Ontario

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

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Amended Public Copy/Copie modifiée 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
Oct 21, 2019	2019_778563_0033 (A1)	009157-19, 013367-19, 013854-19, 015030-19, 015117-19, 015536-19	Critical Incident System

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

Amended by MELANIE NORTHEY (563) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The Inspection report has been amended to accommodate a request from the licensee to extend the compliance due date for CO #001 to November 30, 2019.

Issued on this 21st day of October, 2019 (A1)

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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81 Fyfe Avenue WOODSTOCK ON N4S 8Y2

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

Amended by MELANIE NORTHEY (563) - (A1)

Amended 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): September 10, 11, 12, 16, 17, 18, 19, 20, 23, 24 and 26, 2019

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Nursing, the Assistant Director of Nursing, the OMNI Clinical Operations Manager, the OMNI Lead, a Resident Care Coordinator, the Clinical Pharmacist, the Behavioural Supports Ontario (BSO) Registered Practical Nurse, the BSO Personal Support Worker, Registered Nurses, Registered Practical Nurses, Personal Support Workers and residents.

The inspector(s) also made observations of residents and care provided. Relevant policies and procedures were reviewed, as well as clinical records and plans of care for identified residents.

The following Inspection Protocols were used during this inspection:
Medication
Responsive Behaviours

During the course of the original inspection, Non-Compliances were issued.
- **4 WN(s)**
- **3 VPC(s)**
- **1 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. 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 :

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

A Critical Incident System Report documented a resident's refusal of a controlled substance. Review of the electronic Medication Administration Records (eMAR) in Point Click Care (PCC) documented the resident also refused another

medications on the same date.

The eMAR related to a specific medication documented that it was either "2=Drug Refused" or “10=Drug Not Available”.

The Medication Note in PCC documented the medication was administered to the resident by the Registered Practical Nurse. The Director of Nursing (DON) stated the RPN should have created another administration schedule in the eMAR to show it was given on that date so that the next dose would be due as prescribed. The DON verified that the medication was not documented as administered as part of the eMAR as it was documented in the progress notes. The DON stated that the registered staff can reorder medications directly from the PCC eMAR and the Caressant Care Woodstock Daily Shipping Report from Medical Pharmacies Group would indicate the delivery date of the medication.

The Medication Admin Audit Report documented there were 25 days between dose administrations. The order was prescribed for every two weeks.

The Medical Pharmacies "Ordering Medications" Policy 4-2-1 documented important prescriber requirements that included to "Ensure that all existing or the same medication have been discontinued before writing a new order or a change in directions." The administration of the medication on a specific date was not documented in the eMAR and there was no change in direction that included the next scheduled administration date.

The Medical Pharmacies Drug Record of Ordering form documented the order dates of the medication. The Caressant Care Woodstock Order Audit Report from PCC documented dates the medication was reordered and dispensed from pharmacy.The Caressant Care Woodstock Daily Shipping Report documented the medication was delivered for the resident. The DON stated there was no documented evidence that the medication was ordered from pharmacy when the medication was unavailable for administration on a specific date.

The Medical Pharmacies "Ordering Medications" Policy 4-2-1 last revised March 2019 stated, "Ordering of all medications is done in an organized, efficient manner such that an adequate supply of prescribed medication is available for each resident."

The Medical Pharmacies "Reordering Medications" Policy 4-7 last revised

February 2017 stated, "All reorders of medication are communicated to pharmacy via fax or eMAR." "Expect delivery within one to three days."

The DON verified the resident was not administered the medication as prescribed over a three month period. The DON shared the order was not reviewed with the physician. The DON also stated the medication was not ordered from pharmacy after administration for it to be available for the next biweekly administration. There was no other attempt to administer the medication after the resident refused it.

The licensee failed to ensure that the medication was administered to the resident in accordance with the directions for use specified by the prescriber. [s. 131. (2)]

Additional Required Actions:

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

(A1)
The following order(s) have been amended: CO# 001

WN #2: 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 any medication policy instituted or otherwise put in place was complied with.

A Critical Incident System Report documented a missing controlled substance. An agency Registered Practical Nurse (RPN) stated the controlled substance was discarded into general garbage. When it was time to do the medication count with the oncoming staff, the controlled substance was missing and never found.

