

Original Public Report

Report Issue Date July 27, 2022
Inspection Number 2022_1357_0002
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
S&R Nursing Homes Ltd
Sarnia Ontario
Long-Term Care Home and City
Afton Park Place
Sarnia Ontario

Lead Inspector
Debra Churcher #670

Additional Inspector(s)
Cassandra Taylor #725

INSPECTION SUMMARY

The inspection occurred on the following date(s): June 27, 28, 29, 30, July 4, 5, 6 and 7, 2022. Conducted concurrently with Inspection # 2022_1357_0001. IPAC was inspected under Inspection # 2022_1357_0001.

The following intake(s) were inspected:

- Log# 008927-22 CIS #2872-000010-22 related to missing controlled substances.
- Log# 010142-22 CIS #2872-000015-22 related to missing controlled substances.
- Log# 011817-22 CIS #2872-000018-22 related to missing controlled substances.
- Log# 008925-22 CIS #2872-000011-22 related to a fall with injury.

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

- Falls Prevention and Management
- Medication Management

INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were findings of non-compliance.

COMPLIANCE ORDER [CO#001] SECURITY OF THE DRUG SUPPLY

NC#001 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 246/22 s. 139. 3.

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 246/22 s. 139. 3.

Specifically, the licensee must:

- a) Develop and implement a process for monthly audits of the counts for controlled substances.
- b) This will include a list of all sources of documentation that would be utilized in the home related to the counting of controlled substances including the Controlled Substance Administration form, the Controlled Substance Shift Count and any other sources related to the counting of controlled substances that is utilized in the home including responsible parties for each of the required process steps. This process will be developed with the input from the homes pharmacy provider.
- c) Update the Medication Storage Narcotics and Controlled Substances policy to include all sources of documentation that would be utilized in the home related to the counting of controlled substances.

Grounds

Non-compliance with: O. Reg. 246/22 s. 139. 3.

The licensee has failed to ensure that steps are taken to ensure the security of the drug supply, including the following: A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there were any discrepancies and that immediate action was taken if any discrepancies were discovered.

Rationale and Summary:

The home's policy titled Medication storage narcotics and controlled substances, RCM 17-08 last revised January 16 2019, stated "A monthly audit is required of the daily count sheets of controlled substances to identify any discrepancies."

Controlled Substance Process Audit sheets documented that audits of the count sheets were completed for the month of April on May 27, 2022, and for the month of May on June 29, 2022.

The Manager of Resident Care (MRC) acknowledged that the process in the home was that staff would document any doses of controlled substances given on the Controlled Substance Administration form and shift count would be done on a separate Controlled Substance Shift Count form. The MRC shared that the process in the home is to review the Controlled Substance Administration forms against the Controlled Substance Shift Count form to determine if the counts were correct. The MRC stated that if a controlled substance was discontinued the Controlled Substance Administration form accompanied the medication to the destruction cabinet and they would not be able to determine if the counts were correct during the audit if the Controlled Substance Administration form was in the destruction cabinet. The MRC also shared that if they found any discrepancies they would address the specific staff member involved but would not document this.

Sources:

The home's policy titled Medication storage narcotics and controlled substances, RCM 17-08 last revised January 16, 2019, Controlled Substance Process Audit forms and interview with the MRC.

[Debra Churcher #670]

This order must be complied with by August 17, 2022

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This compliance order is also considered a written notification and is being referred to the Director for further action by the Director [WN/DR#001]

COMPLIANCE ORDER [CO#002] DRUG DESTRUCTION AND DISPOSAL

NC#002 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 246/22 s. 148. (2). 1.

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 246/22 s. 148. (2). 1.
Specifically, the licensee must:

- a) Develop a process to ensure that controlled substances that are discontinued are immediately separated from drugs available for administration to residents and placed in a locked and secure container for the sole purpose of drug destruction.
- b) Educate all Registered staff related to the developed process.
- c) Keep a record of what staff were educated, the date the education occurred and the content of the education.
- d) Review the process in the home related to staff members access to keys to the double locked cabinet and update the homes policy titled Medication Destruction and Disposal RCM 17-26 to include the process in the home.
- e) Update the homes Medication Destruction and Disposal policy to ensure that it meets the requirements of O. Reg. 246/22 s. 148. (2). 1.

Grounds

Non-compliance with: O. Reg. 246/22 s. 148. (2). 1.

The licensee has failed to ensure that the drug destruction and disposal policy provided for the following: That drugs that were to be destroyed and disposed of should have been stored safely and securely within the home, separate from drugs that were available for administration to a resident, until the destruction and disposal occurs.

