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For Information Only

Pioneer Manor - 3rd Quarter Report

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Report Summary

This report for information was prepared to provide Community Services Committee a quarterly update regarding operational issues and good news stories for Pioneer Manor.

Financial Implications

There are no financial implications associated with this report.

Signed By

Report Prepared By
Glenda Gauthier
Manager of Resident Care
Digitally Signed Nov 15, 19

Health Impact Review
Glenda Gauthier
Manager of Resident Care
Digitally Signed Nov 15, 19

Division Review
Aaron Archibald
Director, North East Centre of Excellence for Seniors Health
Digitally Signed Nov 15, 19

Financial Implications
Liisa Lenz
Coordinator of Budgets
Digitally Signed Nov 18, 19

Recommended by the Department
Steve Jacques
General Manager of Community Development
Digitally Signed Nov 18, 19

Recommended by the C.A.O.
Ed Archer
Chief Administrative Officer
Digitally Signed Nov 20, 19

EXECUTIVE SUMMARY

Pioneer Manor is committed to providing a safe, healthy, and supportive environment by treating residents, families, visitors and employees, with respect and fairness. The Home strived towards a balance between ensuring that residents are safe and ensuring that the quality of life of the residents is not being adversely affected by the safety measures put into place.

GOOD NEWS STORIES

Pioneer Manor Awarded Grant Update

In the spring of 2019, Pioneer Manor was awarded a $25,000 grant through the New Horizon's for Seniors Program. Since that time much work has been down towards developing an Outdoor Senior's Exercise Park on the property. The site selected is on the south side of the property and will be visible for Notre Dame Ave. The Park will feature five exercise stations including; Double Leg Press, Stair Climber, Accessible Hand Bike, Chest Press and Recumbent Bike. Each station will be equipped with signage in both French and English and pictorial instructions on use. The space will be enhanced with benches, shade trees, garbage and recycling receptacles. The Park is adjacent to the walking path that encircles the campus. The walking path and path leading to the Park and surface around the equipment will eventually be fully accessible to wheelchairs and walkers with a safe rubberized surface. To supplement this Park, there will be available for loan through a sign-out process, Nordic Walking poles that individuals can borrow to enjoy a Wellness Walk around the campus and then return. This exercise equipment will be accessible to all the tenants of the North East Centre of Excellence for Seniors' Health and community. Look for the equipment to be initially installed this fall with the final touches and a celebration scheduled for spring 2020.

Behavioral Supports Ontario (BSO) Success Story

BSO referral received for a 95 year old female with diagnosis of unspecified dementia. When first referral was received the resident was determined to be a high risk for elopement and was transferred to the Home's secure unit. This resident became very territorial in her new setting and would voice concerns related to other residents entering her room. As time passed this resident also became physically responsive towards other residents who would enter her space.

A mural was painted on this resident's door in an effort to deter others from entering her room. With assistance from activity staff, more engaging and purposeful activities were provided. Space was also provided to allow resident "her" own art studio. Personhood indicated that resident had a long history of engaging in the arts. As the resident became more familiar with the environment and those who potentially could invade her space, there was an increase in responsive behaviours. The resident found it more difficult to engage in pleasurable activities and became more focused on those around her. Due to a decline in her cognition, the resident no longer was able to display patience as she once had. Resident's responsive behaviours increased to physical altercations with co residents. After evaluating her ability to leave the Home, it

was determined that the resident was no longer a high risk of eloping from the Home and could benefit from an environmental change. The resident was moved out of secure Home Area.

The resident began to flourish in new environment. There was a noted change in her interactions with co residents who were like minded and able to converse with her on various topics of interest.

Resident Focused Indigenous Activity Programming

Resident focused indigenous activities began by learning about traditional crafts and sacred medicines over the summer (tobacco, sage, sweet grass). Our aboriginal population in the Home currently consists of Indigenous peoples from Northern Ontario and surrounding areas who are mostly Cree and Ojibway. Ontario has a very large Anishinaabe population including Ojibway, Haudenosaunee, Cree, Mohawk, Cayuga, Onondaga, Oneida, Seneca and Tuscarora.

