



**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
prévus le Loi de 2007 les
foyers de soins de longue**

Health System Accountability and Performance
Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance et de la
conformité

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 9, 10, 13, 14, 15, 2012	2012_043157_0024	Complaint

Licensee/Titulaire de permis

MARYCREST HOME FOR THE AGED
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

ST JOSEPH'S AT FLEMING
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

PATRICIA POWERS (157)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the home's Administrator, the Acting Director of Care (ADOC), a Unit Nurse Manager, a Registered Practical Nurse (RPN) the home's Registered Dietitian (RD), two food service workers, four Personal Support Workers (PSW), four residents.

During the course of the inspection, the inspector(s) observed meal and snack service, observed the physical environment including dining rooms and resident bedrooms/bathrooms, observed practices for the provision of resident care and staff interactions with residents, reviewed clinical health records for identified residents, reviewed the home's staffing deployment, reviewed the home's Quality Assurance processes and statistics related to the communication and response systems, reviewed the home's practices, policies and procedures related to Skin Care, Topical Medications Application, Critical Incident Reporting, Resident Abuse and Neglect.

The following Inspection Protocols were used during this inspection:

Critical Incident Response

Dining Observation

Medication

Personal Support Services

Responsive Behaviours
Snack Observation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legende
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 24. Reporting certain matters to Director

Specifically failed to comply with the following subsections:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident.**
- 4. Misuse or misappropriation of a resident's money.**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).**

Findings/Faits saillants :

1. Log #000076-12:

Progress notes for two identified residents indicate that one resident entered the other resident's room and grabbed the resident causing physical injury.

The incident of abuse was not immediately reported to the Director. [s.24.(1)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 that a person who has reasonable grounds to suspect that there has been abuse of a resident by anyone that resulted in harm or risk of harm to the resident, immediately reports the suspicion and the information upon which it is based to the Director, to be implemented voluntarily.

WN #2: 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 subsections:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident;

(b) the goals the care is intended to achieve; and

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. Log #000076-12:

The plan of care for an identified resident does not provide clear direction related to the resident's responsive behaviours or interventions required to manage the behaviours. [s.6.(1)(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 that the resident's written plan of care provides clear direction to staff and others who provide direct care to the resident related to interventions required to effectively and safely manage responsive behaviours, to be implemented voluntarily.

WN #3: 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 subsections:

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

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. Log #000076-12:

Policy: "Topical Medication Application" - Policy # 11-80, July 21, 2008 establishes the following procedures and requirements:

- After successfully completing an education session conducted by a Registered staff member, a Health Care Aide may apply the following types of treatments: shampoos and scalp treatments both prescription and non-prescription with the exception of chemotherapeutic creams/ointments; low potency corticosteroid creams/ointments/lotions containing hydrocortisone 1% or less, or desonide 0.05% (ie. Uremol HC, Emocort, Ectosone, Desocort) provided that they are being used for a chronic condition and not on a PRN basis; all non prescription creams/lotions/ointments/gels
- A Health Care Aide (HCA) may not apply the following types of treatments: " Antibiotic creams and ointments; treatment to decubitus ulcers; any time limited or PRN treatments; topical chemotherapeutic creams/ointments such as 5-fluoracil (Efudex)

The policy establishes that registered nursing staff will "give the HCA the medications used for treatment for each resident" and "ensure that the bag is returned after each treatment for that shift"; "verify every night that the treatments applied by the Health Care Aides are documented, by doing a visual check of the photocopied TAR"; "evaluate and document on the original TAR, the effect of the treatment on a designated day(s) shift each week"

Practices in the home are not in compliance with the following requirements of the policy:

- Registered nursing staff confirm that they do not give the HCA medications used for treatment for each resident and ensure that the bag is returned after each treatment for that shift
- Registered nursing staff do not verify every night that the treatments applied by the Health Care Aides are documented, by doing a visual check of the photocopied TAR
- Registered nursing staff do not evaluate and document on the original TAR, the effect of the treatment on a designated day(s) shift each week

The policy further establishes that the Health Care Aide will: "Initial the TAR to document the application of the treatment and report treatment to the Registered staff person on that unit after applying these treatments."

Practices in the home are not in compliance with the following requirement of the policy:

- Health Care Aide staff do not consistently document the application of the treatment and report the treatment to the registered staff person on that unit after applying these treatments as evidenced by lack of documentation of treatment applications for six identified residents. [r.8.(1)(b)]

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 the home's policies and procedures related to "Topical Medication Application" by PSW's are complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

- s. 131. (4) A member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,**
- (a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;**
 - (b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and**
 - (c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff. O. Reg. 79/10, s. 131 (4).**

Findings/Faits saillants :

1. Log #000076-12:

Personal support Workers (PSW) who are permitted to administer a topical do not do so under the supervision of registered nursing staff.

Registered nursing staff confirm the following procedures are in place with regard to the delegation of the administration of topical medications:

- there is a treatment "basket" containing prescription creams and ointments to be applied by PSW's
- treatment creams are in baggies labeled with the resident's name and treatments specific to the resident's bathing needs (bath oils, therapeutic shampoos, scalp treatments) are kept in the tub room and are not distributed to PSW's by registered nursing staff.
- at the time of daily report, registered staff remind PSW's to take topicals for their resident's but specific direction is not provided
- there is not a system in place to ensure that PSW's have completed the correct procedure for the correct resident
- PSW's frequently do not sign the Treatment Administration Record to confirm that the treatment has been completed and registered nursing staff do not confirm that treatments have been completed
- there is not a consistent approach for registered nursing staff assessment of the effectiveness of treatments [r.131.(4) (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 that a staff member who is not otherwise permitted to administer a drug to a resident, administers a topical medication only under the supervision of a member of the registered nursing staff, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following subsections:

s. 107. (4) A licensee who is required to inform the Director of an incident under subsection (1) or (3) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

- 1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.**
- 2. A description of the individuals involved in the incident, including,**
 - i. names of any residents involved in the incident,**
 - ii. names of any staff members or other persons who were present at or discovered the incident, and**
 - iii. names of staff members who responded or are responding to the incident.**
- 3. Actions taken in response to the incident, including,**
 - i. what care was given or action taken as a result of the incident, and by whom,**
 - ii. whether a physician or registered nurse in the extended class was contacted,**
 - iii. what other authorities were contacted about the incident, if any,**
 - iv. for incidents involving a resident, whether a family member, person of importance or a substitute decision-maker of the resident was contacted and the name of such person or persons, and**
 - v. the outcome or current status of the individual or individuals who were involved in the incident.**
- 4. Analysis and follow-up action, including,**
 - i. the immediate actions that have been taken to prevent recurrence, and**
 - ii. the long-term actions planned to correct the situation and prevent recurrence.**
- 5. The name and title of the person who made the initial report to the Director under subsection (1) or (3), the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector. O. Reg. 79/10, s. 107 (4).**

Findings/Faits saillants :



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1. Log #000076-12:

Progress notes for two identified residents indicate that one resident entered the other resident's room and grabbed the resident causing physical injury.

A written critical incident report was not submitted to the Director.

Issued on this 15th day of August, 2012

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

A handwritten signature in black ink, appearing to read "Pat Brown".