

The Corporation of the City of Kawartha Lakes

AMENDED AGENDA

VICTORIA MANOR COMMITTEE OF MANAGEMENT

VMC2017-008

Monday, October 16, 2017

9:30 A.M.

Victoria Manor Boardroom

Victoria Manor, Second Floor

220 Angeline Street South, Lindsay, Ontario

MEMBERS:

Councillor Doug Elmslie

Councillor Gerard Jilesen

Councillor Mary Ann Martin

Councillor John Pollard

Councillor Kathleen Seymour-Fagan

Accessible formats and communication supports are available upon request.

1.	<u>CALL TO ORDER</u>	
2.	<u>ADOPTION OF AGENDA</u>	
3.	<u>DISCLOSURES OF PECUNIARY INTEREST</u>	
4.	<u>DEPUTATIONS AND PRESENTATIONS</u>	
5.	<u>APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING</u>	3 - 7
6.	<u>BUSINESS ARISING FROM PREVIOUS MEETINGS</u>	
7.	<u>CORRESPONDENCE</u>	
7.1	<i>Memorandum - Ministry of Health - Inspection Report 2017 623626 007</i>	8 - 14
7.2	<i>Memorandum - Ministry of Health - Inspection Report 2017 640601 0012</i>	15 - 24
7.3	<i>Memorandum - Ministry of Health - Inspection Report 2017 640601 0013</i>	25 - 28
8.	<u>REPORTS</u>	
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9.	<u>CLOSED SESSION</u>	
9.1	Closed Minutes, Victoria Manor Committee of Management, September 18, 2017, Municipal Act, 2001 s.239(2)(b)(d)(g)	
9.2	Victoria Manor Confidential Operations Report to Committee of Management, September 2017, Municipal Act, 2001 s.239(2)(b)(d)(e)	
10.	<u>MATTERS FROM CLOSED SESSION</u>	
11.	<u>OTHER NEW BUSINESS</u>	
12.	<u>NEXT MEETING</u>	
	November 20, 2017, Victoria Manor Boardroom, commencing at 9:30 a.m.	
13.	<u>ADJOURNMENT</u>	

The Corporation of the City of Kawartha Lakes
Minutes
Victoria Manor Committee of Management

VMC2017-07
Monday, September 18, 2017
9:30 A.M.
Victoria Manor Boardroom
Victoria Manor, Second Floor
220 Angeline Street South, Lindsay, Ontario

Members:
Councillor Doug Elmslie
Councillor Gerard Jilesen
Councillor Mary Ann Martin
Councillor John Pollard
Councillor Kathleen Seymour-Fagan

Accessible formats and communication supports are available upon request.

1. CALL TO ORDER

Chair Elmslie called the meeting to order at 9:30 a.m. Councillors J. Pollard and G. Jilesen were in attendance.

Administrator Pamela Kulas, Director of Human Services Rod Sutherland, Executive Assistant Holly Russett and Sienna Senior Living VP Operations and Long Term Care Sanja Freeborn were also in attendance.

2. ADOPTION OF AGENDA

VMCM2017-068

Moved By Councillor Jilesen

Seconded By Councillor Pollard

RESOLVED THAT the agenda be adopted as circulated.

CARRIED

3. DISCLOSURES OF PECUNIARY INTEREST

There were no declarations of pecuniary interest noted.

4. DEPUTATIONS AND PRESENTATIONS

5. APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING

VMCM2017-069

Moved By Councillor Pollard

Seconded By Councillor Jilesen

RESOLVED THAT the minutes of the Victoria Manor Committee of Management meeting held on September 18, 2017, be adopted as circulated.

CARRIED

6. BUSINESS ARISING FROM PREVIOUS MEETINGS

7. CORRESPONDENCE

8. REPORTS

8.1 Victoria Manor Operations Report to Committee of Management, July and August 2017

VMCM2017-070

Moved By Councillor Jilesen

Seconded By Councillor Pollard

RESOLVED THAT the Victoria Manor Operations Report to Committee of Management, July and August 2017, provided by Sienna Senior Living, be received for information.

CARRIED

8.2 VMC2017-08 Victoria Manor Redevelopment Application Approval

VMCM2017-071

Moved By Councillor Jilesen

Seconded By Councillor Pollard

RESOLVED THAT Report VMC2017-08, Victoria Manor Redevelopment Application Approval, be received;

THAT the Committee of Management recommends to City Council that an application for the Redevelopment of Victoria Manor under the Enhanced Long Term Care Home Renewal Strategy be submitted to the Ministry of Health and Long Term Care;

THAT the application for Redevelopment be based on a total home size of 160 beds; and

THAT the application for Redevelopment be based on the construction of a new facility.

