



**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 prévue
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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
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Bureau régional de services de
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130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 7, 2019	2019_778563_0013	004090-19, 004091-19, 004092-19	Follow up

Licensee/Titulaire de permis

Caressant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue WOODSTOCK ON N4S 3V9

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

Caressant Care Woodstock Nursing Home
81 Fyfe Avenue WOODSTOCK ON N4S 8Y2

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

MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): May 1, 2 and 3, 2019.

During the course of the inspection, the inspector(s) spoke with the Chief Operating Officer, the Director of Operational Development, the Nurse Consultant, the Director of Care, the Assistant Director of Care, the Clinical Pharmacist, the Resident Care Coordinator, Registered Nurses, Registered Practical Nurses and the Administrative Assistant.

The inspector also reviewed relevant policies and procedures, as well as clinical records and plans of care for identified residents. The Inspector observed medication administration and drug storage areas.

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

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
O.Reg 79/10 s. 117.	CO #002	2019_778563_0006	563
O.Reg 79/10 s. 131. (2)	CO #003	2019_778563_0006	563

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 the Medical Pharmacies Drug Destruction and Disposal Policy 5-4 and the Medical Pharmacies Storage of Monitored Medications Policy 6-4 was complied with.

Ontario Regulation 79/10 s. 114 (2) states, "The licensee shall ensure that written policies and protocols are 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."

Ontario Regulation 79/10 s. 136 (1) states, "Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of" drugs.

Ontario Regulation 79/10 s. 136 (2) states, "The drug destruction and disposal policy must also provide for the following: 2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs."

A Written Notification (WN) and Compliance order (CO) #001 was issued February 19, 2019 during Critical Incident (CI) inspection #2019_778563_0006 with a compliance due



date of March 31, 2019. Specifically the licensee was to “a) Ensure that the home's drug destruction and disposal policy is complied with related to best practice guidelines for non-controlled and controlled medications.”

The "Medication Storage" room in B section for North, East and South was observed with the Resident Care Coordinator accompanying the Inspector. Two agency Registered Practical Nurses were also present completing a shift count of controlled substances. The Inspector easily opened the controlled substance destruction box without a key and the controlled substances were easily accessible. The RCC stated the process changed because there were too many registered staff with medication room keys, now only the registered staff members working in the home care area have a key to the medication room and the Director of Care (DOC) would be the only person with a key to the narcotic destruction box. The RCC the wooden box was not double locked and controlled substances for destruction were easily accessed. The DOC arrived and verified that the controlled substances for destruction box was unlocked. The DOC stated that they completed the destruction of controlled substances with the Clinical Pharmacist and that a new mailbox type storage box was implemented and had replaced the old double locked storage box for those controlled substances for destruction. The DOC acknowledged they were the only person with key access to the storage area and that the wooden box was likely unlocked for two weeks.

The DOC stated it was the expectation that controlled substances for destruction be double locked at all times and shared that the Environmental Service Supervisor ordered the unit from Medical Pharmacies and the DOC and maintenance staff were present in the medication room at the time of installation.

The Director of Operational Development verified the new storage area for controlled substances for destruction was installed by the Environmental Service Supervisor two weeks ago.

The Medical Pharmacies Drug Destruction and Disposal Policy 5-4 last revised February 2017 documented that “all medications which become surplus are destroyed and disposed of according to applicable legislation.” “Monitored Medications are stored in a “one way access” Medical Pharmacies Group Limited (MPGL) wooden box until destroyed by a team of physician or pharmacist and a nursing staff delegate. The box is double locked in the locked medication room and only opened when the team is performing destruction. The Director of Care (DOC) is responsible for the key and security.”



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The Medical Pharmacies Storage of Monitored Medications Policy 6-4 last revised February 2017 documented that "Surplus monitored medication including expired orders, are to be stored and double locked in a separate area within the locked medication room along with required documentation."

The Medical Pharmacies Visit Report for Caressant Care (CC) Woodstock Nursing Home (NH) submitted by the Clinical Pharmacist stated "Request was made by the home for pharmacist to come to facility ASAP and complete narcotic drug destruction and assist with an audit to determine if all items were accounted for." There were no discrepancies.

The licensee has failed to ensure that the Medical Pharmacies Drug Destruction and Disposal Policy 5-4 and the Medical Pharmacies Storage of Monitored Medications Policy 6-4 was complied with when the monitored medications (controlled substances) were not stored in a double locked Medical Pharmacies Group Limited (MPGL) wooden box until destroyed. [s. 8. (1) (b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 8th day of May, 2019

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

Original report signed by the inspector.



