

Dearness Home Committee of Management

To: Chair and Members
Dearness Home Committee of Management
From: Leslie Hancock, Director of Long Term Care
Subject: Director's Report to the Committee of Management for the
Period January 16, 2022 to May 15, 2022
Date: June 13, 2022

Recommendation

That, on the recommendation of the Director, Long Term Care and with the concurrence of the Deputy City Manager, Social and Health Development that, the report dated June 13, 2022, entitled "Director's Report to the Committee of Management for the Period January 16, 2022, to May 15, 2022" **BE RECEIVED.**

Linkage to the Corporate Strategic Plan

Dearness Home works toward the goal of Leading in Public Service by always seeking to improve services for the residents and their families.

The City of London is committed to working in partnership with the community to identify solutions that will drive a strong, deep and inclusive community recovery for London as we move out of and beyond the global COVID-19 pandemic.

Analysis

1.0 Background Information:

1.1 Previous Reports Related to this Matter:

- September 13, 2021, Director's Report, May 16, 2021 to August 15, 2021
- December 6, 2021, Director's Report, August 16, 2021 to October 31, 2021
- February 14, 2022, Director's Report, November 1, 2021 to January 15, 2022

2.0 Service Provision Statistics:

Occupancy Average November 1, 2021 to April 30, 2022	Number of Individuals on Waiting List as of March 14, 2022
96.56%	Basic – 424 Private - 202

3.0 Ministry Inspections/Visits:

The Ministry of Long Term Care visited the Dearness Home on February 28, March 1, 2, 3 and 4, 2022 to conduct a Proactive Compliance Inspection. There was four (4) written notifications (WN) with four (4) Voluntary Plans of Correction (VPC) received related to dining and snack service, labelling of hazardous substances, safe storage of drugs and drug destruction. The Home has prepared a written plan of correction as set out in the Inspection Report of March 7, 2022. A copy of the Public Report can be found under Appendix A.

The Ministry of Long Term Care visited the Dearness Home on May 2, 3 and 4, 2022 to conduct a Complaint and Critical Incident System Inspection. There was one written notification related to prescribed therapy. A copy of the Public Report can be found under Appendix B.

Public reports are posted by the MOHLTC at the following link:

[Link to MOHLTC Public Reports](#)

The Ministry of Labour visited the Dearness Home on January 19, 2022 to conduct an inspection related to a worker injury. There were no orders received.

The Ministry of Labour visited the Dearness Home on January 20, 2022 to conduct Covid 19 Occupational Illness reported to the MLTSD. There were no orders received.

The Ministry of Labour visited the Dearness Home on April 19, 2022 to conduct a Proactive Field Visit Following Covid-19. There were no orders received.

Fire Inspections completed by the London Fire Department are current.

4.0 Mandatory and Critical Incident Reporting:

The Ministry of Long Term Care (MOLTC) has a Mandatory and Critical Incident Reporting process which requires reporting of all critical incidents in the Home.

The following critical incidents were reported to the MOLTC during the reporting period:

Incident Type and Number (n) of Incidents	Issues	Status
An outbreak of a reportable Disease: <ul style="list-style-type: none">Covid-19	<p>A Covid-19 outbreak on 4 East, Willow Way was declared on January 21, 2022 and resolved on January 27, 2022. There was minimal resident impact.</p> <p>A Covid-19 outbreak on 3 East, Poplar Green, was declared on February 3, 2022 and resolved on February 12, 2022. There was minimal resident impact.</p> <p>A Covid-19 outbreak on 5 East, Birch Walk, was declared on March 20, 2022 and resolved on April 10, 2022. There was minimal resident impact.</p> <p>A Covid-19 suspect outbreak was declared on April 20, 2022 and was declared over on April 29, 2022. There was minimal resident impact.</p>	Daily surveillance and infection control measures are in place to minimize a chance of outbreak and/or duration of outbreak.
Abuse or neglect of a		

Incident Type and Number (n) of Incidents	Issues	Status
resident that resulted in harm or risk of harm: Suspected Abuse (1): <ul style="list-style-type: none"> • Staff to Resident (1) Neglect <ul style="list-style-type: none"> • Staff to Resident (1) 	Followed City of London/ Dearness Home process for Resident Abuse and Neglect Policy and internal process. Organization to assess and provide interventions to mitigate further harm/risk.	Investigations complete. All required documentation was completed.
Incident that causes an injury to a resident for which the resident is taken to hospital. <ul style="list-style-type: none"> • Choking Incident (1) • Fracture not related to Fall (1) 	Review of incidents was completed with staff. Staff continue to receive annual CPR/First Aid training.	All protocols related to the incidents were met.