CARRIED

8.3 VMC2017-09 Utilization of Increased Case Mix Index Subsidy

VMCM2017-072

Moved By Councillor Pollard

Seconded By Councillor Jilesen

RESOLVED THAT Report VMC2017-09, "Utilization of Increased Case Mix Index Subsidy", be received; and

THAT Committee of Management approves the expenditures listed in Table 1 of Report VMC2017-09 to purchase supplies and equipment to improve efficiencies and support quality care.

CARRIED

8.4 VMC2017-10 Victoria Manor 2018 Capital Budget

VMCM2017-073

Moved By Councillor Pollard

Seconded By Councillor Jilesen

RESOLVED THAT Report VMC2017-10, "Victoria Manor 2018 Capital Budget", be received; and

THAT the Committee of Management recommends to City Council the approval of the Victoria Manor 2018 Capital Budget, included as Attachment A to Report VMC2017-10, "Victoria Manor 2018 Capital Budget", in the amount of \$151,476.

CARRIED

8.5 VMC2017-11 Victoria Manor 2018 Operating Budget

VMCM2017-074

Moved By Councillor Jilesen

Seconded By Councillor Pollard

RESOLVED THAT Report VMC2017-11, "Victoria Manor 2018 Operating Budget", be received; and

THAT the Committee of Management recommends to City Council the approval of the 2018 Victoria Manor Operating Budget, included as Attachment A to Report VMC2017-11, "Victoria Manor Operating Budget 2018".

CARRIED

9. CLOSED SESSION

VMCM2017-075

Moved By Councillor Pollard

Seconded By Councillor Jilesen

RESOLVED THAT the Victoria Manor Committee of Management convene into closed session in order to consider matters on the Monday, September 18, 2017 Closed Session Agenda and that are permitted to be discussed in a session closed to the public pursuant to Section 239(2) of the Municipal Act, S.O. 2001. S.25

CARRIED

10. MATTERS FROM CLOSED SESSION

VMCM2017-082

Moved By Councillor Pollard

Seconded By Councillor Jilesen

RESOLVED THAT Closed Session Item 9.3, Correspondence with Family dated August 20 and 24, 2017, Municipal Act, 2001 s.239(2)(b)(e), was discussed and received.

CARRIED

11. **OTHER NEW BUSINESS**

None

12. **NEXT MEETING**

October 16, 2017, Victoria Manor Boardroom, commencing at 9:30 a.m.

13. **ADJOURNMENT**

VMCM2017-083

Moved By Councillor Jilesen

Seconded By Councillor Pollard

RESOLVED THAT the Victoria Manor Committee of Management Meeting adjourn at 10:46 a.m.

CARRIED

THE CORPORATION OF THE CITY OF KAWARTHA LAKES

Health & Social Services Department MEMORANDUM

TO: Victoria Manor Committee of Management
FROM: Pamela Kulas, Administrator
DATE: October 16, 2017
RE: *Inspection Report 2017_623626_007 – Ministry of Health*

A Ministry of Health Inspection was on May 26, 29, 30-31, June 1-2, 22 and 23, 2017. During the inspection the following inspection protocols were used: Prevention of Abuse, Neglect and Retaliation; Responsive Behaviours; During the course of the inspection the home received 1 Written Notice.

Glossary of Findings: In order of severity from lowest to highest

Finding Type	Short Form	Interpretation
Written Notice	WN	Evidence that not all information was found readily available as per the regulation
Voluntary Plan of Correction	VPC	It is recommended that a plan of action be put in place to ensure sustained follow up
Compliance Order	CO	The inspection found the regulation had not been followed
Directors Referral	DR	Sustained non compliance is found and the Director of the Performance, Compliance and Inspection Branch (MOHLTC) will review the Home's record
Work and Activity Order	WAO	Ministry staff will be on site regularly to ensure safe operations of the Home

To summarize:

1. **Care plan needs to be followed (WN).**
 - a. Corrective actions taken:
 - i. Processes have been put into place to ensure that heightened monitoring of resident is in place when identified in the care plan
 - ii. Staff received education on heightened monitoring and the importance of following the care plan



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 15, 2017	2017_623626_0007	007482-17, 008014-17, 008098-17, 009484-17	Critical Incident System

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF KAWARTHA LAKES
26 Francis Street LINDSAY ON K9V 5R8

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

VICTORIA MANOR HOME FOR THE AGED
220 ANGELINE STREET SOUTH LINDSAY ON K9V 4R2

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

DENISE BROWN (626)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 26, 29, 30, 31 and June 1, 2, 22 and 23, 2017

The following Critical Incident logs were inspected during the course of the inspection:

Intake Log #008014 -17: Related to alleged resident to resident abuse

Intake Log #009484 -17: Related to alleged staff to resident abuse

Intake Log #007482 -17: Related to alleged resident to resident abuse

Intake Log #008098 -17: Related to alleged resident to resident abuse

Intake Log #011538 -17: Related to alleged resident to resident abuse

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Resident Service Manager (RSM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents.