As cultural traditions vary between tribes, this is taken into consideration when planning activities; for example, when items are made by the residents and cultural teachings provided. Some of the crafts recently made include traditional teepees on a model scale, braided sweet grass, and indigenous mandalas.

Of note, the City of Greater Sudbury is also pursuing indigenous cultural awareness education for its employees across all services in 2020.

Sudbury Woman's Center

Pioneer Manor staff collected and delivered items for the Sudbury Woman's Center

Inspections from Ministry of Health and Long-Term Care (see reference 1 below for definitions)

During the third quarter of 2019 the Ministry of Health and Long-Term Care (MOHLTC) completed one (1) inspection on site and two (2) via telephone.

On July 4th the MOHLTC contacted the Home and reviewed seven (7) critical incidents and on August 21st reviewed six (6) critical incidents that had been submitted by Pioneer Manor to the Ministry. No areas of noncompliance were found.

In August the MOHLTC was at Pioneer Manor to conduct a "critical incident," and "complaint" inspection resulting in the Home receiving one (1) Voluntary Plan of Correction (VPC) [see attached "Appendix A" for specific details]. The Home continues to have no Compliance Orders on file.

Critical Incident Reports

All critical incidents (CI) involving residents must be reported to the Director [under the Act] as designated under the *Long-Term Care Homes Act 2007*. The incidents are documented within the on-line Mandatory Critical Incident System (CIS) and received by the the Ministry of Health and Long-Term Care (MOHLTC) (see reference 2 below for definitions).

2019 CI Relating to "Alleged/Actual Abuse/Assault"	**Q3**	
Number of CI Submitted	13	
Number of CI Resident to Resident	6	46%
Number of CI Staff to Resident	7	54%
Number of Staff to Resident allegations **not substantiated**	2	29%
Number of CIs Visitor to Resident	0	0%
Number of CIs submitted within time lines as per Act	13	100%
2019 Other CI's Submitted	8	
Incident that causes an injury to a resident for which the resident is taken to hospital and which results in a significant change in the resident's health status		
Missing Controlled Substance	1	
Missing Resident less than 3 Hours	2	
Outbreak	0	
Misuse/Misappropriation of residents money	1	
Environmental	0	

Long Term Care Performance Report

MOHLTC is initiating a new LTC Home Performance Report that will replace the previous performance level information (i.e. In good standing, Improvement required …etc.) that is currently on the ministry's website. At this time the report will only be made available to Ontario LTC homes. [see attached "Appendix B" for specific details]

Public Inquiry into the Safety and Security of Residents in LTCH System the Honourable Eileen E. Gillese

The Home has reviewed and addressed all recommendations identified in the report under "the Role of Long-Term Care Homes" to ensure we are compliant. [See attached "Appendix C" for specific details]

Complaints / Concerns

The following complaints / concerns were received during the third quarter of 2019

As per section 56 (2) of the Long-Term Care Homes (LTCH) Act 2007 the Home has a duty to respond in writing within 10 days of receiving the concern, request or recommendation from either the Resident or Family Councils. In response to the Councils' concerns the below actions were put into place:

- Resident council requested to use the Winter Park Alcove for use as a Residents' Library. The council was informed that we are not able to grant their request to use this space due to the inability to find a suitable area to relocate the current equipment /supplies to without disruption and health and safety concerns. The Leadership Team suggested using the front entrance lobby as it meets the criteria they indicated (central and accessible).
- Resident council asked why staff could not offer assistance to residents who struggle when wheeling down the hallway in their wheel chair. Response to resident council was, residents who may be struggling to propel their own wheelchairs have unique needs and capabilities. Staff are encouraged to assist those that require assistance however it is important to recognize that many times, residents have rehabilitative or nursing restorative goals which include strengthening or improving endurance which is met in part or in whole by self-propelling their wheelchairs. It is also important to recognize that those who foot propel should not be manually assisted / portered if there are no footrests on the wheelchair as this puts the resident at risk of injury.