Rationale and Summary:

The homes policy titled Medication Destruction and Disposal RCM 17-26 last revised April 13, 2020, stated “Narcotics and controlled substances listed for destruction will be kept in a double locked storage area, separate from other medications listed for destruction. The Manager of Resident Care (MRC) is to have the only key to this storage area.”

In July 2022, a Registered Practical Nurse (RPN) confirmed that the physician had been into the home the day before and had written orders for two residents.

Review of a residents clinical record showed an order that stated to discontinue a controlled substance. The next day the RPN opened the narcotic drawer and this Inspector observed the controlled substance for the resident that was discontinued. The Controlled Substance Shift Count form and the Controlled Substance Administration form for the controlled substance matched what this Inspector had observed.

Review of an additional residents clinical record showed an order that stated to discontinue a controlled substance. The next day the RPN opened the narcotic drawer and this Inspector observed the controlled substance for the resident that was discontinued. The Controlled Substance Shift Count form and the Controlled Substance Administration form for the controlled substance matched what this Inspector had observed.

The RPN stated that any controlled substances that were discontinued would remain in the narcotic drawer with current medications and they would be removed when the MRC or Assistant Manager of Resident Care (AMRC) was in the building.

The MRC stated that the AMRC and themselves hold keys to the double locked controlled substances cabinet and if themselves or AMRC were not in the building discontinued controlled substances would remain in the narcotic drawer in the medication cart and staff would continue to count the controlled substance until the MRC or AMRC were in the building to take the medication to the destruction cabinet.

Sources:

Two resident clinical records and Controlled Substance Administration forms, Controlled Substance Shift Count form, observation of controlled substances for two residents, interviews with an RPN and the MRC.

[Debra Churcher #670]

This order must be complied with by [August 17 2022](#)

COMPLIANCE ORDER [CO#003] DRUG DESTRUCTION AND DISPOSAL

NC#003 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 246/22 s. 148. (4). 4.

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with s. 148. (4). 4.

Specifically, the licensee must:

- a) Ensure that any drugs added to the controlled substance deposit record have the strength of the drug documented on the record.
- b) Audit this sheet weekly and update with any required information until compliance is achieved followed by an additional two-four weeks to ensure sustainability.
- c) Keep a record of the completed audit with the Controlled Substance Deposit Record.

Grounds

Non-compliance with: O. Reg. 246/22 s. 148. (4). 4.

The licensee has failed to ensure that drugs that are to be destroyed are destroyed in accordance with subsection (3). Where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy must provide that the team composed of the persons referred to in clause (3) shall document the following in the drug record: The drug's name, strength and quantity.

Rationale and Summary:

The homes policy titled Medication Destruction and Disposal RCM 17-26 last revised April 13, 2020, stated "When a controlled substance is destroyed the following will be documented on the narcotic control sheet. The drug's name, strength and quantity."

Review of the May, 2022, Controlled Substance Deposit Record showed seven deposits of controlled substances with no strength listed.

Review of the June, 2022, Controlled Substance Deposit Record showed three deposits of controlled substances with no strength listed.

The MRC stated that the drug dose or strength should have been included on the Controlled Substance Deposit Record.

Sources:

The homes policy titled Medication Destruction and Disposal RCM 17-26 last revised April 13, 2020, review of the May and June, 2022 Controlled Substance Deposit Record and an interview with the MRC.

[#670]

This order must be complied with by [August 17, 2022](#)

COMPLIANCE ORDER [CO#004] DRUG DESTRUCTION AND DISPOSAL

NC#004 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 246/22 s. 148. (4). 5.

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with s. 148. (4). 5.

Specifically, the licensee must:

- a) Complete a monthly audit of the Controlled Substance Deposit Record to be completed post drug destruction, to ensure all entries have reason for destruction documented. Audits are to be completed for three months or until compliance is achieved.
- b) Audit is to be completed and signed by both persons that completed the drug destruction.
- c) Keep a record of the completed audit with the Controlled Substance Deposit Record

Grounds

Non-compliance with: O. Reg. 246/22 s. 148. (4). 5.

The licensee has failed to ensure that drugs that are to be destroyed are destroyed in accordance with subsection (3). Where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy must provide that the team composed of the persons referred to in clause (3) shall document the following in the drug record: The reason for destruction.

Rationale and Summary:

The homes policy titled Medication Destruction and Disposal RCM 17-26 last revised April 13, 2020, stated “When a controlled substance is destroyed the following will be documented on the narcotic control sheet. The reason for destruction.”

Review of the Controlled Substance Deposit Record for May 5, 2022, and June 20, 2022, showed no documentation related to the reason a medication was being destroyed.