During the inspection, the Inspector, toured the residents' home areas, observed resident to resident interaction and staff to resident provision of care. The Inspector reviewed residents' health records, internal related investigations, applicable policies and critical incidents.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours**

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 6.
Plan of care**

Specifically failed to comply with the following:

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; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that there was a written plan of care for each resident that sets out, the planned care for resident #007, related to responsive behaviours.

Related to Intake Log #008014-17 regarding resident #007:

The Director was informed on a specified date, regarding an alleged incident of resident to resident abuse resulting in injury.

Registered Practical Nurse #103, witnessed part of the incident between resident #007 and resident #006 which occurred in an identified area. Resident #007 had prior history of a specified responsive behaviour. A review of resident #007's written care plan that was in place at the time of the incident, did not identify resident #007's specified responsive behaviour or indicate interventions.

In separate interviews by Inspector #626 on a specified date with RPN #103 and PSW #102, both indicated that resident #007 would display this specified responsive behaviour and often required redirection. In another interview on the same specified date, RN #105 indicated that resident #005's responsive behaviours included this specified behaviour.

In an interview with Inspector #626 on a specified date, RPN #103 indicated that resident #006 had no previous responsive behaviours directed towards other residents.

During an interview with Inspector #626 on a specified date, the DOC indicated that resident #007 was a recent admission and there might not have been sufficient time to



have known the resident and develop a plan of care.

The licensee failed to ensure that there were interventions in the written plan of care to address resident #007's specified responsive behaviour. On a specified date, while resident #006 was engaging in this specified behaviour, there was an incident of abuse by resident #006 to resident #007, resulting in injury to resident #007. [s. 6. (1) (a)]

2. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan related to responsive behaviours.

Related to Intake Log #011538-17 regarding resident #005:

The Director was informed on a specified date, regarding an alleged incident of resident to resident abuse.

According to the current written care plan, resident #005's was to receive heightened staff supervision after the incident involving resident #008. The written care plan in place at the time of the incident, noted that resident #005's interventions also included increased frequent documented observation as monitoring.

On a specified date, the licensee was unable to provide heightened staff supervision during a specified time period. The resident was to receive increase frequent documented observation as monitoring. It was indicated that on the same date, resident #005 displayed responsive behaviours which were directed towards resident #009 and resident #010. A review of resident #005's health records for a specific period of time, indicated that there was no documentation that resident #005 was monitored frequently.

In an interview with inspector #626 on a specified date, RPN #107 indicated that staff were aware, that there was no staff coverage available for the heightened staff supervision, until a specified time that day and staff were to monitor resident #005 frequently.

In separate interviews with Inspector #626 on a specified date, PSW #101, PSW #115 and RPN 114, all indicated not being aware that there was no staff coverage for the heightened supervision on the specified date, and that resident #005 was to be frequently monitored.



In an interview with Inspector #626 on a specified date, the ADOC indicated that the licensee was unable to provide the heightened supervision to resident #005 during a specified period and date, and staff were to monitor resident #005 frequently during that period.

The licensee has failed to ensure that the care set out in the plan of care was provided to the resident #005 by not ensuring that the resident was supervised and monitored as specified in the plan. [s. 6. (7)]

Issued on this 15th day of August, 2017

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

Original report signed by the inspector.

THE CORPORATION OF THE CITY OF KAWARTHA LAKES

Health & Social Services Department MEMORANDUM

TO: Victoria Manor Committee of Management
FROM: Pamela Kulas, Administrator
DATE: October 16, 2017
RE: *Inspection Report 2017_640601_0012 – Ministry of Health*

A Ministry of Health Inspection was on May 22-26, 30, 31 and June 2, 2017. During the inspection the following inspection protocols were used: Continence Care and Bowel Management, Infection Prevention and Control, Medication, Personal Support Services, Prevention of Abuse, Neglect and Retaliation; Responsive Behaviours.

During the course of the inspection the home received 2 Written Notices and 2 Voluntary Plan of Correction.

Glossary of Findings: In order of severity from lowest to highest

Finding Type	Short Form	Interpretation
Written Notice	WN	Evidence that not all information was found readily available as per the regulation
Voluntary Plan of Correction	VPC	It is recommended that a plan of action be put in place to ensure sustained follow up
Compliance Order	CO	The inspection found the regulation had not been followed
Directors Referral	DR	Sustained non compliance is found and the Director of the Performance, Compliance and Inspection Branch (MOHLTC) will review the Home's record
Work and Activity Order	WAO	Ministry staff will be on site regularly to ensure safe operations of the Home

To summarize:

1. **Care plans needs to be collaborative, integrated and consistent (WN, VPC)**
 - a. Corrective actions taken:
 - i. Staff revised specific components of the care plan to ensure that it was consistent
 - ii. Process for care plan collaboration has been reviewed and staff have received education
2. **Medication needs to be administered as prescribed (WN, VPC)**
 - a. Corrective actions taken:
 - i. Education was provided to staff on the steps to take if a resident is not available to administer medications



**Ministry of Health and
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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 27, 2017	2017_640601_0012	005991-17, 007377-17, 007823-17, 007824-17, 007976-17, 009470-17	Complaint

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF KAWARTHA LAKES
26 Francis Street LINDSAY ON K9V 5R8

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

VICTORIA MANOR HOME FOR THE AGED
220 ANGELINE STREET SOUTH LINDSAY ON K9V 4R2

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

KARYN WOOD (601)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): May 23, 24, 25, 26, 30, 31 and June 2, 2017.