As per O. Reg. 79/10, s. 101 every written or verbal complaint made to the Home or a staff member concerning the care of a resident or operation of the Home is investigated and resolved where possible, and a response indicating what the licensee has done to resolve the complaint, or that the Home believes the complaint to be unfounded and the reasons for the belief within 10 business days of the receipt of the complaint.

- Six (6) written concerns were submitted by residents' family member in relation to care issues. All concerns were investigated and family members received written response to concern. All family members were satisfied with response.

Ministry of Labor (MOL)

The MOL was on site on August 19, 2019 as response to Workplace Violence Prevention Complain no orders were issued.

Safety Messages

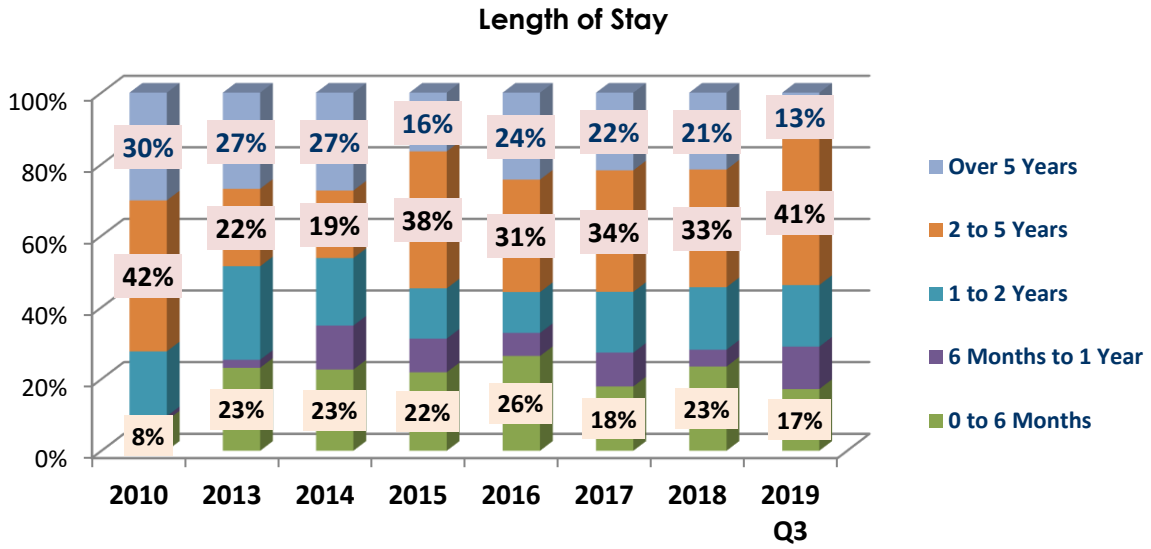
Each month a new resident and staff safety message is communicated at all meetings taking place at Pioneer Manor. September's resident safety message was; "Cold and flu season is just around the corner. Please be reminded that the best prevention for catching and spreading germs is through thorough and frequent hand washing. Remember that gloves do not replace the need for hand hygiene. Follow the "Four Moments for Hand Washing in Health Care" as per the Hand Hygiene Program Policy. Before initial resident or environment contact, before aseptic procedure, after body fluid exposure risk and after resident or environment contact". Pioneer Manor's Health and Safety Newsletter "Safety Check" provides information monthly to staff relating to the types of staff incidents that occurred throughout the previous month, Health & Safety (H&S) policy updates, staff responsibilities etc.