5.0 Infection Control:

165 infection control audits were completed including hand hygiene and PPE audits were completed between January 16, 2022 and May 15, 2022 with over 200 staff being subject to these audits in the time frame noted. The audits look for appropriate use and the auditor provides on the spot education and training if or when an issue is noted.

As of May 15th, we had a total of 243 residents in the Home. Due to eligibility requirements and resident/power of attorney choice with regard to vaccination, we had 8 residents with 0 doses of Covid-19 vaccine, 3 with one dose, 9 with 2 doses, 47 with 3 doses, and 176 with four doses.

We have one new case of Methicillin-resistant Staphylococcus Areus (MRSA) and one new case of Vancomycin-resistant Enterococci (VRE). Both cases were acquired from outside the Home with no evidence of internal spread. From Jan 16 to May 15, the Home had 16 Urinary Tract Infections (UTIs). There is a new initiative to target units where UTIs are seen more frequently to discuss reasons UTIs may be occurring as well as discussion with the physician and dietician to help with prophylactic treatment in residents who have recurring UTIs.

6.0 Covid-19 Update:

The Home continues to promote the COVID-19 vaccination. To date, the majority of staff have met vaccine requirements with the exception of a few who are not yet eligible for their 3rd dose. Additional vaccine clinic dates will be scheduled for staff who are over 60 years of age and are requesting a fourth dose.

7.0 Health and Safety:

The Occupational Health and Safety (OHS) Committee continues to meet in a modified form that includes the use of Teams. All Committee members are able to attend through this method. Regular inspections were conducted during the reporting period. Safety procedures continue to be reviewed annually and the Committee remains on schedule with its annual review.

8.0 General Updates:

8.1 Highlights in the Recreation Department:

- The Home has over 500 registered and fully vaccinated Essential Caregivers (ECs); there are 4 ECs per resident permitted to visit at one time. Recreation is partnering with the ECs to ensure that as many residents as possible are connecting with their loved ones. This is a very welcomed shift back to facilitated pre-pandemic Recreation and Leisure programs. The General Visitor Program also continues to allow other fully vaccinated visitors to schedule an indoor visit with their loved one; we currently are scheduling 40-50 visits per week.
- The Annual Resident and Family Satisfaction Survey results have been compiled and a Management Action Plan has been developed and shared with both Resident and Family Councils.
- Door Murals have been applied on each resident's door in Oakdale; many positive responses from the residents and families have been received.
- The current 11 members of the Resident Council have returned for a second term post an uncontested annual election.
- Volunteer Appreciation Month was celebrated in April. The Home honoured its 100 volunteers with prize draws and celebrations for the 40 volunteers who have returned post-pandemic lock down. The remaining 60 volunteers are working towards returning to Dearness Home in the near future.
- The Home's Holy Communion in-person program has returned for our Roman Catholic Residents.
- The Home's Gentle Persuasive Approach (GPA) education coaches have updated their training to provide training for the 4th Module. This annual training provides staff the tools they require to care for residents with Dementia.
- For Mother's Day, all women of Dearness received a potted floral plant to commemorate the day.
- The Recreation Department has successfully recruited a temporary Chaplain.
- The Home's Volunteer Coordinator retired after 33 years of service. We are actively recruiting to fill this role.

8.2 Highlights in the Dietary Department:

- Work continues to bring MenuStream software into the Home. Screens have been installed and electrical and internet drops are in place. Permission has been given by the City's Information Technology Department to proceed with loading the application to the iPads for nursing staff.
- The dietary department provided the residents with Valentine's Day, Easter and Mother's day meals as well as seasonal treats.
- The Dietary department returned to in-person Resident Food Committee meetings.
- The Dietary department reviewed snack and meal times with Resident's Council. They agreed to continue with current times.
- Our new Spring and Summer menu was developed and approved by Resident's Council.