Log(s) #005991-17, log #007377-17, log #007823-17, log #007823-17 and log #009470-17 involving the same resident related to allegations of staff to resident abuse and concerns about personal care.

Log #007976-17 related to allegations of resident to resident abuse.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Director of Care (ADOC), Physiotherapist, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Behavioural Support Staff (BSO), residents and a family member.

Also during the course of this inspection, the inspector toured the home, observed medication administration, staff to resident interactions, resident to resident interactions, reviewed resident clinical health records, medication incident documentation, applicable policies and the licensee's investigation documentation.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Infection Prevention and Control

Medication

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 6.
Plan of care**



Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

Related to Log #007377-17

1. The licensee has failed to ensure that staff and others involved in the different aspects of care for resident #001 collaborated with each other in the assessment of the administration of analgesic medication for the resident so that their assessments are integrated, consistent with and complement each other.

During an interview with inspector #601, resident #001 indicated experiencing constant discomfort. Resident #001 indicated the plan of care related to discomfort directs registered staff to administer analgesic as required routinely.

Resident #001 alleged when returning from being off the unit, some of the registered staff would not administer the resident's scheduled analgesic.

Resident #001 indicated being advised by some of the registered staff that if resident #001 required an analgesic, the resident must be present on the unit within a specific time frame of the prescribed times of medication administration.

Resident #001 indicated the need for the analgesic due to ongoing discomfort, however finds it difficult to be on the unit for every scheduled medication time.

Review of resident #001's Physician's Orders by Inspector #601 identified that resident #001 was prescribed an analgesic to be administered four times daily and every four hours in between if required.

Review of resident #001's care plan related to medication administration identified that



resident #001 was requesting to have the as required analgesic offered at regular intervals to assist in maintaining comfort.

Interventions in resident #001's plan of care directs registered staff to look for the resident in a specific location within the home when not on the unit. The registered staff are to hold resident #001's analgesic medication for an identified period of time following the administration time if the resident has not returned to the unit.

If resident has not returned to the unit within the identified period of time, the plan of care directs the registered staff to code the medication administration record as the resident was not available.

Review of resident #001's progress notes for a three month period of time, identified that on a specified date, RPN #104 documented that resident #001 was off the unit and the nurse checked the specific location identified in the resident's plan of care four times.

Review of the resident #001's clinical documentation indicated resident #001 returned to the specific location past the allotted medication administration time period.

In a telephone interview, RPN #104 indicated to Inspector #601 that the physician was not notified when resident #001 had returned past the allotted medication administration time.

RPN #104 also indicated that the regular dosed analgesic medication was not offered to resident #001 because the resident had received the as needed analgesic at a prior time and required four hours between each dose of medication.

Review of clinical documentation and interviews with resident #001 and registered staff did not provide any evidence that staff collaborated with resident #001's physician when the resident did not receive the analgesic on a specified date and time. [s. 6. (4) (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 staff and others involved in the different aspects of care collaborate with each other in the assessment of resident #001's medication so that their assessments are integrated, consistent with and complemented each other, to be implemented voluntarily.

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

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :



Related to Log #007377-17

1. The licensee has failed to ensure that drugs were administered to resident #001 in accordance with the directions for use specified by the prescriber.

During an interview, resident #001 indicated to Inspector #601, that on an identified date, RPN #113 had administered the resident the incorrect dosage of analgesic medication.

Inspector #601's reviewed the licensee's Medication Incident Notification. On an identified date, RPN #113 had administered to resident #001, a greater dosage of analgesic than prescribed by the physician.

The medication error was discovered by RPN #113 during the narcotic count.

Review of resident #001's Physician's Orders by Inspector #601 indicated resident #001 was to be administered an analgesic at a specifically prescribed dose four times daily.

During an interview with Inspector #601, the ADOC indicated on an identified date, RPN #113 administered to resident #001 another resident's dosage of the same type of analgesic medication in error.

The Physician was notified of the medication incident. The Physician provided instruction to monitor resident #001 and to hold resident #001's morning analgesic medication. [s. 131. (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 drugs are administered to resident #001 in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.



**Ministry of Health and
Long-Term Care**

**Inspection Report under
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Homes Act, 2007**

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

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

Issued on this 27th day of July, 2017

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

Original report signed by the inspector.

