

Original Public Report

Report Issue Date	July 7, 2022		
Inspection Number	2022_1441_0001		
Inspection Type	<input checked="" type="checkbox"/> Critical Incident System <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Director Order Follow-up <input type="checkbox"/> Proactive Inspection <input type="checkbox"/> SAO Initiated <input type="checkbox"/> Post-occupancy <input type="checkbox"/> Other _____		
Licensee	Lakeland Long Term Care Services Corporation		
Long-Term Care Home and City	Lakeland Long Term Care Services, Parry Sound		
Lead Inspector	Amanda Belanger (736)		Inspector Digital Signature

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 9-13, 2022.

The following intake(s) were inspected:

- One log related to a medication error that altered a resident’s health status;
- One log related to an allegation of resident to resident abuse;
- One log related to a missing or unaccounted for controlled substance; and,
- One log related to Compliance Order (CO) #001, that was issued January 4, 2022, in report #2021_907692_0010, with a Compliance Due Date (CDD) of February 8, 2022, related to immediate reporting of allegations of resident abuse and/or neglect to the Director.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference	Inspection #	Order #	Inspector (ID) who complied the order
LTCHA, 2007 s. 24 (1)	2021_907692_0010	#001	736

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

- Infection Prevention and Control (IPAC)
- Medication Management
- Reporting and Complaints

INSPECTION RESULTS

NON-COMPLIANCE REMEDIED

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#01 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22 s. 102 (1) (b)

The licensee has failed to ensure that residents were provided with hand hygiene prior to meal service.

During an observation of meal service, it was noted that residents were not offered nor assisted with hand hygiene prior to the start of the meal service.

After discussion with the Infection Prevention and Control (IPAC) lead in the home, on additional observations in the dining room, the Inspector noted staff offering alcohol based hand rub (ABHR) to residents prior to the start of the meal service.

Date Remedy Implemented: May 11, 2022 [736]

WRITTEN NOTIFICATION: POLICY AND RECORDS

NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg 246/22 s. 123 (2)

The licensee has failed to ensure the medication policies and procedures included in the required Medication Management System were complied with.

In accordance with O. Reg 246/22 s. 11. (1) b, the licensee is required to ensure that there are medication policies, and must be complied with.

Specifically, staff did not comply with the home's policy and procedure "Narcotic Count Process", dated November 2021.

Rationale and Summary

The licensee's policy indicated that the leaving nurse was to document the count of narcotics, and the oncoming nurse was to count the narcotics.

The Registered Nurse (RN) indicated that the process being implemented in the home did not follow the home's policy and procedure.

The Director of Nursing (DON) indicated that home's policy related to controlled substance count was not being complied with and should have been.

Sources: Licensee policy titled "Narcotic Control Process", last reviewed November 2021; and interviews with the RN, DON and other relevant staff. [736]

COMPLIANCE ORDER [CO#001]: ADMINISTRATION OF MEDICATION

NC#03 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 79/10 s. 131 (2)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 79/10 s. 131 (2).

The licensee shall:

- a) develop a documented process to ensure that the resident receives their medication as per the prescriber's directions.
- b) conduct an audit of the resident's medication administration for a period of 30 days; and,
- c) maintain a record of the process and the audit, as well as any measures taken if concerns are identified.

Grounds

Non-compliance with: O. Reg. 79/10 s. 131 (2)

The licensee has failed to ensure that the resident was administered medication as per the prescriber's orders.

Rationale and Summary

The resident had a physician's order to administer a specific dose of medication daily. The resident was administered a different dose of the medication, which resulted in risk of harm to the resident.

Sources: The resident's electronic medication administration record (eMAR), and physician orders, as well as progress notes; the CI report; medication incident form; and interview with the RPN, and other relevant staff. [736]

This order must be complied with by August 16, 2022

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include,

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Sudbury Service Area Office
159 Cedar Street, Suite 403
Sudbury ON P3E 6A5
Telephone: 1-800-663-6965
SudburySAO.moh@ontario.ca

- An AMP issued by the Director under section 158 of the Act.
- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.