Key Performance Indicators

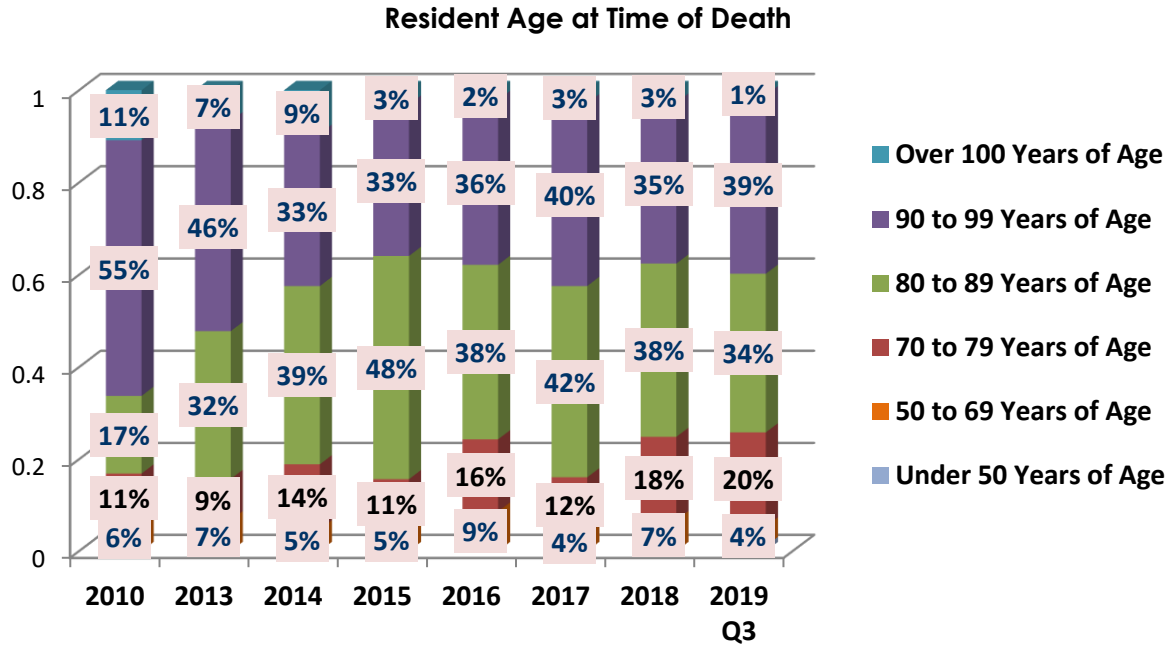
Long-Term Care Home Availability (as of September 2019)					
Facility Name	**Beds**	**# on waitlist for Basic Bed**	**# on waitlist Private Beds**	**Average beds available/month**	**Total # waiting**
Pioneer Manor	433	439	206	6	588
North East LHIN	1554			38	1142

Resident Care Stats (433 Residents)		**2017**	**2018**	**Q1-3 2019**
Admissions	Total for Year	97	144	101
Readmissions	Total for Year	186	115	70
Discharges	Total for Year	1	9	8
Deaths	Total for Year	106	149	93
Emergency Room Visits	Total Visits per Year	183	253	160
	% Residents Admitted to Hospital	53%	50%	44%
Internal Transfers	Total for Year	102	107	70
Occupancy Rate	Required greater than 97%	99%	99%	99%

Facility Name	**Q3 FY 2017/18**	**Q4 FY 2017/18**	**Q1 FY 2018/19**	**Q2 FY 2018/19**	**Q3 FY 2018/19**	**Q4 FY 2018/19**	**Q1 FY 2019/2020**
Pioneer Manor	4.1%	7.6%	8.4%	7.4%	6.3%	8.2%	5.0%
North East LHIN	8.2%	9.0%	9.1%	8.4%	7.9%	8.5%	8.7%
Ontario	7.4%	7.8%	7.4%	7.7%	6.4%	7.3%	7.3%
Pioneer Manor's quarterly ED Visits Rate* percentage ranking for the seven Homes in Sudbury has improved from last quarter were we were the 5th lowest rate to the lowest in this quarter. The Home continues to rank lower than the NE LHIN and Ontario Home's bed count of 433 beds, but the unique number of individuals who occupied a bed at any time during the quarter and were over the age of 65 at time of admission to the ED							



To date 54% of residents who passed away were residents at Pioneer Manor were greater than two years compared to 72% in 2010



To date 40%of residents were over 90 years of age at time of death compared to 66% in 2010

Infection Control

Tracking of infection control rates and analysis of the information to identify clusters (note inherited cases are brought into the Home from the community).

During the second quarter of 2019 Pioneer Manor had no outbreaks declared by the local public Health Unit.

