



**Ministry of Health and
Long-Term Care**

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

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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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
May 13, 2019	2019_541169_0011	005900-19	Complaint

Licensee/Titulaire de permis

St. Joseph's Health System
50 Charlton Avenue East Room M146 HAMILTON ON L8N 4A6

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

St. Joseph's Villa, Dundas
56 Governor's Road DUNDAS ON L9H 5G7

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

YVONNE WALTON (169)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

**This inspection was conducted on the following date(s): March 22, 25, 27, 28, 29,
April 2, 3, 4, 5, 8, 9, 10, 11, 12, 15, 16, 17, 2019.**

This inspection was conducted with Log #005900-19 related to a specific medication administration. During the course of the inspection, it is noted Ministry of Labor inspected the home regarding the same issue in March 2019, and issued compliance orders with a compliance due date of April 26, 2019.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Quality, Performance Systems and Food Services, Director of Care (DOC), Education, Quality and Clinical Support Lead, Resident Care Managers, Medical Director, Pharmacist, Housekeeping/Laundry Manager, Infection Control Lead, Registered Nursing staff, Personal Support Workers (PSW) and housekeeping staff.

**The following Inspection Protocols were used during this inspection:
Medication**

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

3 WN(s)

3 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- 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,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



Findings/Faits saillants :

1. The licensee failed to ensure that the written plan of care for each resident set out clear directions to staff and others who provide direct care to the resident.

This inspection was initiated from a complaint regarding the administration of specific medications to the residents of the home. A review of the plans of care for three residents occurred.

Resident #011, #010 and #012 received these specific medications. The plans of care for each resident did not identify clear directions to personal support workers, regarding any special precautions required by the personal support workers.

According to the policy of the home, staff were to wear personal protective equipment (PPE) and the plan of care was not updated to include the direction. The PSW's provided care several days without knowing they were required to wear PPE. This was confirmed by lack of documentation identified in the plan of care and during interviews with PSW #115, housekeeper #114, RPN #113, DOC and Administrator.

The written plan of care was not updated to provide clear directions to staff who provide direct care to residents. [s. 6. (1) (c)]

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 there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system



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Specifically failed to comply with the following:

- s. 114. (3) The written policies and protocols must be,**
(a) developed, implemented, evaluated and updated in accordance with evidence-
based practices and, if there are none, in accordance with prevailing practices;
and O. Reg. 79/10, s. 114 (3).
(b) reviewed and approved by the Director of Nursing and Personal Care and the
pharmacy service provider and, where appropriate, the Medical Director. O. Reg.
79/10, s. 114 (3).

Findings/Faits saillants :



1. The licensee failed to ensure the written policy named "Handling of Hazardous Medications" was implemented, relating to administration and disposal of specific medications and in accordance with prevailing practices.

This inspection was initiated from a complaint regarding the administration of specific medications at the home.

The licensee provided the inspector with a policy named "Handling of Hazardous Medications" Section 5 implemented February 2017 and revised June 2018. The DOC confirmed this policy was the active policy at the home until recently when a new policy dated March, 2019, was developed, in response to orders issued by the Ministry of Labor. The new policy became effective March, 2019, and the staff were currently being trained on it. The Ministry of Labor inspected the home on March, 2019, and issued compliance orders to revise and provide staff training on the revised policy, with a compliance due date of the order of April 26, 2019.

A. The original policy directed staff to use specific waste containers for disposal of contaminated waste in a puncture-resistant, leak-proof, rigid plastic container that displayed the appropriate symbol. Registered nursing staff #105 and #106 confirmed they received the specialized waste containers approximately two weeks prior, when the revised policy named "Management of Hazardous Medications" was implemented. Registered Staff confirmed the specialized waste containers were not available prior to the new policy implementation. The original policy was not implemented regarding the accurate disposal of specific medications in the home.

B. The original policy directed registered staff on the safety precautions to be taken, when they administered specific medications. Registered staff #105 and #106 confirmed they did not wear Personal Protective Equipment (PPE) when they administered specific medications and observations confirmed they did not wear PPE during preparation and administration of specific medications.

The policy developed for the medication management system related to the administration and disposal of specific medications was not implemented. [s. 114. (3) (a)]



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 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 and the written policies and protocols are implemented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 120.

Responsibilities of pharmacy service provider

Every licensee of a long-term care home shall ensure that the pharmacy service provider participates in the following activities:

- 1. For each resident of the home, the development of medication assessments, medication administration records and records for medication reassessment, and the maintenance of medication profiles.**
- 2. Evaluation of therapeutic outcomes of drugs for residents.**
- 3. Risk management and quality improvement activities, including review of medication incidents, adverse drug reactions and drug utilization.**
- 4. Developing audit protocols for the pharmacy service provider to evaluate the medication management system.**
- 5. Educational support to the staff of the home in relation to drugs.**
- 6. Drug destruction and disposal under clause 136 (3) (a) if required by the licensee's policy. O. Reg. 79/10, s. 120.**

Findings/Faits saillants :



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1. The licensee has failed to ensure that the pharmacy service provider participated in (5) educational support to the staff of the home in relation to drugs.

The pharmacist was interviewed and confirmed there had not been any educational support to the nursing staff of the home regarding the administration of specific medications. Interview with registered nursing staff and DOC confirmed educational support was not provided regarding the administration of this specific medication.

Interview with registered nursing staff and DOC confirmed educational support was not provided regarding the administration of this specific medication. [s. 120. 5.]

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 the pharmacy service provider participates in educational support to the staff of the home in relation to drugs, to be implemented voluntarily.

Issued on this 13th day of May, 2019

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

Original report signed by the inspector.