8.3 Highlights in the Nursing Department Include:

- The new and enhanced *Fixing Long-Term Care Act, 2021* (FLTCA) and its Regulations came into effect on April 11, 2021. The new Act and Regulations brought forward many new and enhanced requirements with varying implementation timelines. The significant highlights include:
 - The requirement of an Infection Prevention and Control lead who works at minimum 35hr per week in the role and is certified with the Certification Board of Infection Control and Epidemiology;
 - enhanced Palliative/End of Life Care programs;
 - a more robust and interdisciplinary Quality Improvement program;
 - new additional training requirements for staff in IPAC;

- new additional screening requirements for staff, volunteers, Director and Members of Committee or Board or Management;
 - a new complaints procedure;
 - a new compliance and enforcement tools for inspectors.
- In response to the new Ministry requirement for a full-time IPAC lead as outlined in the FLTCA, the Director and Director of Care have been working with our corporate People Services partners to develop a new job description and posting for this new management position. We hope to have the posting filled in the coming weeks.
- On March 9, 2022 the Ministry of Long Term Care announced that on March 14, 2022 the province would be revoking the Minister's Directive on Long-Term Care Home COVID-19 Immunization Policy and move to a guidance based approach to support LTC Homes with employer-led immunization policies. Dearness Home opted to continue with a modified version of the Ministry's policy, requiring all staff to continue to show proof of 3 vaccines (when eligible) by March 21, 2022 in order to enter and work in the Home. At present, Dearness has no unvaccinated staff working in the facility.
- In February our IPAC lead Assistant Director of Care (ADOC) began the Accelerated Program of the IPAC Canada Essentials in Infection Prevention and Control. This course will improve our teams IPAC knowledge with the goal to help decrease the risk of transmission of infection in our Home.
- During the week of May 9, 2022 the Home held our annual Nursing Week Celebrations. The management team served daily meals and treats, including sub sandwiches, Swiss Chalet, and ice cream to all staff, and held daily prize draws for various gifts and gift baskets throughout the week.
- On May 3, 2022 the Home was able to facilitate the attendance of a number of our nursing staff to the Annual Geriatric Refresher Day. Prior to COVID-19 this was an annual in person event held at Western University and was a cherished event by our staff. Unfortunately it was cancelled last year, but it returned this year in a virtual format. Through the event, staff have the opportunity to gain practical knowledge from leading experts in geriatrics. This year the keynote speaker was Teepa Snow who presented on Dementia Care and provided strategies for health care workers actively working in the field.
- Throughout January and February, one of our ADOCs, along with our Occupational Health and Safety Advisor, provided training for Dearness managers and supervisors (including all of our Registered Nurses) on Workplace Incident Investigation, the Occupational Health and Safety Act, and general Workplace Health and Safety. The goal is to have all supervisors and managers trained prior to year end.
- In January the Ministry announced it would be providing all LTC homes with High Efficient Particulate Air (HEPA) filters at no cost to deploy in congregate spaces used by residents and staff. In February Dearness received 22 HEPA filters and placed them in all the chart rooms on the nursing units, staff break rooms, and board rooms. HEPA filtration systems are extremely effective at capturing and removing airborne particles, microorganisms and other contaminants from a facility's indoor air such as viruses, bacteria, mold and spores.
- In February the nursing team completed a mass 4th dose vaccination clinic for our residents. The majority of our eligible residents received their 4th dose of the Moderna vaccine with no reported adverse events or notable side effects.

8.4 Highlights in the Environmental Department Include:

- The Home's Housekeeping Department continues to provide additional cleaning and disinfecting of the Home, as well as stocking and distributing isolation bins that provide staff with personal protective equipment (PPE).
- Close monitoring and inventory tracking of all PPE continues to be tracked using the Covid-19 Critical Supplies and Equipment (CSE) Survey which is completed weekly on Mondays and Thursdays. This tracking process will continue until further notice.
- Dearness continues to remain stable in PPE supply, with a 6 week back up supply.

- The Home has filled all full time and part time vacancies in the laundry and housekeeping departments.
- The housekeeping department received assistance from our City supports. Six staff from various departments within the City were deployed to assist us with our staffing shortages on a temporary and limited basis. They have all returned to their City positions. Three temporary casual staff were also hired to assist us during staffing shortages; they have now become permanent casual employees through the posting vacancy process.