A) In accordance with Ontario Regulation 79/10 s. 136 (1), the licensee was required to ensure that, “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.

In accordance with Ontario Regulation 79/10 s. 136 (2), the licensee was required to ensure that, “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.”

Specifically, staff did not comply with the licensee’s Medical Pharmacies "Drug Destruction and Disposal" Policy 5-4 last revised January 2019 which was part of the licensee’s medication management system. The policy stated, "Monitored Medications are stored in a "one way access" Medical Pharmacies Group Limited (MPGL) wooden box until destroyed by the team of physician or pharmacist and a nursing staff delegate."

Specifically, staff did not comply with the licensee's Medical Pharmacies "The Medication Pass" Policy 3-6 last revised January 2018 which was part of the licensee's medication management system. The policy stated, "Place used patches on Removed Patch Record".

Specifically, staff did not comply with the licensee's Medical Pharmacies "Patch Disposal for Monitored Medication" Policy 6-8 last revised July 2017 which was part of the licensee's medication management system. The policy Fentanyl patches were a monitored medication that required safe and secure disposal to ensure drug remaining in these patches was disposed of properly. "Nurse to remove any used patches from the resident and place on 'Patch Disposal Record Sheet'. "At the end of the shift, once all patches have been removed and documented, there will be a reconciliation of the number of patches by a second nurse. The number of patches placed on the 'Patch Disposal Record Sheet' equaled the number of patches wasted on the count sheet. "Both nurses must place the 'Patch Disposal Record Sheet' into a double locked secured surplus box."

The Director of Nursing (DON) stated the RPN had thrown the controlled substance in general garbage and was never found. The DON stated the expectation was for the RPN to dispose of the controlled substance with another registered staff member placing the controlled substance in the double locked destruction box. The RPN was to follow the Patch Disposal for Monitored Medication Policy 6-8 and the Medical Pharmacies "Drug Destruction and Disposal" Policy 5-4 and did not. The DON stated they were acting together with the Pharmacist in the destruction of controlled substances. The DON stated the registered staff were placing the used Fentanyl patches on scrap pieces of paper and placing the scraps of paper with used Fentanyl patches in the drug destruction box, therefore the Patch Disposal Record Sheet was not used according to policy. The DON reinforced the use of the Patch Disposal Record Sheet with the registered staff.

The Medical Pharmacies Fentanyl Monitored Medication Record were missing witness signatures. The Medical Pharmacies "Patch Disposal for Monitored Medication" Policy 6-8 and the Medical Pharmacies "The Medication Pass" Policy 3-6 were not complied with.

The DON and Pharmacy Consultant (PC) were acting together in the destruction

of controlled substances. The "Log for Used Fentanyl Patches" for the resident was reviewed and the PC verified two used Fentanyl patches were not documented as part of the log for destruction. The "Disposal of Used Patches" form did not document the resident's name for four patches and the prescription number was absent from the log. The PC stated the number of patches administered would be compared to the number of used patches for destruction and they should match.

The licensee failed to ensure that the Medical Pharmacies "Drug Destruction and Disposal" Policy 5-4, the Medical Pharmacies "The Medication Pass" Policy 3-6 and the Medical Pharmacies "Patch Disposal for Monitored Medication" Policy 6-8 was complied with.

B) In accordance 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."

i) The electronic Medication Administration Record (eMAR) did not document a registered staff signature on multiple dates to indicate that the controlled substance was administered to the resident.

The DON stated there was no documentation as part of the eMAR for the administration of the controlled substance to the resident after a specific date.

ii) The eMAR for three other residents documented an order for a specific medication. The eMAR did not document a registered staff signature on that date to indicate the medication was administered to the residents.

The Medical Pharmacies "Individual Monitored Medication Record" Policy 6-5 last revised January 2018 stated, "Document for the administration of the monitored medication on the resident's MAR."

The Medical Pharmacies "The Medication Pass" Policy 3-6 last revised January 2018 stated, "Document on MAR in proper space for each medication administered or document by code if medication not given."