THE CORPORATION OF THE CITY OF KAWARTHA LAKES

Health & Social Services Department MEMORANDUM

TO: Victoria Manor Committee of Management
FROM: Pamela Kulas, Administrator
DATE: October 16, 2017
RE: *Inspection Report 2017_640601_0013 – Ministry of Health*

A Ministry of Health Inspection was on May 22-26, 30, 31 and June 2, 2017. During the inspection the following inspection protocols were used: Falls Management; Prevention of Abuse, Neglect and Retaliation.

During the course of the inspection no areas of non-compliance were issued.



**Ministry of Health and
Long-Term Care**

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the Long-Term Care
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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 27, 2017	2017_640601_0013	004676-17, 005472-17, 005787-17	Critical Incident System

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF KAWARTHA LAKES
26 Francis Street LINDSAY ON K9V 5R8

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

VICTORIA MANOR HOME FOR THE AGED
220 ANGELINE STREET SOUTH LINDSAY ON K9V 4R2

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

KARYN WOOD (601)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 23, 24, 25, 26, 30, 31 and June 2, 2017.

Log #005787-17 related to allegations of resident to resident abuse.

Log #008928-17 related to allegations of staff to resident neglect.

Log #005472-17 related to a resident transferred to hospital with a significant change in condition.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Director of Care (ADOC), Physiotherapist, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Behavioural Support Staff (BSO) and residents.

Also during the course of this inspection, the inspector toured the home, observed staff to resident interactions, resident to resident interactions, reviewed resident clinical health records, applicable policies and the licensee's investigation documentation.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

During the course of this inspection, Non-Compliances were not issued.

0 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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>

Issued on this 27th day of July, 2017

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

Original report signed by the inspector.



September 2017 Victoria Manor Operations Report to Committee of Management

Non-Confidential Report

Submission Date: October 16, 2017

Information for the Month of: September 2017

Financials

Financials										
<div> <div>VICTORIA MANOR</div> <div>Executive Summary Statement of Earnings</div> <div>August 2017</div> </div>										
	Current Month					Year-to-Date				
	Actual	Actual PRD	Budget	Budget PRD	Variance	Actual	Actual PRD	Budget	Budget PRD	Variance
Resident Days	5,059		5,069		(10)	39,208		39,733		(525)
Occupancy %	98.31%		98.5%		-0.2%	97.2%		98.5%		(1.3%)
Nursing Envelope Funds	551,686	109.05	551,377	108.78	310	4,274,527	109.02	4,263,364	107.30	11,163
Nursing Expenses	587,489	116.13	596,318	117.64	8,829	4,511,193	115.06	4,619,179	116.26	107,986
Net Nursing Envelope	(35,803)	(7.08)	(44,942)	(8.87)	9,139	(236,666)	(6.04)	(355,816)	(8.96)	119,149
Program Envelope Funds	60,964	12.05	60,571	11.95	393	475,801	12.14	473,761	11.92	2,040
Program Expenses	60,815	12.02	57,289	11.30	(3,526)	447,535	11.41	448,725	11.29	1,190
Net Program Envelope	150	0.03	3,282	0.65	(3,132)	28,266	0.72	25,036	0.63	3,230
Food Envelope Funds	46,314	9.15	44,127	8.71	2,187	346,517	8.84	342,142	8.61	4,375
Food Expenses	45,007	8.90	44,127	8.71	(880)	349,590	8.92	342,142	8.61	(7,448)
Net Food Envelope	1,307	0.26	-	-	3,067	(3,073)	(0.08)	-	-	11,822
Accomodation Revenue	340,768	67.36	321,844	63.50	18,924	2,608,642	66.53	2,504,864	63.04	103,779

Accommodation Expenses										
Dietary Expenses	95,702	18.92	90,353	17.83	(5,349)	723,263	18.45	703,214	17.70	(20,048)
Housekeeping Expenses	43,641	8.63	38,758	7.65	(4,883)	316,585	8.07	299,881	7.55	(16,704)
Laundry Expenses	14,875	2.94	16,282	3.21	1,407	134,493	3.43	126,138	3.17	(8,355)
Maintenance Expenses	33,615	6.64	34,125	6.73	510	345,888	8.82	311,747	7.85	(34,141)
Administration Expenses	37,139	7.34	46,075	9.09	8,935	301,635	7.69	363,353	9.14	61,717
Facility Expenses	70,127	13.86	93,384	18.42	23,257	666,466	17.00	742,032	18.68	75,566
Accommodation Expenses	295,099	58.33	318,977	62.93	23,878	2,488,330	63.46	2,546,365	64.09	58,035
Other Accomodation - NOI	45,670	9.03	2,868	0.57	42,802	120,312	3.07	(41,502)	(1.04)	161,813
Over/Under Adjustment	(34,345)	(6.79)	(41,659)	(8.22)	-	(211,474)	(5.39)	(330,780)	(8.33)	-
Net Operating Income	11,324	2.24	(38,792)	(7.65)	50,116	(91,162)	(2.33)	(372,281)	(9.37)	281,120
Capital Reserve	(12,623)	(2)	(26,761)	(5)	14,138	(185,812)	(5)	(214,087)	(5)	28,276
Net Income (Loss)	(1,299)	(0.26)	(65,553)	(12.93)	64,254	(276,973)	(7.06)	(586,369)	(14.76)	309,395

