Ontario

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 apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 22, 2016	2016_30610a_0002	036313-15	Resident Quality Inspection

Licensee/Titulaire de permis

The Credit Valley Hospital and Trillium Health Centre
150 Sherway Drive ETOBICOKE ON M9C 1A5

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

McCall Centre Long Term Care Interim Unit
140 Sherway Drive ETOBICOKE ON M9C 1A4

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

IRENE SCHMIDT (510a), KELLY CHUCKRY (611), ROBIN MACKIE (511), SOFIA DASILVA (567)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): January 18, 19, 20 and 21, 2016.

An on site inquiry was also completed for CI log #033930-15.

During the course of the inspection, the inspector(s) spoke with the residents, family members, Executive Director (ED), Director of Care (DOC), Environmental Services Manager (ESM), pharmacist, registered staff, personal support workers (PSW),and laundry aides. As well, relevant clinical records, policies and internal communications were reviewed.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Laundry
Dignity, Choice and Privacy
Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Skin and Wound Care
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.
- **3 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	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. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (3) The drugs must be destroyed by a team acting together and composed of,
(a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada),
(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
(ii) a physician or a pharmacist; and O. Reg. 79/10, s. 136 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs were destroyed by a team acting together and composed of, (a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada), (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and (ii) a physician or a pharmacist.

Interview with an identified staff member indicated the controlled substances were destroyed by the Pharmacist and not with the registered staff on the floor. Interview with the Pharmacist confirmed their practice in the home was to have the Pharmacist discard the narcotics into a white bin, mix with lactulose or other agent to destroy the medications, independently. The Pharmacist stated they would take the completed forms to the DOC who would sign the 'Narcotic and Controlled Surplus Record' form after the medications were destroyed. A review of the home's policy for "Ordering, Receiving, Recylcing and Destruction" stated the narcotics for destruction were to be counted by the consulting Pharmacist and the DOC and compared with the unit and individual tracking indicating the amount of drug remaining when the drug was identified for destruction. Interview with the DOC confirmed the pharmacist destroyed the narcotics independently and they had not acted together when the drugs were destroyed. [s. 136. (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 to ensure that the drugs are destroyed by a team acting together and composed of, (a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada), (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and (ii) a physician or a pharmacist, 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. Where the Act or this Regulation required 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 has failed to ensure that the plan, policy, protocol, procedure, strategy or system, (b) was complied with.

The home's policy #HL-06-03-12, titled "Finding missing personal clothing", included a missing clothing search form that was to be completed when personal clothing was missing.
A) An identified resident reported specific missing laundry items to registered staff. The missing clothing search form was not completed, as confirmed by the manager, environmental services.
B) A second identified resident reported specific missing laundry items to registered staff. These items went missing during an identified time frame. The missing clothing search form was not completed, as confirmed by the manager, environmental services.
The home's policy was not complied with. [s. 8. (1) (a)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the nutrition care and hydration program included a weight monitoring system to measure and record with respect to each resident, (ii) body mass index and height upon admission and annually thereafter.

During a review of resident heights, it was identified that six (6) out of eleven (11) residents did not have their height measured and recorded annually. An interview with the DOC confirmed that typically the height was measured and recorded on admission for all residents and the height was not measured annually. [s. 68. (2) (e) (ii)]

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Issued on this 25th day of January, 2016

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

Original report signed by the inspector.