8.5 Operational and Administrative Process Improvement Highlights include:

- The Senior Manager, Business Supports & Operations position was created to focus on process and quality improvements in the Home, while also working to ensure that Dearness Home continues to build the operational and administrative capability and infrastructure needed to deliver our high-quality care and services for our residents. Jason Westbrook was the successful candidate and started the role in November 2021.
- In December the clerical team began reporting to Senior Manager, Business Supports & Operations and together they began working on administrative process improvements. Examples of the initiatives included the creation of scheduling standard operating procedures and explored scheduling software to improve accuracy and consistency
- Over the past 6 months the clerical staff have been cross training in various roles. Overall, the cross training has allowed for greater coverage flexibility, improved communication, and teamwork due to increased knowledge and understanding of their work in relation to each other.
- Management with feedback and input from union leadership, launched the DH Connections website In January 2022. The site offers a convenient way for staff to access information and provide feedback to management. It helps keep staff more informed and provides information at their fingertips using available technology. The website was built on the City's external "getinvolved.london.ca" website and does not require a corporate email to visit it when using a personal device (PC, tablet, phone). This is important since approximately 2/3rds of Dearness employees do not have a corporate email or accounts to access the corporate intranet. DH Connections can be easily accessed by tying the following into a web browser address bar: <https://getinvolved.london.ca/dhconnections>.

In addition to the improvements mentioned above and in consideration of the unprecedented challenges presented by the Covid-9 pandemic, Dearness Management embarked on a journey to solicit employee feedback and input through an employee engagement survey process, with the intent being to enhance the employee work experience. The engagement survey led to the creation of an action plan that boosts communication, collaboration, morale, and focuses on teamwork. The action plan items are in various stages of completion and are listed below.

Action Plan Items Completed

- \$15,000 in funding was secured at the end of April 2022 from the City's Accessibility Fund to help improve communication and training in the home. Examples of initiatives to be implemented include:
 - Installing staff computer kiosks in the staff lunchroom to allow access to the DH communication website and eventually the City's intranet
 - Purchasing training room computers to help provide access to online Dearness Home and corporate training, and
 - Digitizing job postings and work schedules so staff can access them from home.
- Completed a staff workload study in 2021 and the findings will be shared with union leadership and employees in early/mid 2022
- All members of the management team completed the "Respectful Workplace Policy Training for Managers" program. It is now part of the required training for new managers

- All Dearness employees were provided with the new Respectful Workplace Policy in 2020. New employees are provided the Policy as part of their onboarding and receive training on it through Corporate Orientation
- Dearness Home managers completed Positive Space Champion training
- Starting in June a People Services Employee Relations Advisor will be available on-site once every two weeks with a regular schedule and accessible to staff
- Continue providing regular leadership updates on important Dearness Home projects and work and help employees feel better connected to the business of the Home

Action Plan Items Started

- Create additional employee recognition tools that are specific to the needs of Dearness Home staff
- Review the current “Rounding” process, looking for improvements
- Have the Deputy City Manager (DCM) visit the Dearness Home on a regular schedule to informally connect with employees
- Create a consistent approach to Town Hall Meetings
- Create a consistent approach for daily team huddle meetings
- Re-establish the Dearness Home Employee Newsletter
- Create a manager guide to support consistent approaches to employee queries
- Explore the creation of a Dearness Home staff working group which advises on communication, engagement, and continuous improvement
- Explore the possibility of forming a staff working group to support inclusion in the workplace
- Establish a structure for management to shadow employees to learn more about their day-to-day experiences
- Establish a “We say hello here” mantra for all staff, visitors, contractors, and residents

To help ensure management was moving in a direction consistent with staff priorities an Action Plan Feedback Survey was conducted in April 2022 consisting of three questions. In the first question staff were asked to help prioritize 20 Action Plan items by selecting their top five items. The second question asked staff to provide ideas not already included in the Action Plan that would improve their work experience. The third question asked staff to identify supports, training or other initiatives that would help them continue delivering high standards of care to the residents.

- 204 staff completed the survey out of the 300 Dearness staff and represents a 67% approximate staff participation rate.
- 67 people provided written responses to question 2 and 54 people provided written responses to question 3.