Number of New Cases	Q1	Q2	Q3	Q4
Methicillin Resistant Staphylococcus Aureus **-** inherited	1	4	0	
Methicillin Resistant Staphylococcus Aureus - acquired	0	1	0	
Vancomycin-resistant Staphylococcus aureus - inherited	0	0	0	
Extended Spectrum Beta Lactamase - inherited	1	1	1	
C. Difficile.	1	0	0	

Falls Prevention

The Falls Committee Quality Improvement (QI) initiatives for 2019:

- "To reduce the total number of falls by 10% from 1666 to 1499, by Dec 31, 2019". In comparison to 2018 where there were 1312 falls in 2019 there have been a total of 1143 falls. This is a 132.88% improvement from last year to date.
- "To reduce the Fall Incidence Rate reduction from 32.05% to 30% or less by Dec 31, 2019. (# of resident falls / total # residents x 100)." In comparison to the third quarter of 2018 where the incident rate was 80.37.7% the rate for the third quarter of 2019 was 35.56%. This is a 44.81% improvement from last year to date. Note, this is not a completely accurate statistic as 348 residents fell but total number of residents used in calculation is 433 when there was actually a rapid turnover with new admissions therefore more than 433 residents
- "To reduce the prevalence of residents who are restrained from 9.14% to 5% or less by Dec 31, 2019. (Provincial Benchmark is 3% - This figure EXCLUDES bedrails). At the end of the third quarter, there were thirty-four (34) residents using restraining devices (restraints and personal assistive safety devises [PASDs].) There were eight (8) restraints and seventy-nine (72) PASDs (33 of which are bedrails) used. In comparison to the third quarter of 2018 where the prevalence rate was 8.5% the rate for the third quarter of 2019 was 7.8%. This is a 0.7% improvement from last year to date.

Number of Residents	3rd Quarter
Using chair or chair pad sensors	90
Using bed sensors	142
Using infrared sensors	4
Prescribed and purchased hip protectors	5
Participated in the Falls Prevention Program receiving 1:1 physiotherapy	155 (35.8%)

Monthly audits of universal precautions were completed by committee members. Among the concerns needing attention were: Concerns noted included: loose bed rails, light not working, call bell in washroom not working, bedrail photo missing, mats left on floor. All issues addressed.

Ongoing monthly audits of bedrail use by night shift RN Supervisors assessing consistency between the daily census and practice, second component assessing consistency between resident care plans and practice were completed during the third quarter of 2019. Any errors noted were corrected.

Facility Services

Remedial painting continued throughout the Home. Monthly generator test was completed during each month of the third quarter.

Emergency Preparedness

During the third quarter of 2019 monthly fire drills on all three shifts occurred each month. There were thirty-eight (38) Code White (situation with an actual or potential violent or out of control person). In addition there was zero (0) Code Yellows (missing resident), one (1) Code Red (fire), and three (3) Code Blue (medical emergency),

Employees on Modified Work (MW)

Several improvement ideas have been put in place to address the number of employees on modified duties as a result of occupational injury or illness. At the beginning of 2019, Pioneer Manor had an average of twenty-two (22) employees on MW with a goal of decreasing to seventeen (17) by the end of the year. At the end of the third quarter of 2019 the Home is at an average of sixteen (16) employees.

Update 2019 Strategic Issues & Opportunities

Build and enhance the volunteer base at Pioneer Manor:

- Volunteer Hours for 2019 are at 6700+ which have surpassed 2018 and still 2 months to go!
- A Tuck Shop Survey was well received and completed by residents, family members and staff. We have implemented suggestions such as offering puzzle books and playing cards. Many requests for longer hours which is something we would like to pilot.
- Six (6) Volunteers were recently recognized for their ongoing service through the Ontario Volunteer Service Awards. This award "recognizes volunteers who provide committed and dedicated service to an organization by recognizing the length of time individuals have volunteered with one organization.

Complete implementation of Kronos TeleStaff scheduling software module, which will allow better employee access to current schedules, electronic submission of time-off requests and shift exchanges, and integration of call-out and scheduling components.

