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

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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
Mar 7, 2014	2014_225126_0007	O-000152-14	Resident Quality Inspection

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

FOREST HILL
6501 CAMPEAU DRIVE, KANATA, ON, K2K-3E9

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

LINDA HARKINS (126), ANGELE ALBERT-RITCHIE (545), KATHLEEN SMID (161), RUZICA SUBOTIC-HOWELL (548)

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): February 24-28 and March 3-4, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Nutritional Care Manager, the Environmental Service Manager, the RAI Coordinator, several Registered Nurses, several Personal Support Services, several Dietary aids, the President of the Resident Council, the President of the Family Council, several residents and several family members.

During the course of the inspection, the inspector(s) reviewed several resident health care records, reviewed several policies: Infection control standards of practices; Staff immunizations(IF-3.14), Staff immunizations at point of service (IF-3.15); Immunization against infectious disease (HR-SF-1.11); Pet visitation guidelines (AM-7.1; Least Restraint, Last Resort (CS-5.1),; Food Temperature Recording, Corrective action for inappropriate foods; Medication Cart (3-5), Medication Cart Maintenance (3-6), Medication pass (3-7), Handling of medication (5-1), Drug destruction and disposal(5-4); Nail Care (CS-13.9)and observed care and services given to resident throughout the Resident Quality Inspection.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
Recreation and Social Activities
Residents' Council
Safe and Secure Home
Skin and Wound Care
Snack Observation
Sufficient Staffing

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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, S.O. 2007, c.8, s. 15. (2) c., in that the home, furnishings and equipment are not all maintained in a safe condition and in a good state of repair, as evidenced by the observations outlined below.

On February 24 and 28, 2014, inspector #126 observed in the entrance wall of a specific room, small holes on the right side, scratch wall exposing the gyprock and peeling paint noted on the wall surfaces of certain area in the resident room.

On February 24 and 28, 2014, inspector # 126 observed in another room on the same unit, that the small wall separating the two beds was noted to have peeling paint and was deeply gouged exposing the corner of the metal strapping and gyprock.

On February 28, 2014, inspector #126 observed damaged wall in the common area in front of the tub room on a specific unit that the lower part of the wall were chairs are located, small holes and peeling paint were observed.

On February 28, 2014, inspector #126 observed in two identified rooms damaged wall with gouged gyprock and scratch and peeling paint. (126)

On February 26, 2014, inspector #161 observed in another room, two holes on the wall to the right entrance to the room. The holes are approximately 4 feet from the floor, 4 inches long and 2 inches wide leaving plaster exposed. In that bathroom, it was observed that the over top surface of the counter was chipped and missing finish along the bottom edge and exposing the inner particle board.

It was observed by inspector #161 throughout this inspection that 45 chairs are in poor repair.as evidenced by the condition of the chair's wooden arms and legs, on which the finish has worn away in areas and is scuffed (or gouged) in the other area. These chairs are located in the resident rooms and in the hallways on that specified unit. (161) [s. 15. (2) (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 to ensure walls and chairs are maintained in a good state of repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:
1. Staff apply the physical device in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:
1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class. O. Reg. 79/10, s. 110 (2).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg 79/10 s. 110. (1) 1 in that the home did not applied a physical device in accordance with the manufacturer's instruction.

On March 3, 2014, Resident #1944 was observed to be sitting in a wheel chair with a lap belt that was not positioned across the hips and had more than approximately 10 inches between the belt and the pelvic crest.

Resident #1944 was unable to undo the lap belt.

Inspector #126 asked assistance from registered staff S #126 and personal support worker (PSW) to apply the belt correctly and was unable to do so as the mechanism was always opening and making the belt loose. Approximately 15 minutes later,

registered staff S #126 indicated that the PSW fixed the belt and that he/she was not aware that the lap belt for resident #1944 was not applied correctly. [s. 110. (1) 1.]

2. The licensee has failed to comply with O. Regs 79/10 s. 110. (2) 1 in that the home applied a physical restraint without an order approved by a physician or a registered nurse in the extended class.

On March 3, 2014, resident #1944 was observed to be sitting in the wheel chair with a front lap belt. Resident #1944 was unable to undo the lap belt. Discussion with registered staff S #126 indicated that resident #1944 does have a lap belt that he/she is unable to open.

Resident #1944 health care record was reviewed. It was noted that there was no physician or registered nurse in the extended class order for the application of a physical device such as a lap belt for that resident.

Registered staff S #126 reviewed the health care record with Inspector #126 and was unable to find a physician order for the application of a physical devices.

Discussion with the Director Of Care (DOC), stated that in the January 2014 audit, it was identified that resident #1944 did not have an order for the application of a physical device(lap belt). As of March 3, 2014 (12:00 hours), there was no order in resident #1944 health care record for the application of a physical device (lap belt).

The DOC stated that when the home changed to the Electronic Medication Administration Record System, it was the only floor that the restraint's order was not transcribed under the physician order but was transcribed under notes in the quarterly medication review.

Resident #1786 was observed sitting in a wheel chair (WC) with a front lap belt. Resident #1786 health care record was reviewed and it was noted that he/she had an order written on March 3, 2013 for a lap belt. The quarterly medication review does indicate under "notes" that resident #1786 has a front lap belt, but this information was not included in the physician orders. [s. 110. (2) 1.]

