



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection October 25, 2010	Inspection No/ d'inspection 2010_146_9610_23Oct170726	Type of Inspection/Genre d'inspection Complaint H-01165
Licensee/Titulaire The Regional Municipality of Niagara, 2201 St David's Road, PO Box 344, Thorold, ON, L2V 4T7		
Long-Term Care Home/Foyer de soins de longue durée Northland Pointe, 2 Fielden Avenue, Port Colborne, ON, L3K6G4		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, #146		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection related to a concern about visitation privileges being restricted and resident care issues. During the course of the inspection, the inspector spoke with: the Administrator, The Director of Care (DOC), the Associate Director of Care (ADOC), 2 registered staff, one personal support worker and 4 family members of 3 residents, including the informants. During the course of the inspection, the inspector(s): observed the resident; reviewed the health file of 2 residents; reviewed copies of letters sent by the informant to the Administrator provided to the inspector by the DOC; reviewed the Critical incident report M610-000016-10 which had been submitted to the Ministry of Health and Long Term Care on August 31, 201; reviewed letters sent to the family by the Licensee/Administrator and observed the linen supply room and tub room for towel supply. The following Inspection Protocols were used during this inspection: Personal Support Services ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: [2] WN [1] VPC		

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.22 (1)
Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director.

Findings:

1. As a result of an audit of copies of letters produced by the Director of Care and Administrator, it is determined that the Administrator/Licensee has failed to forward to the Director written letters of complaint from a resident's Power of Attorney, regarding resident care issues on at least 3 occasions.

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

The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

Findings:

1. The resident's health file indicates that resident is high risk for and experiences constipation due to decreased fluid intake and medication side-effects. The medical directive for bowel management in the resident's chart states that:
 if the resident has no bowel movement (BM) for 2 days (Day 2), then dulcolax or senekott tablets are given;
 if the resident has no BM for 4 days (Day 3), then a dulcolax suppository is given ;
 if the resident has no BM by 1500 of the 4th day, a fleet enema is given.
 An audit of the daily flow records, progress notes and the medication administration records (MAR) was completed for the dates between July 1, 2010 to October 24, 2010 The audit showed that there were 10 occasions when the day 2 laxative was not given as per the directive – July 3,16, 20, 24, August 16, 27, September 14, 27, October 16, 20 ; 3 occasions when the dulcolax suppository was not given per the directive – July 18, August 3,13, 2010 . On one occasion between July 15 and 18, the resident was at Day 4

with no BM, no laxative or suppository had been given and the resident required manual disimpaction July 18, 2010. The resident was disimpacted on 3 occasions during the audit period. On 3 occasions the documentation on the MAR did not match the documentation on the progress note as to which medication was given.

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 specific to administering the bowel management directive's medications, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.  JNW23/10
Title:	Date:	Date of Report: (if different from date(s) of inspection).