The licensee failed to ensure that Medical Pharmacies "Individual Monitored

Medication Record" Policy 6-5 and "The Medication Pass" Policy 3-6 was complied with. [s. 8. (1) (b)]

2. The licensee has failed to ensure that any medication policy instituted or otherwise put in place was complied.

A) A Critical Incident System Report documented a Registered Practical Nurse (RPN) discarded the used narcotic cards while bringing in the new weekly narcotic cards. At the time, the RPN did not notice there was one tablet of a controlled substance left in the card following a medication refusal by a resident. The RPN was informed that another nurse had flagged the individual monitored medication record that the count was remaining at “1 tablet” and not "0".

The Individual Monitored Medication Record for the resident documented a quantity remaining of “1”. The Shift Change Monitored Medication Count for the resident documented a quantity of “0”.

The Director of Nursing (DON) verified the Shift Change Monitored Medication Count documented there was "0" remaining and the documentation appeared altered from a count of “1”. The DON stated the RPN initialed the change, but there was “1” left that should have been reconciled against the Individual Monitored Medication Record (IMMR).

The Medical Pharmacies "Shift Change Monitored Drug Count" Policy 6-6 last revised November 2018 stated, "The shift count must be reconciled with the actual amount of drug in the packaging (not just the last blister number or doses). If an individual count is used, the shift count should be reconciled with this as well to account for actual daily use." "Two staff (leaving and arriving), together: count the actual quantity of medications remaining" and "confirm actual quantity is the same as the amount recorded on the Individual Monitored Medication Record for prn, liquid, patches or injectable".

The Medical Pharmacies "Drug Destruction and Disposal" Policy 5-4 last revised January 2019 stated, "Monitored Medications are stored in a "one way access" Medical Pharmacies Group Limited (MPGL) wooden box until destroyed by the team of physician or pharmacist and a nursing staff delegate." The RPN did not ensure the card was empty and did not discard the one tab of controlled substance according to policy and legislation.

The Medical Pharmacies "The Medication Pass" Policy 3-6 last revised January 2018 stated, "Place medication, not administered for any reason, in designated labeled container on the cart, then place with surplus medications for destruction".

The RPN shared the controlled substance for the resident was thrown in the garbage when the recycle fill for new narcotic cards came in. The tablet was in the old card thrown into general garbage and the new card placed in the cart. The RPN stated the shift count on was "0" because the card was already destroyed and there was nothing to count. The RPN stated the individual count for the resident was "1" and that was when the RPN realized it was still in the card thrown out in general garbage. The RPN also shared that the refused controlled substance tablet should have never remained in the card, it must be prepared and wasted appropriately, and it was not. The medication was not presented to the resident if it was still in the pharmacy packaging.

The licensee failed to ensure that the "Shift Change Monitored Drug Count" Policy 6-6, "The Medication Pass" Policy 3-6 and the "Drug Destruction and Disposal" Policy 5-4 was complied with.

B) "The Medical Pharmacies "Medication Pass" Policy 3-6 last revised January 2018 stated, "If resident initially refuses medication, place the med cup labeled with the resident's name in the resident's bin. Leave the flag in place. Try to administer medication again at the end of pass. If still refused, enter code (2) on MAR Sheet and place medication in discontinued med bin for destruction."

A Critical Incident System Report documented one tablet of a controlled substance was left in the medication card. The resident had refused the medication.

The DON stated a medication would be prepared, provided to the resident and once the resident took the medication it would be considered administered. The DON stated the registered staff would refer to the electronic Medication Administration Record in PCC and select the resident and review the right medication, route, dose, and time. The nurse would also ensure the medication orders match what was available in the strip pack and would validate the orders against what was available for administration outside the strip pack and then prepare the medications for administration to the resident. The nurse would then document the administration after ensuring the resident took it or document if the resident did not. The resident has the right to refuse a medication.

The Medical Pharmacies Digital Prescriber's Orders documented specific administration instructions. The DON stated the dose of controlled substance was not prepared for administration since the dose remained in the pharmacy packaging.

The licensee failed to ensure that the "Medication Pass" Policy 3-6 was complied with. [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 to ensure that any medication policy instituted or otherwise put in place is complied, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
i. persons who may dispense, prescribe or administer drugs in the home, and
ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. The licensee has failed to ensure that a monthly audit was 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.

A Critical Incident System Report documented a controlled substance was discarded in general garbage and never found.