- The project was nearly completed by the end of the third quarter of 2019; the Home preparing to go live on October 2nd. Training was initiated and provided to all staff.
- With Telestaff employees will be able to see their live schedule. All leave requests and shift exchanges will be submitted via Telestaff and staff will be notified via the system once the request(s) is approved or denied. Part time employees (up to 48 for CUPE) are going to be scheduled based on their availability and preferences, where possible. Therefore if every employee in a section provides sufficient availability there will be a greater chance employees will be off when they want to be off.

Reference 1

The Long-Term Care Home Quality Inspection Program (LQIP) safeguards residents' well-being by continuously inspecting complaints and critical incidents, and by ensuring that all Homes are inspected at least once per year. This is achieved by performing unannounced inspections and enforcement measures as required, and ensuring that actions taken by the government are transparent. The MOHLTC conducts complaint, critical incident, and follow up, comprehensive and other types of inspections. An RQI inspection is a comprehensive, systematic two-stage inspection.

For each instance where 'non-compliance' with the legislation has been identified during an inspection a decision must be made by the inspector on the appropriate action to take, including whether to impose a sanction that is an Order. At minimum the inspector will issue a **Written Notification of Non-Compliance (WN**). Whether further action is required is based on an assessment of the following factors; severity and scope of harm (or risk of harm) resulting from the non-compliance and the licensee's past history of compliance for the last 36 months. Actions taken may include; **Voluntary Plan of Correction (VPC),** which is a written request for the Home to prepare a written plan of correction for achieving compliance to be implemented voluntarily. The Home is not required to submit the plan to the ministry. There is no required compliance date set out in the inspection report. **Compliance Order (CO)**, which is an order for the licensee to do anything, or refrain from doing anything to achieve compliance with a requirement under this Act or; prepare, submit and implement a plan for achieving compliance with a requirement under this Act. The Home is required to follow the Order to achieve compliance with the LTCHA within the timelines for compliance set out in the Order. **Work and Activity Orders (WAO)**, which is an order for the Home to allow employees of the ministry, or agents or contractors acting under the authority of the ministry, to perform any work or activity at the LTC Home that is necessary, in the opinion of the person making the order, to achieve compliance with a requirement under this Act; and to pay the reasonable costs of the work or activity. The Home is required to follow the Order to achieve compliance with the LTCHA within the timelines for compliance set out in the Order. **Written Notification and Referral to the Director (WN & Referral**) is a written notification to the Home that they have referred the matter to the Director for further action by the Director. *(LTCHA, 2007, C.8 s. 152 – 154).*

Reference 2

The LTCH Act defines a CI as an event which poses a potential or actual risk to the safety, security, welfare and/or health of a resident or staff member or to the safety and security of the facility which requires action by staff and/or outside agencies.

- 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 MOHLTC Director:
  - Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident,
  - 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,
  - Unlawful conduct that resulted in harm or a risk of harm to a resident
  - Misuse or misappropriation of a resident's money,

- Misuse or misappropriation of funding provided to a licensee under this Act,
- An emergency, including fire, unplanned evacuation, or intake of evacuees that affect the provision of care or the safety, security or well being of one or more resident of a LTC Home.

- A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall within one (1) business day report the information upon which it is based to the MOHLTC Director:
  - An unexpected or sudden death, including a death resulting from an accident or suicide,
  - A resident who is missing for three hours or more,
  - Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing,
  - An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act,
  - Contamination of the drinking water supply,
  - An environmental hazard, including a loss of essential services, flooding, breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours,
  - A missing or unaccounted for controlled substance,
  - A medication incident or adverse drug reaction in respect of which a resident is taken to hospital,
  - An injury in respect of which a person is taken to hospital and that resulted in a significant change in the resident's health condition

Compliance Visit Report

Dates	**August 26 to 30, 2019 exit on August 30/19**	**Report received on September 16, 2019**
Purpose of Visit	Follow up on Complaints and CIs	2019- 794749-0020 CI Inspection Report → 1 VPC 2019- 794749-0021 Complaint Inspection Report → 0 areas of not compliance issued
Number of Inspectors	3 Inspectors → Loviriza Caluza and Amy Page	
Notes From Exit - Areas on non compliance identified		
Plans of Care	• Potential non compliance due to care plan not being updated when a resident, with a previous history of exit seeking, displayed exit seeking behaviors. Foci remained as low risk for risk for elopement versus high.	• VPC →failed to ensure the resident was reassessed, and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed, or care set out in the plan was no longer necessary.

