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
Oct 8, 2015	2015_254610_0037	023258-15	Complaint

Licensee/Titulaire de permis

Oneida Nation of the Thames
2212 Elm Avenue R. R.#2 SOUTHWOLD ON N0L 2G0

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

Oneida Nation of the Thames Long-Term Care Home (Tsi' Nu: yoyantle' Na' Tuhuwatisni)

2212 Elm Avenue R. R.#2 SOUTHWOLD ON N0L 2G0

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

NATALIE MORONEY (610)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): September 8, 9, 2015

This complaint inspection was related to continence care and pain.

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care, Director of Quality and Health Improvement Nurse, two Personal Support Workers, three Registered Practical Nurses, one Registered Nurse, and two Residents.

During the course of the inspection the inspector reviewed health care records, relevant policies, conducted resident observations, and completed interviews.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Hospitalization and Change in Condition
Pain

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

Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee had failed to ensure that staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other.

The home's Continence Care Program Policy, indicated that staff are to follow the best practice guidelines for a treatment.

The Administrator/Director of Care confirmed that it was the home's expectation that there would have been an order for a treatment and that the staff and others involved in the different aspects of care should collaborate with each other so that their assessments were integrated, consistent with and complement each other.

The licensee had failed to ensure that staff and others involved in the different aspects of care collaborate with each other for the assessment of Resident so that their assessments were integrated, consistent with and complement each other. [s. 6. (4) (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 staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident's pain was not relieved by initial interventions, that the resident had been assessed using a clinically appropriate assessment instrument specifically designed for that purpose.

The RAI MDS assessment section J showed that Resident # 001 had pain.

The admission assessment pain section showed that the resident had severe pain.

A review of documentation showed that Resident # 001 had been using medication for pain management.

The home's Pain Management Program Policy 4.14.0 indicated:

"Persistent Pain in older adults should should not be underestimated nor untreated.

The the nursing staff is to initiate a pain management flow record when a scheduled medication pain medication does not relieve pain or when pain remains regardless of interventions. Initiates, communicates, and reviews the plan of care with the interdisciplinary team and address each resident's pain".

There was no documentation to support that the flow pain management record was initiated for Resident # 001.

The Director of Quality and Health Improvement Nurse, one Registered Practical Nurse and one Registered Nurse confirmed that they were not using a clinical appropriate assessment instrument for residents that had pain that was not relieved by initial interventions.

The Administrator/Director of Care confirmed that it was the home's expectation that staff completed a pain assessment using a clinically appropriate assessment instrument specifically designed for resident's pain when initial interventions are not working.

The licensee had failed to ensure that Resident # 001's pain was not relieved by initial interventions and the resident had not been assessed using a clinically appropriate assessment instrument specifically designed for that purpose. [s. 52. (2)]

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 when a resident's pain is not relieved by initial interventions, that the resident has been assessed using a clinically appropriate assessment instrument specifically designed for that purpose, to be implemented voluntarily.

WN #3: 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. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,
(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed; O. Reg. 79/10, s. 135 (2).
(b) corrective action is taken as necessary; and O. Reg. 79/10, s. 135 (2).
(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that every medication incident involving a resident and every adverse drug reaction was, (a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and (b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider. r. 135. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that, (a) all medication incidents and adverse drug reactions were documented, reviewed and analyzed; (b) corrective action was taken as necessary; and (c) a written record was kept of everything required under clauses.

A review of documentation showed that Resident # 001 had a medication incident.

Review of the medication incident record revealed the absence of documentation to support that immediate actions were taken to assess and maintain Resident #001's health. The incident was not report to the resident's substitute decision-maker, the Director of Nursing , the Medical Director, or the resident's attending physician and the pharmacy service provider.

The home's Policy 8.0 Pharmacy Services 8.7 Medication Errors indicated:

"All medication errors would be reported promptly to the Director of Care, physician and pharmacist.

An incident report form is to completed for any medication error.

The Director of Care and consultant Pharmacist are responsible for investigating any medication error, cause of error, and follow up action for preventing further errors".

The Director of Quality and Health Improvement Nurse, confirmed on September 9, 2015, that they did not receive a risk management or incident report in regards to the medication incident and that it was the home's expectation that they would receive an incident report.

The Administrator/ Director of care confirmed on September 9, 2015, that it was the home's expectation that all medication incidents and adverse drug reactions were documented, reviewed and analyzed; corrective action taken as necessary; as well as a written record was kept of everything required. [s. 135. (2)]

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 every medication incident involving a resident and every adverse drug reaction is documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and (b reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider. In addition to the requirement under clause (1) (a), the licensee shall ensure that, all medication incidents and adverse drug reactions are documented, reviewed and analyzed; corrective action is taken as necessary; and a written record is kept of everything required under clauses, to be implemented voluntarily.

Issued on this 8th day of October, 2015

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

Original report signed by the inspector.