A Critical Incident System Report documented a controlled substance was missing from the dispensing card for a resident and never found.

A Critical Incident System Report documented a controlled substance was left in the medication card and discarded in general garbage and never found.

The Medical Pharmacies "Individual Monitored Medication Record" Policy 6-5 last revised January 2018 stated, "The Individual Monitored Medication Record" is to be regularly audited for accuracy and any discrepancies investigated."

The Medical Pharmacies "Shift Change Monitored Drug Count" Policy 6-6 last revised November 2018 stated, "A monthly audit of the narcotic and controlled medications is required by the DOC, manager or delegate in all storage areas to ensure all narcotic and controlled drugs are present in the right quantities". "The DOC/delegate and a witness will audit monthly the count sheets comparing the count to the quantity of medication remaining." "Track monthly audits using the Narcotic/Controlled Drugs Audit Annual Tracking form."

The Director of Nursing (DON) verified that a monthly audit was not undertaken of the daily count sheets of controlled substances for two months.

The licensee failed to ensure that a monthly audit was undertaken of the daily count sheets of controlled substances. [s. 130. 3.]

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 a monthly audit is undertaken of the daily count sheets of controlled substances to determine if there were any discrepancies, and that immediate action is taken if any discrepancies were discovered, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 133. Drug record (ordering and receiving)
Every licensee of a long-term care home shall ensure that a drug record is established, maintained and kept in the home for at least two years, in which is recorded the following information, in respect of every drug that is ordered and received in the home:

1. The date the drug is ordered.
2. The signature of the person placing the order.
3. The name, strength and quantity of the drug.
4. The name of the place from which the drug is ordered.
5. The name of the resident for whom the drug is prescribed, where applicable.
6. The prescription number, where applicable.
7. The date the drug is received in the home.
8. The signature of the person acknowledging receipt of the drug on behalf of the home.
9. Where applicable, the information required under subsection 136 (4). O. Reg. 79/10, s. 133.

Findings/Faits saillants :

1. The licensee has failed to ensure that a drug record recorded the strength and quantity of the drug and the prescription number in respect of every drug that was ordered in the home.

The Medical Pharmacies "The Drug Record" Policy 4-1 last revised March 2019 stated, "Order/reorder medications ensuring the following information is recorded: name of resident (first and last name in full), medication name and strength, pharmacy name, signature of person requesting the medication and date request was made." "Receive the medications ensuring the following is recorded on the shipping report upon receiving a medication: quantity, prescription number, signature of person receiving order, date order was received and explanation of any discrepancies."

The “Drug Record Book” form was reviewed to determine reordering of a specific drug for a resident. There were multiple medications ordered for multiple residents. Of the 10 orders; the quantity was missing for five orders, the pharmacy name was missing for all 10 orders, and the prescription number was missing for four orders. The DON acknowledged the drug record book did not document the appropriate information as outlined in “The Drug Record Policy 4-1” related to reordering medications.

The Medical Pharmacies “The Drug Record of Ordering” form does not provide for documentation of the prescription number and quantity. Of the 11 orders; the prescription number was missing for five orders, the strength was missing for two orders and the quantity was missing for five orders. The DON stated “The Drug Record of Ordering” was the new form implemented July 31, 2019 and acknowledged that the new form does not have a space for documentation of the prescription number or quantity ordered and there was missing information for strength and quantity for multiple entries.

The licensee failed to ensure that the strength and quantity of the drug and the prescription number was recorded for multiple orders for multiple residents in respect of every drug that was ordered. [s. 133.]

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 a drug record recorded the strength and quantity of the drug and the prescription number in respect of every drug that is ordered in the home, to be implemented voluntarily.

Issued on this 21st day of October, 2019 (A1)

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Amended Public Copy/Copie modifiée du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	Amended by MELANIE NORTHEY (563) - (A1)
Inspection No. / No de l'inspection :	2019_778563_0033 (A1)
Appeal/Dir# / Appel/Dir#:	
Log No. / No de registre :	009157-19, 013367-19, 013854-19, 015030-19, 015117-19, 015536-19 (A1)
Type of Inspection / Genre d'inspection :	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Oct 21, 2019(A1)
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 :	Carol Bradley

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

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

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

Ordre(s) de l'inspecteur

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

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee must be compliant with r. 131 (2) of the O/Reg. 79/10.
Specifically, the licensee must:
a) Ensure that drugs are administered to a specific resident and any other resident in accordance with the directions for use specified by the prescriber.
b) Ensure the Medical Pharmacies "Ordering Medications" Policy 4-2-1 is complied. The ordering of all medications is done in an organized, efficient manner such that an adequate supply of prescribed medication is available for the resident and any other resident in the home.