Long-Term Care Home Performance Report

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

Update for Long-Term Care Homes

September 2019

A *NEW* LTC Home Performance Report—Coming Soon!

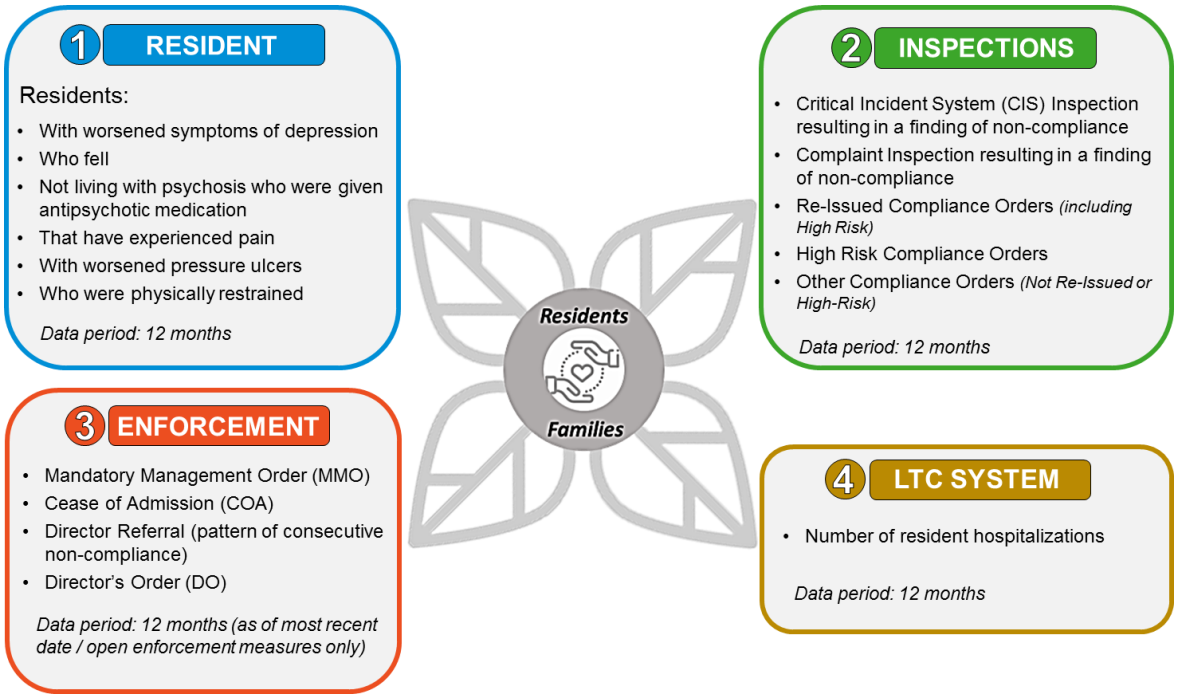
The Ministry of Long-Term Care is pleased to announce that a new **LTC Home Performance Report** will be available to LTC Homes in early October 2019. This report will replace the performance level information that is currently listed on the Ministry of Long-Term Care website.

This initiative is part of an effort to provide open and transparent data that furthers the ministry's commitment to strengthening the long-term care system. The public launch of this information on the ministry website is anticipated for Fall 2019.

An updated report will be released on a bi-annual basis – in Spring and Fall every year.

What is the LTC Home Performance Report?

The report provides data on key indicators chosen to measure the performance of each Ontario LTC home. The data indicators in the new LTC Home Performance Report are divided into four categories, as displayed below:



Users can view data for the above indicators for any LTC home in Ontario, and in many cases, see how the data compares with provincial benchmarks and averages.

Who will have access to the LTC Home Performance Report?