The following list identifies the top 5 Action items in order of prioritization as selected by staff and to be implemented over the next six months:

Top 5 Priorities as Selected by Staff During The Action Plan Feed Back Survey		
Selection Count	Survey Question #	Action Item Selected
131	1	Explore scheduling software to allow staff to view work schedules, request time off, trade/pick up shifts, update availability etc. Reducing paper.
75	9	Plan for employee appreciation activities and fun events.
70	2	Explore opportunities to provide online access to information that is currently only made available within the home pertaining memos, line/job postings etc.
63	18	Explore the creation of a Dearness Home staff working group which will advise on communication, engagement, and continuous improvement.
56	10	Update for Staff Workload Study.

- The most frequent responses to survey question two included the following themes: Online training for mental health and GPA, more parking, and team huddles on units for all staff
- The most frequently identified supports, training, or other initiatives in survey question three included: Mental Health, Addiction and Behavioral Supports training for all staff, and recruitment of more staff

The past few months have provided many opportunities for learning, listening, and sharing. During this time Dearness employees have embraced the collaborative continuous improvement approach led by Dearness leadership as demonstrated in the successes and opportunities presented above.

Recommended by: Leslie Hancock, Director, Long Term Care
Concurred by: Kevin Dickins, Deputy City Manager, Social and Health Development

CC: L. Livingstone, City Manager
J. Millman, Financial Business Administrator
M. Liu, Senior Financial Business Administrator
L. Marshall, Solicitor
A. Hagan, Manager, Labour Relations
K. Cook, Employee Relations Advisor



**Ministry of Long-Term
Care**

**Ministère des Soins de longue
durée**

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 7, 2022	2022_974670_0005	003626-22	Proactive Compliance Inspection

Licensee/Titulaire de permis

The Corporation of the City of London
355 Wellington St, 2nd Floor, Suit 248 London ON N6A 3N7

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

Dearness Home for Senior Citizens
710 Southdale Road East London ON N6E 1R8

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

DEBRA CHURCHER (670), CASSANDRA TAYLOR (725)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Proactive Compliance Inspection.

This inspection was conducted on the following date(s): February 28, March 1, 2, 3, 4, 2022.

The purpose of this inspection was to inspect Log# 003626-22 Proactive Compliance Inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Manager of Environmental Services, the Manager of Dietary Services, one Dietitian, the Manager of Community Life, one Administrative Assistant, two Assistant Directors of Care, one Maintenance Worker, three Housekeeping Aides, two Food Service Workers, six Personal Support Workers, four Registered Practical Nurses, one Registered Nurse and residents.

During the course of this inspection the Inspectors observed the overall cleanliness and maintenance of the home, observed staff to resident interactions, observed the provision of care, observed a medication administration, observed a meal service, observed the infection prevention and control practices in the home, reviewed relevant clinical records, reviewed relevant internal documentation and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
Residents' Council
Skin and Wound Care**

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

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

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>Légende</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 O.Reg 79/10, s. 73. Dining and snack service**Specifically failed to comply with the following:**

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that food service workers and other staff assisting resident #001 were aware of the residents' diet, special needs and preferences.

Review of resident #001's diet order in Point Click Care (PCC) and chart showed the resident was to be on a specific diet, texture and restrictions.

Review of the diet sheet and the snack service sheet did not provide directions about the required restrictions.

Food Service Worker (FSW) #113 stated that they would use the diet sheet at meals and this was the tool that they would use to know a resident's diet, texture, fluid consistency and any restrictions.

Personal Support Worker (PSW) #117 acknowledged that they would serve the residents their snacks and fluids from the snack cart. PSW #117 stated that they were not familiar with resident #001 and were not aware of any restrictions. PSW #117 stated that they would use the snack service sheet to ensure they were providing the correct items.

The homes failure to ensure that there was a process in place for staff to be aware of resident #001's dietary restrictions placed the resident at risk of potentially receiving an item that could complicate and existing medical condition.

Sources: Resident #001's electronic and paper chart, diet sheets, snack service sheets, interview with FSW #113 and interview with PSW #117. [s. 73. (1) 5.]

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 there is a process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The licensee has failed to ensure that hazardous substances were kept inaccessible to residents.

During an observation of the Birch Walk unit on February 28, 2022, at approximately 1230 hours, Inspector #725 observed a large bottle of Eternity Floor Finish, left on the floor outside of a residents' room, unattended. The bottle had a lid; however the lid was easily removed and did not have a protective seal.