Grounds / Motifs :

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

A Critical Incident System Report documented a resident's refusal of a controlled substance. Review of the electronic Medication Administration Records (eMAR) in Point Click Care (PCC) documented the resident also refused another medications on the same date.

The eMAR related to a specific medication documented that it was either "2=Drug Refused" or “10=Drug Not Available”.

The Medication Note in PCC documented the medication was administered to the resident by the Registered Practical Nurse. The Director of Nursing (DON) stated the RPN should have created another administration schedule in the eMAR to show it was given on that date so that the next dose would be due as prescribed. The DON

verified that the medication was not documented as administered as part of the eMAR as it was documented in the progress notes. The DON stated that the registered staff can reorder medications directly from the PCC eMAR and the Caressant Care Woodstock Daily Shipping Report from Medical Pharmacies Group would indicate the delivery date of the medication.

The Medication Admin Audit Report documented there were 25 days between dose administrations. The order was prescribed for every two weeks.

The Medical Pharmacies "Ordering Medications" Policy 4-2-1 documented important prescriber requirements that included to "Ensure that all existing or the same medication have been discontinued before writing a new order or a change in directions." The administration of the medication on a specific date was not documented in the eMAR and there was no change in direction that included the next scheduled administration date.

The Medical Pharmacies Drug Record of Ordering form documented the order dates of the medication. The Caressant Care Woodstock Order Audit Report from PCC documented dates the medication was reordered and dispensed from pharmacy.The Caressant Care Woodstock Daily Shipping Report documented the medication was delivered for the resident. The DON stated there was no documented evidence that the medication was ordered from pharmacy when the medication was unavailable for administration on a specific date.

The Medical Pharmacies "Ordering Medications" Policy 4-2-1 last revised March 2019 stated, "Ordering of all medications is done in an organized, efficient manner such that an adequate supply of prescribed medication is available for each resident."

The Medical Pharmacies "Reordering Medications" Policy 4-7 last revised February 2017 stated, “All reorders of medication are communicated to pharmacy via fax or eMAR.” “Expect delivery within one to three days.”

The DON verified the resident was not administered the medication as prescribed over a three month period. The DON shared the order was not reviewed with the physician. The DON also stated the medication was not ordered from pharmacy after administration for it to be available for the next biweekly administration. There was no

other attempt to administer the medication after the resident refused it.

The licensee failed to ensure that the medication was administered to the resident in accordance with the directions for use specified by the prescriber.

The severity was determined to be a level 2 as there was minimal harm or minimal risk. The scope of this issue was isolated during the course of this inspection. The home had a level 3 history as the home had one or more non-compliance(s), WN, VPC or complied CO, one of which is the same subsection being cited related to this section of the LTCHA and included:
- Written Notification (WN) and Compliance Order (CO) issued February 19, 2019 (2019_778563_0006). The CO was complied May 3, 2019;
- WN and CO issued October 23, 2018 (2018_722630_0019) was closed with a link February 19, 2019 (2018_722630_0019);
- WN and CO served October 6, 2017 (2017_605213_0020). The CO was complied November 27, 2017;
- WN, CO and Director's Referral issued August 24, 2017 (2017_605213_0015). The CO was closed with link October 6, 2017 (2017_605213_0020);
- WN and CO issued June 29, 2017 (2017_605213_0008). The CO was closed with a link August 23, 2017 (2017_605213_0015);
- WN issued May 24, 2017 (2016_229213_0039); and
- WN and CO issued January 24, 2017 (2016_229213_0035). The CO was complied November 27, 2017. (563)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Nov 30, 2019(A1)

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:

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

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.

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

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

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 revision 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 21st day of October, 2019 (A1)

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur :

Amended by MELANIE NORTHEY (563) - (A1)

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Service Area Office / Bureau régional de services : London Service Area Office