VICTORIA MANOR

Variance Explanations

August 2017

	Current Month			Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
NURSING REVENUE	551,686	551,377	310	4,274,527	4,263,364	11,163
MTD Nursing revenue is in line with budget.						
YTD Nursing Revenue is favorable (\$11K) due to monthly high wage cost transition funding received from MOH not included in budget (\$19K), higher RPN initiative revenue (\$1K), higher HIN Claims revenue \$2K), offset by lower BSO funding (\$12K).						
NURSING EXPENSES - DIRECT	510,808	541,918	31,110	4,029,712	4,177,601	147,889
MTD Direct wages are favorable (\$31K) due to lower RN wages (\$10K), lower RPN wages (\$3K), lower BSO wages (\$4K), lower agency wages (\$8K), and lower benefits (\$10K), offset by higher PSW wages (\$5).						
YTD Direct wages are favorable (\$148K) mainly due to lower RN wages (\$50K), lower RPN wages (\$19K), lower BSO wages (\$14K), lower MDS RAI wages (\$8K), lower benefits (\$54K), and lower RN and RPN Agency (\$65K), offset by higher PSW wages (\$61K).						

NURSING EXPENSES - ADMIN	76,680	54,400	(22,280)	481,481	441,578	(39,903)
<p>MTD Nursing Admin expenses are unfavorable (\$22K) mainly due to higher purchased services \$22K), higher medical supplies (\$3K), offset by lower equipment expenses (\$1K), and lower travel cost (\$1K).</p> <p>YTD Nursing Admin expenses are unfavorable (\$40K) mainly due to higher wages (\$8K), higher benefits (\$2) ,higher purchased services (\$36K), higher medical expenses (\$3), higher high intensity costs (\$2K), offset by lower incontinence supplies (\$2K), lower staff cost (\$5K), unused travel budget (\$2K), and lower equipment expense (\$2K).</p>						
PROGRAM REVENUE	60,964	60,571	393	475,801	473,761	2,040
<p>MTD Program revenue is in line with budget.</p> <p>YTD Program revenue is favorable (\$2K) mainly due to pay equity funding received but not budgeted (\$1K) and higher physio funding (\$1K).</p>						
PROGRAM EXPENSES	60,815	57,289	(3,526)	447,535	448,725	1,190
<p>MTD Program expenses are unfavorable (\$4K) mainly due to higher wages (\$4K), higher physio and exercise expenses (\$1K), offset by purchased services (\$1K).</p> <p>YTD Program expenses are favorable (\$1) due to lower wages and benefits (\$1K), lower supplies (\$6K), and lower purchased services (\$3K), offset by higher equipment expenses (\$7K), higher physio and exercise expenses (\$1), and higher staff cost (\$1K).</p>						
FOOD REVENUE	46,314	44,127	2,187	346,517	342,142	4,375
<p>MTD Food revenue is favorable (\$2K) due to increase in per diem funding to \$9.</p> <p>YTD Food revenue is favorable (\$4K) due to increase in per diem funding to \$9.</p>						
FOOD EXPENSES	45,007	44,127	(880)	349,590	342,142	(7,448)

<p>MTD Food expenses are in line with budget.</p> <p>YTD Food expenses are overspending (\$7K).</p>						
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ACCOMMODATION REVENUE	340,768	321,844	18,924	2,608,642	2,504,864	103,779
<p>MTD Accommodations Revenue is favorable (\$19K) mainly due to higher preferred private revenues (\$8K), unbudgeted vendor rebates (\$11K), and high wage cost transition funding received not budgeted (\$1K), offset by accreditation funding budgeted but not received (\$2K).</p> <p>YTD Accommodations Revenue is favorable (\$104K) mainly due to higher preferred private revenues (\$53K), high wage cost transition funding received not budgeted (\$6K), and unbudgeted vendor rebates (\$57K), offset partly by accreditation funding budgeted but not received (\$13K).</p>						

DIETARY EXPENSES	95,702	90,353	(5,349)	723,263	703,214	(20,048)
<p>MTD Dietary expenses are unfavorable (\$5K) due to higher wages and benefits (\$4K), and higher equipment expenses (\$1K)</p> <p>YTD Dietary expenses are unfavorable (\$20K) mainly due to higher wages (\$19K), and higher benefits (\$4K), offset by lower equipment expenses (\$3K).</p>						

