of resident #001 during this period of time.

There was no documentation of a phone call(s) placed to resident #001's most responsible physician during this period of time.

Review of the Multidisciplinary Progress Notes from a specific date to a specific date in resident #001's paper chart documented no physician assessments.

On a specific day a Multidisciplinary Progress Note stated in part that there was a significant change in the resident's status.

On a specific date Personal Support Worker (PSW) #106 said that they knew the home had a pain policy but did not know if the home had a pain management program or who the team lead was. They were familiar with resident #001 and that the resident had a significant change in their health status. PSW #106 verbally reported their concerns several times to the nurse and then documented their concerns in the 24-hour communication book. The PSW said resident #001 was exhibiting different behaviours from what they were used to seeing. PSW #106 said according to resident #001's plan of care, the increase in these particular behaviours were indicative of pain.

On a specific date Register Practical Nurse (RPN) #105 said, that to their knowledge, the home did not have a pain management program and they did not know of any team lead for the program. They were familiar with resident #001 and their change in condition initially reported to them on a specific date. They assessed the resident, but the resident was not exhibiting any pain at that time. On a specific date, RPN #105 said there was a significant change in the resident's status with a marked increase in the resident's pain noted.

On a specific date RPN #107 said that the home had a certain pain protocol but that they weren't sure about a program and that to their knowledge, there was no team lead. The

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RPN said they were familiar with resident #001, that the resident was exhibiting unrelieved pain, and that they reported their concerns to the charge nurse.

On a specific date Registered Nurse (RN) #109 said that the home has a pain policy, they weren't sure about a pain program and that they did not know the name of the pain program's team lead. The RN said that they were familiar with resident #001 and when asked if the doctor was notified of the resident's increasing agitation, restlessness and increasing PAINAD scores, RN #109 said they did not notify the doctor. When asked why RN #109 did not notify the doctor, the RN said because the resident's pain was relieved and the change in condition was not severe.

On a specific date Assistant Director of Care (ADOC) #101 said that the home had a pain program, they were the pain program's team lead and that they had been team lead since 2018. When asked who comprised the interdisciplinary pain team, ADOC #101 said that it was just them and that they would discuss any pain related concerns with the registered nurses in the home every morning. The morning meetings were started recently in response to the incident involving resident #001 and that at the time the resident's pain was not investigated as thoroughly as it should have been. The ADOC said that if a resident's as necessary pain medications were being administered and were not effective, the RPN should have called the RN about an increase in pain medication and called the doctor. When asked if resident #001's pain was managed effectively, ADOC #101 said, no.

On a specific date, Inspector #740 requested to review the home's pain management program. The home was not able to provide a documented record of their pain program for review, including the names of the interdisciplinary program members and annual evaluations.

On a specific date Administrator #100 said that the home did not have a pain program, daily documented meeting minutes between the pain program team lead, ADOC #101, and the registered nurses in the home, or annual evaluations. When asked about resident #001, the Administrator said they were familiar with the resident and that the resident had exhibited pain that was not resolved by as necessary medication and on-going use of a topical analgesic rub. It was their expectation that the registered staff would have reassessed the current pharmacological and non-pharmacological interventions when resident #001's pain was not relieved and that strategies were to be developed and implemented based on interdisciplinary consultation with PSWs, RPNs, RNs, resident #001's physician and the management team. Administrator #100 said the

physician was not called between during a six day period and should have been.

The licensee failed to ensure that the pain management program provided for strategies to manage resident #001's pain, when the pain was not relieved by as necessary pharmacological and non-pharmacological interventions. [s. 52. (1) 1.]

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 pain management program provides for strategies to manage pain, including non-pharmacological interventions, equipment, supplies, devices and assistive aids, to be implemented voluntarily.

Issued on this 20th day of December, 2019

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

Original report signed by the inspector.