The ministry will publish the LTC Home Performance Report— with data for all LTC homes—on its public website in the near future. Once published, it will replace the previous performance level information (i.e. *In good standing, Improvement required* …etc.) that is currently on the ministry's website. Until that time, the report will only be made available to Ontario LTC homes.

In the week of October 1, 2019, the ministry will send a copy of the LTC Home Performance Report to **all LTC home administrators** and **primary contacts** by email. You can see a list of the LTC home administrators and primary contacts that will receive the report by clicking here.

NOTE: Please ensure that the contact information for your LTC home administrator and/or primary contact is up to date. If you wish to update the home administrator contact information for your LTC home, please send an email to LTCHSupport@ontario.ca with the name, email, and phone number for your home administrator.

Important Information

Support Material: A **User Guide, Frequently Asked Questions document,** and **Video Tutorial** will be available to help readers understand and navigate the LTC Home Performance Report.

Confidentiality: The October LTC Home Performance Report will be available to Ontario LTC homes only.

At present, information contained in the LTC Home Performance Report is subject to confidentiality. We strongly encourage that no information in this report, in whole or in part, be released, disclosed, disseminated, communicated or reproduced with members outside of the recipient's organization and/or the public.

The Ministry of Long-Term Care is continuing work on improving transparency and as such will endeavour to publish this information publicly in the near future on its www.ontario.ca website.

Questions: For any questions relating to the LTC Home Performance Report, please contact LQIP.Performance@ontario.ca.

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Public Inquiry into the Safety and Security of Residents in LTCH System the Honourable Eileen E. Gillese

Recommendation	Status
Administrators and directors of nursing should receive training: • on best practices in the screening, hiring, and management and discipline of registered staff; • on conducting workplace investigations; • as recommended elsewhere in this Report, such training to be provided by the Ministry of Health and Long-Term Care, the College of Nurses of Ontario, and the Office of the Chief Coroner / Ontario Forensic Pathology Service; and on their reporting obligations to the Ministry and the College.	Currently providing this training
Registered staff must receive comprehensive ongoing training on: • the requirements of the Long-Term Care Homes Act, 2007 (LTCHA), relating to the prevention of resident abuse and neglect, and their reporting obligations under section 24(1) of the LTCHA; • the home's medication administration system, and the identification and reporting of medication incidents; • the redesigned Institutional Patient Death Record, once it is created, such training to be provided by the Office of the Chief Coroner / Ontario Forensic Pathology Service.	Currently providing this training
Licensees should amend their contracts with medical directors to require them to complete • the training required under section 76(7) of the Long-Term Care Homes Act, 2007; and • the Ontario Long Term Care Clinicians' Medical Director course within two years of assuming the role of medical director.	Home's Medical Director will be signing up for the Course for Medical Directors offered by OLTCA end of January 2020
To ensure management and registered staff can regularly attend training, licensees must pay for the costs of the training, cover staff salaries during the training, and backfill shifts as necessary.	Current practise
Licensees should adopt a hiring / screening process that includes robust reference checking, background checks when there are gaps in a resumé or if the candidate was terminated from previous employment, and close supervision of the candidate during the probationary period	Current practise includes robust reference checking and background checks for all candidates, to look into adding to process a closer supervision of the candidate during the probationary period when there has been a gap in their resume.
Licensees should require directors of nursing to conduct unannounced spot checks on evening and night shifts, including weekends.	Current practise for Manager of Resident Care to conduct unannounced spot checks For increased supervision in the Home there is a Resident Care Coordinator on site seven days a week

Recommendation	Status
Licensees must maintain a complete discipline history for each employee so management can easily review it when making discipline decisions.	Current practise
Management in homes must ensure staff submit the Institutional Patient Death Record electronically to the Office of the Chief Coroner / Ontario Forensic Pathology Service	Current practise
Licensees should take reasonable steps to limit the supply of insulin in long-term care homes.	Home has initiated a tracking system to monitor the use of glucagon and glucose that are given for emergency use; report will be reviewed by the Pharmacy and Therapeutics Committee on a quarterly basis. The theory being that monitoring of these medications the Home would see if there is an increase usage of glucagon or glucose which are drugs used to address hypoglycemia