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
Mar 29, 2021	2021_642698_0005	000511-20, 002009-20, 002203-20, 024393-20, 002826-21	Critical Incident System

Licensee/Titulaire de permis

Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as General Partner
7070 Derrycrest Drive Mississauga ON L5W 0G5

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

Chartwell Westbury Long Term Care Residence
495 The West Mall Etobicoke ON M9C 5S3

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

ORALDEEN BROWN (698)

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 25, 26, and March 1-3, 2021.

The following intakes were completed during this inspection:
Critical Incident Systems (CIS)/log intakes: #2943-000002-21, #002826-21 related to Infection Prevention and Control;
#2943-000006-20, #002203-20 related to medication;
#2943-000007-20, #002009-20; #2943-000001-20, #000511-20; #2943-000023-20, #024393-20 related to falls.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW) and Physiotherapy Assistant (PTA).

During the course of the inspection, the inspector(s) conducted observations of resident, staff and resident interactions and the provision of care; conducted review of resident health records, the home's internal investigation notes, policies and procedures.

Please Note: A Written Notice (WN) and Voluntary Plan of Correction (VPC), related to O. Reg. 79/10, r. 8. (1) (b). and O. Reg. 79/10, s. 26 (3), were identified in a concurrent inspection #2021_642698_0004 for non-compliances in policy and plan of care log #011076-20 and were issued in this report.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control
Medication
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care

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

5 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. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care was based on an interdisciplinary assessment with respect to the resident's health conditions including allergies, pain, risk of falls and other special needs.

A complaint was submitted to the Director relating to multiple care areas for resident #006. During the inspection, the inspector noted that resident #006 was receiving medications for pain management and did not have any care plan interventions in place for pain management. The scope was expanded to residents #001 and #003 who were receiving pain medications, and did not have any care plan interventions in place.

Specifically, registered staff did not ensure that residents' #001, #003, and #006's plan of care included interventions that addressed their pain. Review of the home's policy titled " Pain policy #LTC-CA-WQ-200-05-04" revised December 2017, which directed staff to develop a resident specific care plan that outlines the interdisciplinary teams' interventions for treating and addressing the resident's pain, to be evaluated at a minimum quarterly for effectiveness of addressing residents' pain.

The inspector observed residents #003 and #006 for levels of discomfort that indicated no signs of distress. Inspector's observation of medication administration for resident #006 by the RPN during noon med-pass, indicated resident #006 was given scheduled medication for pain management. Resident #001 was no longer living in the home at the time of the inspection.

Review of the above residents' care plan indicated pain management were not included and no interventions identified. Their Medication Administration Record (MAR) indicated that medication adjustments were made within the past twelve months.

Two Registered staff indicated that neither of these residents had care plans in place for pain management. The DOC indicated that the residents were supposed to have care plans in place that included pain management, and registered staff were responsible for initiating a care plan as soon as any resident began receiving analgesic or narcotics.

Sources: observations, residents #001, #003, #006 electronic health records, CIS report #2943-000006-20, Pain policy #LTC-CA-WQ-200-05-04 with revision date December 2017, staff and DOC interviews. [s. 26. (3) 10.]

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 that the plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident health conditions, including allergies, pain, risk of falls and other special needs, 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 that the home's pain management policy was complied with for residents #001, #003 and #006.

O. Reg. 79/10, s. 52 (2) requires that the pain management program must provide for the monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

Specifically, registered staff did not comply with the home's policy " Pain policy #LTC-CA-WQ-200-05-04" revised December 2017, which directed staff to develop a resident specific care plan that outlines the interdisciplinary teams' interventions for treating and addressing the resident's pain, to be evaluated at a minimum quarterly for effectiveness of addressing residents' pain.

The inspector observed residents #003 and #006 for levels of discomfort that revealed no distress. Inspector's observation of medication administration for resident #006 by an RPN during med-pass revealed that they were given scheduled medication for pain management. Resident #001 was no longer living in the home at the time of the inspection.

Review of the above resident's care plans indicated that they did not have any care plan in place for goals and interventions. Review of all three residents' MAR indicated that medication adjustments were made within the last twelve months.

Two Registered staff indicated that neither of these residents had care plans in place for pain management. The DOC indicated that residents should have care plans in place and that registered staff were responsible for initiating care plan when residents began receiving analgesic or narcotics. The DOC indicated that staff did not comply with the home's pain policy when care plans were not initiated.

Sources: observations, residents #001, #003 and #006 electronic health records, Pain policy #LTC-CA-WQ-200-05-04 with revision date December 2017, staff and DOC interviews. [s. 8. (1) (b)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 115. Quarterly evaluation

Specifically failed to comply with the following:

s. 115. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 79/10, s. 115 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

The inspector reviewed the home's 2020 Professional Advisory Committee (PAC) minutes which indicated that no meeting was held in the past twelve months.

The DOC indicated that the home did not have a PAC meeting in the last twelve months due to the COVID-19 Pandemic.

Sources: electronic records, PAC binder, Medication Administration Policy # LTC-CA-WQ-200-06-01 with revision date December 2017 and staff interviews. [s. 115. (1)]

WN #4: 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. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber.

The inspector reviewed the MAR that indicated a resident was receiving narcotic medications for pain every twelve hours. Review of the home’s investigation notes indicated that an RPN acknowledged administering the medication eight hours before it was due. There were no indications on the Narcotic and Controlled Drug Administration and Shift Count Record or MAR that the RPN had administered the medication during that shift.

The RPN indicated that they were unaware of a medication error. The RN indicated that the home had procedures in place for safe medication administration and a monitored dosage system for drug administration in the MAR.

The DOC indicated that the home’s process was not followed regarding medication incidents and no harm was done to the resident; staff education was provided to the RPN; the resident was no longer living in the home and that the RPN has not worked in the home since the incident.

Sources: resident's electronic records, Critical Incident System report #2943-000006-20, home's investigation notes, Medication Administration Policy # LTC-CA-WQ-200-06-01 with revision date December 2017 and staff interviews. [s. 131. (2)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (3) Every licensee shall ensure that,
(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; O. Reg. 79/10, s. 135 (3).
(b) any changes and improvements identified in the review are implemented; and O. Reg. 79/10, s. 135 (3).
(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that (a) a quarterly review was undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions and (c) a written record is kept of everything provided for in clause (a).

The inspector reviewed the home’s investigation notes that indicated an incident report and investigation was conducted related to a resident's medication incident. However, after several attempts, the DOC was unable to locate and provide the medication incident report binder for 2020.

The inspector reviewed the Professional Advisory Committee (PAC) minutes binder for 2020, that indicated the last PAC meeting was held over twelve months prior and had no reviews of medication incidents within the last twelve months.

The DOC indicated that the home did not have a PAC meeting in the last twelve months and acknowledged that medication incidents were not reviewed and were not available.

Sources: electronic records, Critical Incident System #2943-000006-20 notes, investigation notes, Medication Administration Policy # LTC-CA-WQ-200-06-01 with revision date December 2017 and staff interviews. [s. 135. (3)]

Issued on this 13th day of April, 2021

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

Original report signed by the inspector.