Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

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

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

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 5, 2020	2020_786744_0016	001483-20	Critical Incident System

Licensee/Titulaire de permis

Chapleau Health Services
c/o Chapleau General Hospital 6 Broomhead Road CHAPLEAU ON P0M 1K0

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

The Bignucolo Residence
c/o Chapleau General Hospital, 6 Broomhead Road P.O. Box 757 CHAPLEAU ON P0M 1K0

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

STEVEN NACCARATO (744)

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): July 20-24, 2020.

The following intake was inspected during this Critical Incident System (CIS) Inspection.

-One intake related to a missing controlled substance.

A Complaint Inspection #2020_786744_0015 was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Director of Care (DOC), Physicians, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Resident Assessment Instrument (RAI) Coordinator, Occupational therapist (OT) and the Wound Care Resource Nurse.

The Inspector conducted a tour of the resident care areas, reviewed residents' health care records, home policies and procedures, internal investigation notes, staff work schedules, observed the medication room and observed the delivery of resident care and services, including resident-staff interactions.

The following Inspection Protocols were used during this inspection:
Medication

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **1 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	Légende 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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that, where Ontario Regulation (O.Reg.) 79/10 required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O. Reg. 79/10, s. 114 (2), the licensee was required to have written policies and protocols developed for the medication management system, to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

Specifically, the staff did not comply with the home's policy titled "Narcotics and Controlled Substances – Long Term Care (LTC)" last revised November 19, 2017, which indicated that in areas in which keys for the narcotic drawer are used, keys will be carried by the nurse who needs them to dispense or administer narcotic and controlled drugs. Keys are to be kept on the nurse at all times and hand-transferred to the upcoming shift after shift count is completed.

A Critical Incident System (CIS) report was submitted to the Director, which indicated there was a missing controlled substance.

In an interview with Inspector #744, Registered Practical Nurse (RPN) #110 stated that RPNs usually have their key for the narcotic drawer on their person. RPN #110 further stated that only one RPN had access to the key to the specific narcotic drawer in the medication cart they were assigned to.

During a drug storage observation, Inspector #744, together with the Director of Care (DOC), observed two out of three medication carts that had the key for the narcotic drawer, inside the medication cart.

In an interview with inspector #744, RPN #101 stated that the key to the narcotic drawer should always have been kept on the nurse as it ensured accountability of their narcotic stock.

In an interview with Inspector #744, the DOC stated that the key of the narcotic drawer should have been kept on the nurse at all times. [s. 8. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance where the licensee of a long-term care home is to have, institute or otherwise put in place any policy, the policy be complied with, to be implemented voluntarily.

Issued on this 7th day of August, 2020

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

Original report signed by the inspector.