Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 13, 2014	2013_246196_0013	S-000398-13	Critical Incident System

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

PINEWOOD COURT
2625 WALSH STREET EAST, THUNDER BAY, ON, P7E-2E5

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

LAUREN TENHUNEN (196)

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): October 10 and 15, 2013

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

During the course of the inspection, the inspector(s) conducted a tour of all resident care areas, observed the provision of care and services to residents, reviewed the health care records for a resident, reviewed the home's lifts and transfer policies, reviewed the manufacturer's information on sling use and sizing

The following Inspection Protocols were used during this inspection:
Personal Support Services

Findings of Non-Compliance were found during this inspection.

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	Legendé 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. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. A Critical Incident report was submitted to the Director in September 2013 for an incident in which resident #001 was transferred to hospital for treatment. According to the report, resident #001 was being transferred from their bed to their chair by two PSWs using a mechanical lift and the resident slipped through the center of the sling and landed on the floor.

The most recent SALT (Safe Ambulation Lifts and Transfers) assessment for resident #001, done approximately a month prior to the incident, identified the resident as requiring a mechanical lift for all transfers and notes the use of a "yellow medium sized sling", and noted the height and weight of the resident. Approximately, two years prior, the SALT assessment identified the resident as requiring a mechanical lift when weak and noted the use of "medium yellow" sling, and also noted the resident's height and weight. Resident #001 had a weight loss of approximately 10 kg over a two year period, yet the sling size used for the mechanical lift had not changed. After the incident in September 2013, the SALT was updated and the size and therefore colour of the sling was changed to "small red in colour" sling.

An interview was conducted with staff member #102 and they reported that a yellow sling had been used in the past for resident #001 as that was thought to be the smallest sized sling and they didn't know that there was a smaller sized red coloured sling available for use. Staff member #103 also reported that they always thought the yellow sling was a small sized sling and had never seen a red sling for use in the home before.
According to staff member #101, residents are measured for sling size based upon their height and weight and the sling is also measured by "eye, against the resident". It was also reported to the inspector that residents are not measured for sling size with quarterly SALT assessments and that staff using the mechanical lift are to inform the appropriate staff if the sling no longer fits the resident.
An interview was conducted with management staff member #100 and it had been determined that the mechanical lift and sling were in good operating condition and that after the incident the sling size was changed to a small red sling. It was also reported to the inspector that a small red sling was kept in the therapy office but there had never been a resident sized for it in the past. Management staff member #100 reported that the lift company representative came and did an assessment after the incident and "put this resident in a small sling" and that the resident could have been appropriate for the medium sized sling, but "er on the side of caution and put (them) in a small". It was also reported that the representative said "it is not just by wt. or

measuring, you also have to look at how the resident looks in the sling".
Management staff member # 100 sent an email to the inspector which included the statement of "corporately our staff have been trained on measuring for slings by using the shoulder to buttock method but we have never been taught the wt. and measuring by tape measure and Arjo has only given the education by the shoulder and buttock method".

Policy titled "Safety in Ambulating Lifting and Transferring Program" #HS 16-0-14 with revision date of October 2012 was obtained and reviewed, with subject of "Operation of Mechanical Lifting/Transferring and Repositioning Devices". The policy includes the statement of "Staff shall follow the manufacturer and residence specific instructions on use of devices for resident care".

Policy with same title, with #HS 16 -0-15, with subject of "Sling use for Mechanical Lifting or Transferring Devices - Standard Operating Procedure" included the statement of "All staff shall use the appropriate size and style of sling associated with the supplied mechanical lifting and transferring devices".

The home provided the inspector with the instruction pamphlet for the ArjoHuntleigh brand of slings. It referred to the use of a special measuring tape in order to measure for sling size, that resident width and body proportions should also be considered and a professional judgement made and that if the resident falls between two sizes the smallest size is to be used.

The licensee failed to ensure that staff use safe transferring and positioning devices or techniques when assisting residents. [s. 36.]

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 ensures that staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

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 ensures that drugs are stored in an area or a medication cart, that is secure and locked, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids

Specifically failed to comply with the following:

s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,
(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).
(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :

1. A tour of one of the home's spa rooms was conducted by the inspector. On the counter beside the washroom sink was a steel type hair comb, unlabelled and soiled with debris. There was a basket on the counter top with a used "quattro" brand men's blade razor, two blue coloured hair combs with hair fragments and debris, unlabelled. In addition, there were two electric razors, a hair brush, five combs and nail clippers, all unlabelled, soiled and used.

A resident care cart on one of the home's units had a plastic bin of personal care items, which included an unlabelled used men's deodorant and four black combs that were soiled with hair fragments and debris, and also unlabelled.

A resident care cart on another home unit had a plastic bin which contained two used combs with hair fragments and debris, unlabelled.

The licensee failed to ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids, labelled within 48 hours of admission and of acquiring, in the case of new items. [s. 37. (1) (a)]

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. During a tour of one of the home's units, a resident care cart was observed outside of a resident room with no staff members present. The care cart was unlocked with a coiled lanyard with a key attached to the handle. Inside the care cart was a plastic bin with numerous containers of prescription creams and lotions, labelled with resident names. These included containers of medication for six different residents. Staff member #104 confirmed with the inspector that the lock apparatus doesn't lock and that the keys for the lock are attached to the handle of the cart.

During the tour of another unit, a resident care cart was found in the cupboard outside of a resident room, unlocked, with the cart key on a coiled lanyard attached to the handle and no staff present. Inside the care cart was a plastic bin with containers of prescription creams and lotions, labelled with four different resident names.
Staff member #105 and #106 confirmed with the inspector, the presence of prescription medications in the unlocked resident care cart.

The licensee failed to ensure that, drugs are stored in an area or a medication cart, that is secure and locked. [s. 129. (1) (a) (ii)]

Issued on this 14th day of January, 2014

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

Lauren Tenhunen #196.