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 the physical devices is applied in accordance with the manufacturer's instruction and that physical devices has an order approved by a physician or a registered nurse in the extended class., to be implemented voluntarily.

WN #3: 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 comply with O. Reg. 79/10 s.129. (1) (a)(ii) in that all drugs are stored in area or medication cart that is secure and locked and (b) controlled substances are stored in a separate, double-locked stationary cupboard in a locked area or stored in a separate locked area within the locked medication cart.

On February 26, 2014 at 08:40 hours Inspector #548 observed an unlocked and unattended medication cart outside the 2nd floor south dining room.

On February 27, 2014 at 08:24 hours inspector # 161 observed an unlocked and unattended medication cart outside the the3rd floor north dining room.

On February 28th at 07:40 hours inspector #548 observed an unlocked and unattended medication cart outside a resident's room in the hallway of the 5th floor north unit. The registered practical nurse had her back to the cart and was administering medications to a resident at the bedside. At 11:40 hours inspector #548 observed an unlocked and unattended medication cart outside the 5th floor north dining room.

An interview with the registered practical nurse on 5th floor north unit is that the medication cart was to be locked at all times when out of her sight, as per home's policy.

The home's policy: The Medication Cart, Policy 3-5 dated 02/12 states that the medication cart is to be locked at all times with the exception of (1) when locked in the medication room or (2) while in sight of a nurse during a medication pass.

The DOC confirmed that the medication cart is to be locked at all times, unless registered nursing staff have the medication cart in sight. [s. 129. (1) (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 all drugs are stored in area or medication cart that is secure and locked., to be implemented voluntarily.

WN #4: 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. The licensee has failed to comply with O.Reg 79/10, s. 8. (1) (b) 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 to be complied with, in that the home failed to ensure compliance with the following policies:

Drug Destruction and Disposal Policy 5-4
Handling of Medication Expiry and Dating Of Medications, Policy 5-1

As per O.Reg 79/10, s.136. (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of, (a) all expired drugs.

The home's policy "Drug Destruction and Disposal" Policy 5-4, under Section: Medications indicates that the registered nurse is responsible to identify expired drugs.

The home`s policy, "Handling of Medication-Expiry Dating Of Medications", Policy 5-1 states that expired dates on all medications are to be examined and those drugs that have expired are to be removed.

Review of the 5th floor Medication cart Feb 28, 2014 the inspector observed that the one medication Amagel Plus Oral suspension, not labelled to any resident had an

expiry date of August 2013.

The review of the 5th Emergency Box on Feb 28, 2014 the inspector #548 observed the drug Glucagon Glucose -Orange 10 tab AMG had no expiry date.

An interview on February 28, 2014 with registered staff S#123 administering drugs on the 5th floor indicated she was not sure who was responsible to review the drugs for expiration dates on an ongoing basis. Registered staff S#123 indicated that once she is aware that a drug is expired the drug is destroyed as per policy.

Interview with Director of Care indicated that the evening charge nurse is responsible to check for expired drugs as part of their scheduled checks and, it is an expectation for registered nursing staff to review all drugs administered for expiry dates. [s. 8. (1)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care

Specifically failed to comply with the following:

s. 35. (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails. O. Reg. 79/10, s. 35 (2).

Findings/Faits saillants :

1. The licensee has failed to comply with O.Reg 79/10 r.35 (2) 1 in that Resident #1796 did not receive fingernail care, including the cutting of fingernails.

During Resident observation on February 26, 2014, inspector #545 noted that Resident #1796's fingernails on both hands were long and that the nails on a specific hand were thick, particularly the nail of the thumb was very thick, discolored and crumbling.

In reviewing Resident #1796's plan of care, it is noted that a Skin Condition Assessment was completed on a specific day in November 2013 which indicated that Resident #1796' specific hand had thick and white fingernails.

In reviewing the care plan updated on a specific day in January 2014 it is indicated that PSWs were responsible to ensure that Resident #1796 nails were cleaned and trimmed on his/her bath days. It is indicated that Resident #1796 was bathed twice weekly. The MDS Flow Sheet indicated that nail care was provided to Resident #1796 on specific day of February 2014.

On February 28, 2014 during an interview with registered staff S #113, she indicated that PSWs were expected to notify registered staff if they were unable to cut thick fingernails. Registered staff S #113 assessed Resident #1796's fingernails and indicated that nail care was required which was provided later that day. Registered staff S #113, updated the plan of care.

In reviewing the home's policy on Nail Care #CS-13.9 effective January 2011, it was indicated that it was the responsibility of all nursing staff to ensure that Residents' fingernails be clean and well groomed at all times. On March 3, 2014, during an interview with the Director of Care (DOC), he indicated that it was the home's expectation that PSWs provide nail care each time a Resident was bathed and that if nails were too thick to cut with clippers or scissors, PSWs were expected to inform registered staff. The DOC indicated that registered staff, if unable to cut fingernails, could request the service of the Foot Care nurse, if in agreement with the Resident and/or their Power of Attorney. [s. 35. (2)]

Issued on this 7th day of March, 2014

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs
Linda Harkens (126) Angèle Albert-Ritchie (545) Kathleen SMID (161) Ruzica Subotic-Howell (548)