



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4ième étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jul 5, 6, 7, 2011; 2011_042148_0015; Follow up

Licensee/Titulaire de permis

BROADVIEW NURSING CENTRE LIMITED
210 Brockville Street, Smiths Falls, ON, K7A-3Z4

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

BROADVIEW NURSING CENTRE
210 Brockville Street, Smiths Falls, ON, K7A-3Z4

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

AMANDA NIXON (148) and Jessica Patten (197)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Quality Improvement Coordinator, Day Registered Nurse Supervisor and two Registered Practical Nurses responsible for medication administration for June 6, 2011.

During the course of the inspection, the inspector(s) reviewed resident health records, Medication Administration Records, the Pharmacy Service Agreement, pharmacy audit dated May 3, 2011, the Expired Medication Preparation for Drug Destruction Policy (Index I.D F-36), Disposal of Medication, Identification, Destruction & Disposal of all expired Medications Policy (Index I.D. F-35) and the Annual Audit of the Drug Destruction and Disposal System Policy (Index I.D. F-35). In addition the inspectors observed drug storage areas including the medication room, the medication carts for hallway #2 and #3 and the overflow medication closet. The inspectors also reviewed Registered Nurse staffing schedules, Registered Nurse Supervisor job routines and related memos dated May 6, 2011.

The following Inspection Protocols were used in part or in whole during this inspection:

Medication

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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

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 subsections:

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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits sayants :

- Under O. Regulation 79/10, s. 136(1) the licensee is required to develop a written policy that provides for the ongoing identification, destruction and disposal of medications.
- The home's Expired Medication Preparation for Drug Destruction Policy (Index I.D. F-36) notes that the Night Registered Nurse Supervisor that is working on the 15th of the month will audit and discard all medication that will expire the following month.
- The Medication Audit was last completed by the Night Registered Nurse Supervisor June 15, 2011. The audit does not indicate that medications for July 2011 were discarded.
- The following medications were observed, on July 6 2011, to be in circulation for resident drug administration:
Olanzapine, Expiry date July 2011 for an identified resident.
Olanzapine, Expiry date July 2011 for an identified resident.
Super Strength Cranberry Concentrate, Expiry July 2011 for an identified resident.
Nitrolingual Pumpspray, Expiry for July 2011 for an identified resident.
Almagel Plus (12 bottles), Expiry July 2011

Issued on this 8th day of July, 2011



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
prévus le Loi de 2007 les
foyers de soins de longue

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

Amanda Neri LTCH Inspector



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

**Rapport d'inspection
prévus le Loi de 2007
les foyers de soins de
longue durée**

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ème} étage
Ottawa ON K1S 3J4

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Telephone: 613-569-5602
1-877-779-5559
Facsimile: 613-569-9670

Téléphone: 613-569-5602
1-877-779-5559
Télécopieur: 613-569-9670

Date(s) of inspection/Date de l'inspection July 5, 6, 7, 2011	Inspection No/ No de l'inspection 2011_042148_0015	Type of Inspection/Genre d'inspection Follow-up
Licensee/Titulaire de permis Broadview Nursing Centre Limited, 210 Smiths Falls Ontario K7A 3Z4		
Long-Term Care Home/Foyer de soins de longue durée Broadview Nursing Home, 210 Smiths Falls Ontario K7A 3Z4		
Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs Jessica Pattison (197) and Amanda Nixon (148)		

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT
CONFORME AUX EXIGENCES:**

(Please delete empty rows. Ensure the signature box is on the same page as the last row of corrected requirement.)

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O. Reg. 79/10 s. 136(1)	CO # 901	2011_042148_0015	197 and 148
LTCHA 2007 S.O. 2007, c.8, s. 8 (3)	CO # 902	2011_042148_0015	197 and 148

Issued on this 8th day of July, 2011.

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

Amanda Nixon LTCHA Inspector