Inspector #725 spoke with a housekeeping staff member that was cleaning a nearby residents' room. Housekeeping staff #111 indicated that all chemical or cleaners should be locked away if not in use. The Manager of Environmental Services (MES) #105, also confirmed that the bottle of Eternity Floor Finish should not have been left unattended and should have been locked away if not in use.

The homes policy, document number; HL-05-01-06; stated in part "carts have a cabinet with a functioning lock. Chemicals are locked in the cabinet when the cart is not attended by staff".

Not ensuring that hazardous substances were secured away when not in use, posed a potential risk for residents to have accessed the hazardous substances potentially causing harm.

Sources: Inspector observation, Staff interviews with housekeeping staff #111 and MES #105 and the homes policy. [s. 91.]

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 hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times, 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 has failed to ensure that drugs were stored in a secure area or medication cart.

During an observation of the Walnut unit on February 28, 2022, at 1139 hours, Inspector #725 noticed two NovoRapid Flex Touch pens left on the top of an unattended medication cart. Both pens were dialed for administration, one pen was dialed to 6 units and the other pen was dialed to 14 units.

A staff member was found which happened to be the ADOC. ADOC #107 confirmed that the insulin pens were dialed for administrator and should not have been, until ready to administer. The ADOC also confirmed that the pens should not been left out on the top of the unattended medication cart.

Not securing medications in a locked medication cart posed a potential risk for residents to access medications not intended for them.

Sources: Inspector observation and staff interview with ADOC #107. [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 drugs are stored in a secure area or a medication cart, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (3) The drugs must be destroyed by a team acting together and composed of,

(b) in every other case,

(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and

(ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 79/10, s. 136 (3).

Findings/Faits saillants :

1. The Licensee has failed to ensure that when a drug that is not a controlled substance must be destroyed, is done with one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and (ii) one other staff member appointed by the Director of Nursing and Personal Care.

During interviews with Registered Practical Nurse's (RPN) #109, #112, #125 and Assistant Director of Care (ADOC) #107, all indicated that non-controlled substances would be placed into the destruction bin on the unit, by one individual nurse. The homes Policy titled; Ordering, Receiving, Recycling and Destructions; stated, "non controlled to be destroyed in a team of two appointed by the DOC". The Director of Care (DOC) confirmed that the practise should be that the nurse has a partner when destroying non-controlled substances.

Failure to ensure non-controlled substances were destroyed by a member of the registered staff and one other staff member posed a potential risk of medication misappropriation.

Sources: Staff interviews with RPNs #109, #112, #125, ADOC #107 and DOC and the homes medication policy. [s. 136. (3) (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 when a drug is not a controlled substance, the drugs must be destroyed by a team acting together and composed of, one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and one other staff member appointed by the Director of Nursing and Personal Care, to be implemented voluntarily.

Issued on this 7th day of March, 2022

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

Original report signed by the inspector.



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

Inspection Report under the
Fixing Long-Term Care Act, 2021

London Service Area Office
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Original Public Report

Report Issue Date May 5, 2022
Inspection Number 2022_1539_0001
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee

The Corporation of the City of London

Long-Term Care Home and City

Dearness Home for Senior Citizens
London, ON

Lead Inspector

Julie D'Alessandro (739)

Additional Inspector(s)

Debra Churcher (670)

Inspector Digital Signature

Julie D'Alessandro

2022.05.09 15:20:21 -04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 2, 3, and 4, 2022

The following intake(s) were inspected:

- Intake #001158-22 (CIS #M514-000001-22) related to falls prevention and management
- Intake #001222-22 (CIS # M514-000003-22) related to alleged abuse
- Intake #000953-22 (Complaint) related to alleged abuse
- Intake #008107-22 (Complaint) related to personal care and services

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect
- Resident Care and Support Services

INSPECTION RESULTS

WRITTEN NOTIFICATION RESIDENT CARE AND SUPPORT SERVICES

NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

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

The licensee has failed to ensure that a therapy was administered to a resident in accordance with the directions for use specified by the prescriber.

Rationale and Summary

The resident's clinical record indicated that they were prescribed a therapy for a certain diagnosis.

The resident's progress notes indicated in part that; the resident had not received the therapy as prescribed.

During an interview with an RPN they stated that the resident should have received the therapy as prescribed, but they had not.

Sources: Resident's electronic medication administration, and interview with an RPN.

[#739]