



**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**

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

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**Public Copy/Copie du public**

---

<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 19, 2017	2017_604519_0002	033787-16	Resident Quality Inspection

---

**Licensee/Titulaire de permis**

CORPORATION OF THE COUNTY OF HURON  
77722A London Rd R R 5 CLINTON ON N0M 1L0

---

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

HURONVIEW HOME FOR THE AGED  
R. R. #5, LOT 50, CON 1 MUNICIPALITY OF HURON EAST CLINTON ON N0M 1L0

---

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

SHERRI GROULX (519), DONNA TIERNEY (569)

---

**Inspection Summary/Résumé de l'inspection**

---



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

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

**This inspection was conducted on the following date(s): January  
9,10,11,12,13,16,17, 2017**

**The following intake was completed within the Resident Quality Inspection (RQI):  
#003572-16 - Follow Up Inspection to Compliance Order # 001 from  
2016\_217137\_0001; # 024282-15, related to policies not complied with.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), the Resident Assessment Index (RAI) Coordinator, the Nutrition Manager, the Programs and Social Services Manager, the Physiotherapist, the Physiotherapy Assistant, the Registered Dietitian, the Volunteer and Resident Council Assistant, the Family Council President, the Resident Council President, Registered Nurses, Registered Practical Nurses, Personal Support Workers (PSWs), Health Care Aides (HCA), residents, and families.**

**The inspectors toured the home, observed meal service, medication passes, medication storage area and care provided to residents, reviewed medication records and plans of care for specified residents, reviewed policy and procedures, observed recreational programming, staff interaction with residents and general maintenance and cleanliness of the home.**

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

**Contenance Care and Bowel Management**

**Falls Prevention**

**Food Quality**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Pain**

**Residents' Council**

**Skin and Wound Care**



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

**2 WN(s)  
2 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 8. (1)	CO #001	2016_217137_0001		519

**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>Legendé</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. 57. Powers of Residents' Council**

**Specifically failed to comply with the following:**

**s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).**

**Findings/Faits saillants :**



1. The licensee failed to respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations.

A review of Residents' Council minutes from March 2016 to December 2016 showed the following:

On July 11, 2016 it was written that the couches and chairs in the sitting rooms were too low, and cushions were suggested for the back of the couches.

On August 18, 2016 under the heading 'Business arising from Previous Minutes' it was written "height of couches and chairs discussed. Programs and Social Services manager will talk to the Administrator. Need more back pillows for chesterfield in A TV room".

In the September 12, 2016 meeting there was mention of the height of chesterfield and chairs.

In the November 7, 2016 minutes under the heading 'Home Areas Updates and Discussion' it was written that there was a need for firm cushions on the back of the chesterfields.

There was no documented evidence found of a written response to these recommendations/concerns by the licensee.

In an interview with the Administrator on January 13, 2017, she shared she was aware of these concerns as she was told of them and she also reviewed the minutes. However she had not received the Resident & Family Concern form with these issues identified, and as a result these concerns were not addressed by her in writing.

Review of the "Resident & Family Concern" form it stated "The Resident & Family Concern form has been designed to deal with resident and family issues which were raised at Resident's Council, Care Conferences, Family Council and/or during other discussions".

During an interview with the Programs and Social Services Manager, she acknowledged that it was her responsibility to fill out the "Resident & Family Concern" form for Residents' Council and agreed there were no forms completed for the above mentioned concerns and recommendations.

The licensee failed to respond in writing to concerns and recommendations brought up by Residents' Council from the July 11, August 18, September 12, and November 7, 2016 meetings. [s. 57. (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 respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations, to be implemented voluntarily.***

---

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

**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. The licensee failed to ensure that drugs were stored in an area or a medication cart that complied with manufacturer's instructions for the storage of the drugs (e.g. expiration dates, refrigeration, lighting).

During the medication room observation it was noted that there were three boxes of Nitrostat 0.6 mg per sublingual tablet that were expired.

Upon interview with a Registered Practical Nurse (RPN) it was acknowledged that they were expired and that she would remove them from circulation.

The home's policy titled, "Expiry and Dating of Medications" stated under "Procedure- 1. Examine the expiry date of all medications on a regular basis. Be especially careful to check all storage areas for extra medication, PRN medications, Government stock, Monitored Medication (narcotic and controlled), topicals, and eye drops. 2. Remove any expired medications from stock and order replacement if necessary".

The licensee failed to ensure that drugs that were stored in an area or a medication cart complied with manufacturer's instructions for the storage of the drugs (e.g. expiration dates, refrigeration, lighting) when three boxes of expired Nitrostat were found on the shelf in the medication room. [s. 129. (1) (a) (iv)]

***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 drugs are stored in an area or a medication cart:***

***iv. that complies with manufacturer's instructions for the storage of the drugs (e.g. expiration dates, refrigeration, lighting)***

***Note: This subsection does not apply with respect to drugs that a resident is permitted to keep on his or her person or in his or her room in accordance with subsection 131 (7), to be implemented voluntarily.***



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Issued on this 19th day of January, 2017**

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

**Original report signed by the inspector.**