



**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 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**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 13, 2018	2018_682549_0005	023716-17	Complaint

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### **Licensee/Titulaire de permis**

Revera Long Term Care Inc.  
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

Carlingview Manor  
2330 Carling Avenue OTTAWA ON K2B 7H1

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

RENA BOWEN (549)

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## **Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): January 29, 30, 31,  
February 1, 2, 5, 8, 2018**

**During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), a Clinical Care Manager (CCM), the Director of Care (DOC), the Assistant Executive Director, the Executive Director and the Regional Manager of Clinical Services.**

**The inspector also reviewed a resident health care file, Medication Administration Records, physician orders, hospital discharge summary, the licensee's medication administration policies CARE13-O10.02 and CARE13-P10 and the licensee's contracted pharmacy medication policies and procedures and the licensee's End of Life policies CARE4-010.4 and CARE4-P10.**

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

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

**3 WN(s)**

**3 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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

**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 plan, policy, protocol, procedure, strategy or system instituted or otherwise put into place is complied with.

In accordance with O. Regulation 79/10, s. 114(2) the licensee is required to develop written policies and protocols 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.

During an interview with the DOC and Clinical Care Manager (CCM) #100 on January 29, 2018 it was indicated to Inspector #549 that the protocol for all physician orders received is to have a registered staff signature indicating who processed the order and a second registered staff signature indicating who checked the order for the safe administration of all medications.

The DOC and the CCM #100 stated that physicians orders are written on the Physician's Digiorder Forms. The Physician's Digiorder Forms are to have a registered staff signature in the Processed By box with a date and a registered staff signature in the Checked By box with a date.

The DOC and CCM #100 also stated that all New Admission Order Forms are to have Nurse #1 signature with a date and Nurse #2 signature with a date at the bottom of the form again for the safe administration of medications. The signature of Nurse #1 is to indicate the registered staff who processed the orders and the signature of Nurse #2 is to indicate the registered staff who checked the orders.

Inspector #549 reviewed the New Admission Order Form for resident #001 dated a specific date in 2017. The New Admission Order Form did not include a second registered staff signature indicating who checked the New Admission orders.

Inspector #549 reviewed resident #001's Physician's Digiorder Form for two specific dates in 2017. The Physician's Digiorder form indicates that a telephone order was received on a specific date in 2017 from a physician ordering an antiemetics medication to be discontinued and ordered an anti-nausea medication. The physician's order form did not include a registered staff signature indicating who processed the order or a registered staff signature indicating who checked the physician's order.



The Physician's Digiorder Form indicates that a telephone order was received on a specific date in 2017 from the same physician. The physician's order was to discontinue the first anti-nausea medication and start a different anti-nausea medication. The Physician's Digiorder Form did not include a registered staff signature indicating who processed the order or a registered staff signature indicating who checked the physician's order.

The Physician's Digiorder Form indicates that a telephone order was received on a specific date in 2017 from a physician ordering an increase of a specific pain medication. The Physician's Digiorder Form did not include a registered staff signature indicating who checked the physician's order.

The Physician's Digiorder Form indicates that a telephone order was received on a specific date in 2017 from a physician to discontinue the specific type of pain medication and give a different type of pain medication stat and then prn. The Physician's Digiorder Form did not include a registered staff signature indicating who processed the physician's order or a registered staff signature indicating who checked the physician's order.

During an interview on February 1, 2018, the DOC stated that on two separate dates in 2017, RPNs #112 and #116 did not comply with the licensee's medication protocol for the processing and checking of physician's orders by not signing who processed or checked the physician's orders received for resident #001 on the Physician's Digiorder Form.

As such, the licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put into place is 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 plan, policy, protocol, procedure, strategy or system instituted or otherwise put into place is complied with., to be implemented voluntarily.***



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**WN #2: 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. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident.

Resident #001 progress notes indicate that the resident was admitted to an acute care hospital on a specific date in 2017, and readmitted back to the home on a specific date 2017.

The licensee's contracted pharmacy is MediSystem Pharmacy which provides an electronic medication system. CCM #100 provided Inspector #549 with the medication policy and procedure manual from MediSystem which she stated is integrated with the licensee's policies and procedure for the administration of medications.

On page 47 of the MediSystem policy and procedure manual it is stated that part of the re-admission process to/and from the home will include; reviewing the resident's list of medication prior to transfer with the list of new medications ordered upon return to the facility. The list of prior medications will be listed on the readmission form, which gives the prescriber an opportunity to assess each medication and indicate whether it should be continued, discontinued or held.

Inspector #549 reviewed resident #001's health care file on February 1, 2018 and was unable to locate a medication readmission form for a specific date in 2017. The health care file contained the resident's hospital discharge summary and a prescription for medications that the resident was receiving while in the hospital.

The medications from the hospital discharge summary were transcribed on to a New Admission Order Form and approved by the attending physician on a specific date in 2017. The attending physician also gave a telephone order to stop all by mouth



medications.

Prior to being admitted to the hospital the resident had an order for a type of corticosteroid and eye drops..

Inspector #549 was unable to locate any documentation supporting that the attending physician gave a readmission order or approval to continue the corticosteroid or the eye drops when readmission orders were approved on a specific date in 2017.

Inspector #549 reviewed resident #001's Medication Administration Records (MARs) with CCM #100. The MARs indicated that the resident was administered the eye drops on a specific date in 2017. On another specific date in 2017 the resident was administered the corticosteroid and the eye drops.

During an interview on February 2, 2018 the DOC stated that RPN #112 should have discussed the eye drops and the corticosteroid on a specific date in 2017 with the attending physician and a readmission order or approval to continue the corticosteroid and the eye drops should have been requested.

During an interview with RPN #112 on February 8, 2018 it was indicated to the inspector that RPN #112 did not obtain a readmission order or approval from the physician to continue the corticosteroid or the eye drops.

As such, the licensee failed to ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident when resident #001 was administered the eye drops and the corticosteroid on a specific date in 2017 without a physician's order. [s. 131. (1)]

***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 no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident, to be implemented voluntarily.***



**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes**

**Every licensee of a long-term care home shall ensure that,**

**(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;**

**(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and**

**(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.**

**Findings/Faits saillants :**





1. The licensee has failed to ensure that when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs.

Inspector #549 reviewed resident #001's physician orders which included an order for a specific pain medication to be given as needed (PRN). The resident's MARs indicated that the resident was administered the pain medication prn on a specific date in 2017 at two specific times. Resident #001 was ordered and administer a benzodiazepine prn on specific date in 2017 at three specific times. The resident was also ordered and received a different type of pain medication prn on a specific date in 2017 at a specific time.

Inspector #549 was unable to locate any documentation supporting the resident's response and effectiveness following the administration of the specified medications.

On February 1, 2018, the DOC stated that the home's expectation is that the registered staff document the resident's response and the effectiveness of any prn medication administered to a resident.

As such, the licensee failed to ensure that when resident #001 was administered the pain medications and the benzodiazepine PRN the resident's response and effectiveness of the drugs was documented by the registered staff. [s. 134. (a)]

***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 when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs, to be implemented voluntarily.***



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**Issued on this 13th day of February, 2018**

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

**Original report signed by the inspector.**