

Compliance Visit Report

Appendix B

Dates	June 10 to 14, 2019 exit on June 14/19	Report received on July 8, 2019
Purpose of Visit	Follow up on 2 Compliance Orders, 2 Complaints and CIs	2019- 786744-0018 CI Inspection Report → 1WN 2019 -786744- 0019 Follow up Inspection Report →1VPC, 1WN 2019 -786744-0020 Complaint Inspection Report →1 WN
Number of Inspectors	3 Inspectors → Steven Naccarato, Loviriza Caluza and Shelley Murphy	
Notes From Exit - Areas on non compliance identified		Finding Pioneer Manor received from above reports
CO re Resident Abuse and Review of Medication Incidents	<ul style="list-style-type: none"> The Home is now in compliance 	<ul style="list-style-type: none"> Previously issued Order(s) were found to be in compliance at the time of this inspection
Medication Management	<ul style="list-style-type: none"> Reporting of missing Controlled Substances → an incident that occurred during the 2019Q1 was not reported to the Ministry Not following the Prescriber's direction →administering a medication 2 hours earlier than ordered. 	<ul style="list-style-type: none"> No findings
Plans of Care	<ul style="list-style-type: none"> Not documenting in the POC part of the resident's electronic chart each time a resident is toileted. Care Plan states toilet 3 times per day staff are toileting 3 times per day but only documented in POC once 	<ul style="list-style-type: none"> WN→failed to ensure that the outcomes of the care set out in the plan of care is documented in the resident's electronic medical record (EMR), the resident's plan of care states to toilet the resident three (3) times per shift, they saw staff were toileting the resident three (3) times per shift but they only documented in the EMR once. Education will be provided to the personal support workers regarding this.
Resident Abuse	<ul style="list-style-type: none"> Non compliant with policy Reporting a incident late 	<ul style="list-style-type: none"> VPC→failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with. The three of the critical incidents they reviewed in relation to allegations of staff to resident abuse the allegation was substantiated and the employee was disciplined. The fact that the allegation was substantiated is a violation to the act re zero tolerance and therefore the Home was noncompliant with the LTCH Act 2010.
CI reporting	<ul style="list-style-type: none"> Did not indicate the name of the employee on a CI report 	<ul style="list-style-type: none"> WN→ failed to include name of any staff member involved as part of the information provided on the CI report regarding a allegation of staff to resident abuse.