HOUSEKEEPING EXPENSES	43,641	38,758	(4,883)	316,585	299,881	(16,704)
<p>MTD Housekeeping expenses are unfavorable (\$5K) mainly due to higher wages (\$4K), and higher benefits (\$1K).</p> <p>YTD Housekeeping expenses are unfavorable (\$16K) due to higher wages and benefits (\$14K), and higher chemical and cleaning supplies (\$3K).</p>						

LAUNDRY EXPENSES	14,875	16,282	1,407	134,493	126,138	(8,355)
<p>MTD Laundry expenses are favorable (\$1K) mainly due to lower wages (\$2K), offset by higher bedding and linen expenses (\$1K).</p>						

YTD Laundry expenses are unfavorable (\$8K) due to higher wages and benefits (\$7K) and higher bedding and linen (\$2K), offset by lower supplies (\$1K).

MAINTENANCE EXPENSES	33,615	34,125	510	345,888	311,747	(34,141)
<p>MTD Maintenance expenses are in line with budget.</p> <p>YTD Maintenance expenses are unfavorable (\$34K) due to higher wages and benefits (\$6K), higher plumbing repairs (\$26K), higher HVAC expenses (\$16K), higher generator expenses (\$13K), higher fire system (\$4), and higher building repairs (\$1); these are offset by lower elevator expenses (\$6K), lower equipment expenses (\$4K), lower landscaping expenses (\$5K), lower maintenance contracts (\$9K), and lower supplies expenses (\$9K).</p>						

ADMINISTRATION EXPENSES	37,139	46,075	8,935	301,635	363,353	61,717
<p>MTD Admin expenses are favorable (\$9K) due to lower wages and benefits (\$6K), unused wages-agency budget (\$3K), lower professional fees (\$1K), lower equipment expenses (\$3K), unused accreditation and association fees (\$1K), lower staff costs (\$1K), lower supplies (\$1K), offset by higher purchased services (\$1K), higher computer expenses (\$2K) and bad debt expense (\$4K).</p> <p>YTD Admin expenses are favorable (\$62K) mainly due to lower wages and benefits (\$10K), lower wages-agency (\$24K), lower association fees (\$2K), lower accreditation (\$2K), lower equipment expenses (\$20K), lower professional fees (\$24K), lower communication expenses (\$1K), and lower promotion (\$2K); offset by higher purchased services (\$7K), higher computer repairs (\$10K), higher collection costs (\$1K), and higher staff costs (\$1K), bad debt expense (\$6K).</p>						

FACILITY EXPENSES	70,127	93,384	23,257	666,466	742,032	75,566
<p>MTD Facility expenses are favorable (\$23K) due to lower hydro expenses (\$14K), lower gas expenses (\$4K), lower water expenses (\$6K), lower waste removal (\$2K), offset by higher management fees (\$3K) .</p>						

YTD facility expenses are favorable (\$76K), due to lower hydro (\$66K), lower water (\$12K), and lower waste removal (\$3K); offset by higher management fee (\$6K).

CAPITAL PURCHASES				288,102	80,944	(207,158)
Capital Purchases include: JAN 2017 - Flooring (\$9,616), Replacement of fridge condensing unit (\$8,243). FEB 2017 - Automatic door (\$4,020), Common area furniture (\$13,895). MAR 2017 - New tubs (\$3,358), Power supply to AC system for dining room (\$1,272), Screen blind for Elord living room (\$275). APR 2017 - Installation of HVAC system (\$133,942), Tub room phase 4 (\$27,423). MAY 2017 - Resident room furniture (\$4,377), Installation of two ductless condensing units (\$22,174). JUN 2017 - No capital purchases. JUL 2017 - Panasonic wireless phones installation (\$36,760). AUG 2017 - Resident Cafe (\$882), Replacement of "F" Unit (\$21,865).						

Scorecard: Quality

1) Canadian Institute for Health Information (CIHI) quarter 1 results. Action plan in place.

Indicator	Q1 Current Performance	Target
Reduce transfers to Emergency department	39.81	37.00
Improve Resident Satisfaction	Waiting on results	89.00
Reduce Antipsychotic medications	21.60	24.00
Reduce stage 2-4 pressure ulcers	4.30	4.50
Reduce the number of falls	18.60	23.00
Reduce the number of restraints	8.00	3.10

2) LTC: MOH Compliance Orders / Inspection Findings Summary:

Inspection Report Date	Purpose of Visit	WN/ VPC/ CO	Findings Summary
No visits in September			

Scorecard: People

1) Employee Engagement Survey

- More than 8 team members were recognized by Spot A Star cards submitted by family members and peers
- Victoria Manor Long Term Care Quality Improvement Plan (QIP)
 - Action plan in place to improve onboarding
 - Department Specific Orientation – Action plan developed by the leadership team. Action plan on track
 - Education to Educators – action plan will be developed in September. The goal is to provide education on November 14 to all team members who will act as a mentor for new team members joining the organization