**Ministry of Health and
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Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MELANIE NORTHEY (563)

Inspection No. /

No de l'inspection : 2019_778563_0013

Log No. /

No de registre : 004090-19, 004091-19, 004092-19

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : May 7, 2019

Licensee /

Titulaire de permis : Caressant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue, WOODSTOCK, ON, N4S-3V9

LTC Home /

Foyer de SLD : Caressant Care Woodstock Nursing Home
81 Fyfe Avenue, WOODSTOCK, ON, N4S-8Y2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Swamy Bidarekere

To Caressant-Care Nursing and Retirement Homes Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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section 154 of the *Long-Term
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O. 2007, chap. 8

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / 2019_778563_0006, CO #001;
Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee must be compliant with O.Reg. 79/10, s. 8 (1) (b).

Specifically the licensee must ensure that the home's drug destruction and disposal policy is complied with. Controlled substances that are to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

Grounds / Motifs :

1. The licensee has failed to ensure that the Medical Pharmacies Drug Destruction and Disposal Policy 5-4 and the Medical Pharmacies Storage of Monitored Medications Policy 6-4 was complied with.

Ontario Regulation 79/10 s. 114 (2) states, "The licensee shall ensure that written policies and protocols are 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."

Ontario Regulation 79/10 s. 136 (1) states, "Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification,

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destruction and disposal of" drugs.

Ontario Regulation 79/10 s. 136 (2) states, "The drug destruction and disposal policy must also provide for the following: 2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs."

A Written Notification (WN) and Compliance order (CO) #001 was issued February 19, 2019 during Critical Incident (CI) inspection #2019_778563_0006 with a compliance due date of March 31, 2019. Specifically the licensee was to "a) Ensure that the home's drug destruction and disposal policy is complied with related to best practice guidelines for non-controlled and controlled medications."

The "Medication Storage" room in B section for North, East and South was observed with the Resident Care Coordinator accompanying the Inspector. Two agency Registered Practical Nurses were also present completing a shift count of controlled substances. The Inspector easily opened the controlled substance destruction box without a key and the controlled substances were easily accessible. The RCC stated the process changed because there were too many registered staff with medication room keys, now only the registered staff members working in the home care area have a key to the medication room and the Director of Care (DOC) would be the only person with a key to the narcotic destruction box. The RCC the wooden box was not double locked and controlled substances for destruction were easily accessed. The DOC arrived and verified that the controlled substances for destruction box was unlocked. The DOC stated that they completed the destruction of controlled substances with the Clinical Pharmacist and that a new mailbox type storage box was implemented and had replaced the old double locked storage box for those controlled substances for destruction. The DOC acknowledged they were the only person with key access to the storage area and that the wooden box was likely unlocked for two weeks.

The DOC stated it was the expectation that controlled substances for destruction be double locked at all times and shared that the Environmental Service Supervisor ordered the unit from Medical Pharmacies and the DOC and

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maintenance staff were present in the medication room at the time of installation.

The Director of Operational Development verified the new storage area for controlled substances for destruction was installed by the Environmental Service Supervisor two weeks ago.

The Medical Pharmacies Drug Destruction and Disposal Policy 5-4 last revised February 2017 documented that "all medications which become surplus are destroyed and disposed of according to applicable legislation." "Monitored Medications are stored in a "one way access" Medical Pharmacies Group Limited (MPGL) wooden box until destroyed by a team of physician or pharmacist and a nursing staff delegate. The box is double locked in the locked medication room and only opened when the team is performing destruction. The Director of Care (DOC) is responsible for the key and security."

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The licensee has failed to ensure that the Medical Pharmacies Drug Destruction and Disposal Policy 5-4 and the Medical Pharmacies Storage of Monitored Medications Policy 6-4 was complied with when the monitored medications (controlled substances) were not stored in a double locked Medical Pharmacies Group Limited (MPGL) wooden box until destroyed.

The severity was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of this issue was widespread during the course of this inspection. The home had a level 5 history as the home had multiple non-compliance with at least one related order to the current area of

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concern with this section of the LTCHA and included:

- Written Notification (WN) and Compliance Order (CO) issued February 19, 2019 (2019_778563_0006);
- Written Notification (WN) and Compliance Order (CO) issued October 23, 2018 (2018_722630_0019);
- WN and CO issued July 16, 2018 (2018_508137_0017). The CO was closed with link October 23, 2018 (2018_722630_0019);
- WN and Voluntary Plan of Correction (VPC) issued January 17, 2018 (2018_606563_0001);
- WN, CO and Director's Referral issued August 24, 2017 (2017_605213_0015). The CO was compiled October 5, 2017;
- WN and CO issued May 24, 2017 (2016_229213_0039);
- WN and VPC issued January 24, 2017 (2016_303563_0042);
- WN issued August 15, 2017 (2016_229213_0035); and
- WN issued October 16, 2016 (2016_326569_0021).

(563)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

May 31, 2019



**Ministry of Health and
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:



**Ministry of Health and
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2007, c. 8

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Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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



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**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 7th day of May, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Melanie Northey

Service Area Office /

Bureau régional de services : London Service Area Office