

**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
Oct 22, 2021	2021_876606_0022	013258-21	Follow up

Licensee/Titulaire de permis

Holland Christian Homes Inc.
7900 McLaughlin Road South Brampton ON L6Y 5A7

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

Grace Manor
45 Kingknoll Drive Brampton ON L6Y 5P2

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

JANET GROUX (606)

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): October 7, 14-15, 2021.

**The following intake was completed in this follow up inspection:
Log #013258-21 related to the Home's medication management system.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DRC), Registered Nurses (RN), Registered Practical Nurses (RPN), Pharmacist Consultant, Personal Support Workers (PSWs), and residents.

The inspector also observed resident care and interactions with residents and other staff, observed the Home's Infection Prevention and Control (IPAC) practices, reviewed clinical records, and pertinent policies and procedures.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Medication**

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

2 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:

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #001	2021_781729_0018		606

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to ensure residents personal health information were protected.

An observation of used medication pouches which belonged to 11 residentes were found in the garbage. The medication pouches contained information and identified the residents' first and last names, their room number, the date, time, and name of the medications prescribed to them.

Registered staff, the pharmacist and the Director of Resident Care (DRC) said before a resident's medication pouch was discarded in the garbage, the resident's first and last name must be separated from the rest of the pouch to ensure the resident's personal health information was protected. The Registered Staff acknowledged they did not do this.

Failing to protect a resident's personal health information could expose the resident to various risks and harm related to breaches in privacy and confidentiality.

Sources: observations, and interviews with staff. [s. 3. (1) 11.]

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 residents personal health information are protected, to be implemented voluntarily.

WN #2: 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 Home's policy and procedure was complied with for a resident.

O. Reg. 79/10, s. 114 (2) requires the Home to ensure 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. 127 requires the Home to have a policy to govern changes in the administration of a drug due to modifications of directions for use made by a prescriber, including temporary discontinuation.

Specifically, staff did not comply with an identified home's policy and procedure.

The Home's policy required the nursing staff to affix a "change in direction" label to the medication pouch to highlight changes in a resident's medication.

On a day in October 2021, the physician made a medication change to a resident's plan of care.

During an observation, the resident's medication pouch did not have a "change in direction" label. A registered staff said that a change in direction label should have been placed on the medication pouch to alert the nursing staff that a change in a resident's medication was ordered by the doctor. They said this was not done.

Failing to follow the Home's policy could have lead to a medication error and cause potential harm to the resident.

Sources: observations, a resident's Medications Administration Records (MAR), an identified Home's policy and procedure, and interviews with 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 that the Home's Weekly Medication Supply Policy 5.3 last revised March 2020 is complied with, to be implemented voluntarily.

Issued on this 29th day of October, 2021

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

Original report signed by the inspector.