Sienna Support Services Updates

Sienna Partner Visits

- September 13th – Program & Leisure Partner
- September 18th - VP Operations

Projects, Location Events and other

- The home hosted a Stakeholder Meeting with 30 community partners, contractors and team members in attendance. The outcome of the meeting was to continue to build partnerships with stakeholders while providing a 5 year in review summary. Evaluations were completed with very positive results.
- Residents participated “Love Your Trail” walk in celebration of Canada’s 150th birthday

Home
 Moments
 Notif

Miya Bradburn
 @miyabradrob
homeminusforty.wordpress.com
 Joined January 2016

Tweet to Miya Bradburn

1 Follower you know

23 Photos and videos

Miya Bradburn
 @miyabradrob

Following

@LoveYourTrail Day is set to kick off!

@kawarthalakes @HollySpeedie

Long Term Care Update

1. Occupancy (data since last report):

Occupancy Report	Private	Semi	Basic	Short Stay	TOTAL
Admissions (+)	1.0	3.0	0.0	5.0	9.0
Departures (-)	1.0	0.0	1.0	5.0	7.0
Discounted Private or Semi – Private Beds (under 60%)	2.0	0.0	0.0	0.0	2.0

2. Regulatory visits i.e. MOL, Public Health:

Visitor	Date	Drivers and Actions
No visit this month		

3. Written & Verbal Complaints Summary:

Complaint	Date	Outcomes
Daughter is concerned about the cleaning routine and procedures for her Mom’s wheelchair cushion	September 20, 2017	Family is waiting on additional seat cover from the manufacturer that was ordered in August.

4. Compliments Summary:

Compliment	Date	Outcomes
During a residents move in conference, daughter stated that she cannot believe how her mom is thriving in the home. She has decided that even though she lives in Brampton, she will not be	September 21, 2017	

relocating her mom closer to her.		
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5. OH&S Issues (as applicable):

OH & S Issue	Date	Outcomes
No issues noted		

6. Media Issues (as applicable):

Media Issues	Date	Outcomes
No issues noted		

7. Resident & Family Satisfaction Survey (as applicable):

Resident & Family Satisfaction Survey Scores	Date	Outcomes
Resident and Family Satisfaction Surveys were completed September 6 th to September 29 th	September 6 th to 29 th	Awaiting the results of the survey

8. Employee engagement updates:

Update	Date	Outcomes
Department specific orientation WIG in progress.	June 1, 2017	Implementation set for October, 2017

9. External vacancies and hires:

Position	PT External Vacancies	TPT External Vacancies	PT External Hires	External Hires	Current Status
RN	1	0	0	0	Reviewing applications

RPN	0	1	0	0	Reviewing applications
PSW	3	1	3	3	Interviews on a weekly basis.
Building Services	0	0	0	0	All positions have been filled
Dietary Aide	0	0	1	1	Reviewing applications
Life Enrichment	0	0	0	0	All positions have been filled
Reception	0	0	0	0	All positions have been filled

10. Any updates re Resident/Family Councils:

Council	Date	Outcomes/ Comments
Family Council will be holding a family gathering meeting on October 25 th at 7:00 pm		

11. Any contract updates i.e. Pharmacy Services / TENA / etc.:

Contracts	Date	Outcomes/ Comments
Nothing to report		

12. Capital Expenses:

Issue & date	Total Spent @ 09/30/17	Approved Budget
Heating & Cooling System 1 st floor dining rooms and serveries	\$31,687.49	\$ 22,500
HVAC Units	\$21,865	\$ 56,000
Ascom Telephone System	\$36,760	\$ 55,000

MacMillan Common Area Furniture	\$13,591.00	\$ 15,000
Resident Café Area	\$882.00	\$ 6,000
Resident Room Furniture	\$4,376.98	\$ 5,000
Dining Room Tables	Project on hold	\$ 2,500
Tub Rooms MacMillan/Elford	\$40,398	\$ 35,000
Automatic Door Openers – 1 st floor washrooms	\$4,019.00	\$ 3,000
Total 2017 Approved Capital		\$200,000
Total 2017 Remaining		\$46,420.53

13. WSIB updates:

Accidents	Incidents	Lost Time	Medical Attention	Outstanding WSIB for Month	Ongoing Outstanding WSIB Claims
0	6	0	0	None	None

- In June 2017 team members received education on Accident/Incidents. Since June there has been an 86% reduction in the number of incidents

14. Environmental concerns & emergency preparedness:

Date	Code Practiced	Outcomes/ Barriers
September 17 @ 10:30 am; September 21 @ 4:30 pm; September 29 @ 4:00 am	Code Red Practiced	99% of team members have participated in a fire drill