The MRC stated that the reason for destruction would be included on the Controlled Substance Administration form and once a drug was destroyed the form would be filed in the residents chart. The MRC confirmed that the Controlled Substance Deposit Record was the drug destruction record and the Controlled Substance Administration form was not retained with the drug destruction record and was not part of the record.

Sources:

The homes policy titled Medication Destruction and Disposal RCM 17-26 last revised April 13, 2020, review of the May 5, 2022 and June 20, 2022 Controlled Substance Deposit Record and an interview with the MRC.

[#670]

This order must be complied with by [August 17, 2022](#)

COMPLIANCE ORDER [CO#005] DRUG DESTRUCTION AND DISPOSAL

NC#005 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 246/22 s.148. (3). (b).

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 246/22 s.148. (3). (b).

Specifically, the licensee must:

- a) Educate all Registered Staff related on the home's policy related to Medication – Destruction and Disposal.
- b) Keep a record of all staff that were educated, the date of the education and the content of the education.

Grounds

Non-compliance with: O. Reg. 246/22 s.148. (3). (b).

The licensee has failed to ensure that drugs were 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.

During an interview with Registered Practical Nurse (RPN) #106 the inspector asked how medications were removed for destruction. RPN #106 indicated for non-controlled medications they remove the roll pack from the medication cart and put it into the medication destruction bin on the unit also known as the Daniel's bin. RPN #106 demonstrated this during the interview with a roll pack of medications from a resident that had been discontinued that morning. Interviews with RPN #107, #108 and a Registered Nurse (RN) all indicated that they would throw the medications into the non-controlled Daniel's bin by themselves with no further action.

Review of the home's policy titled Medication – Destruction and Disposal indicated under the procedure section that "drugs must be destroyed by a team acting together and composed of one registered team member appointed by the Manager of Resident Care (MRC) and one other staff member appointed by the MRC."

An interview with the MRC indicated that it would be the expectation of the registered staff to complete the disposal of non-controlled medications with another registered staff to witness the action and place them into the Daniel's medication bin.

Sources: Staff interviews with RPN #106, 107, 108, an RN and the MRC, observation on July 6, 2022, and the home's medication destruction and disposal policy.

[#725]

This order must be complied with by August 17, 2022

COMPLIANCE ORDER [CO#006] DRUG DESTRUCTION AND DISPOSAL

NC#006 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 246/22 s. 148. (6)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 246/22 s. 148. (6)

Specifically, the licensee must:

- a) Develop and implement a procedure in the home to denature non-controlled medications.
- b) Include this procedure in the homes Medication-Destruction and Disposal policy.
- c) Educate all Registered staff related to the procedure.
- d) Keep a record of all staff that were educated, the date of the education and the content of the education.
- e) Complete weekly audits for three months, of the non-controlled destruction areas on each unit. Document any deficiencies found and any corrective actions taken.
- f) Keep a record of all audits.

Grounds

Non-compliance with: O. Reg. 246/22, s.148(6)

The licensee has failed to ensure that a drug was destroyed and altered or denatured to such an extent that its consumption was rendered impossible or improbable.

During an interview with Registered Practical Nurse (RPN) #106 the inspector asked how medications were removed for destruction. RPN #106 indicated for non-controlled medications they remove the roll pack from the medication cart and put it into the medication destruction bin on the unit. Also known as the Daniel's bin. RPN #106 demonstrated this by putting a roll pack of medications from a resident that had been discontinued that morning into the Daniel's bin with no further action. The Daniel's bin was a one-way slotted bin with potential access to the medications inside. Interviews with RPN #107, #108 and a Registered Nurse (RN) all indicated that they would throw the medications into the non-controlled Daniel's bin by themselves with no further action.

Review of the home's policy titled Medication – Destruction and Disposal indicated under the procedure section that “A drugs is considered to be destroyed when it is altered or denatured in such a way that its consumption is rendered impossible or improbable.”

An interview with the MRC #100 indicated that non-controlled medications were placed into the Daniel's bins and further destruction was not completed.

Sources: Staff interviews with RPN #106, #107, #108, an RN and the MRC, observation on July 6, 2022, and the home's medication destruction and disposal policy.

[#725]

This order must be complied with by [August 17, 2022](#)

Review/Appeal Information

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include,

- (a) the portions of the order or AMP in respect of which the review is requested. Please include the inspection report # and the order or AMP #;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

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

London Service Area Office
130 Dufferin Ave, 4th Floor
London ON N6A 5R2
Telephone: 1-800-663-3775
LondonSAO.moh@ontario.ca

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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
130 Dufferin Ave, 4th Floor
London ON N6A 5R2
Telephone: 1-800-663-3775
LondonSAO.moh@ontario.ca