



**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**

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**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>
Sep 6, 2017	2017_601532_0011	018181-17	Resident Quality Inspection

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**Licensee/Titulaire de permis**

DERBECKER'S HERITAGE HOUSE LIMITED  
54 Eby Street St Jacobs ON N0B 2N0

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

DERBECKER'S HERITAGE HOUSE  
54 Eby Street St. Jacobs ON N0B 2N0

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

NUZHAT UDDIN (532), SHARON PERRY (155)

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

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**The purpose of this inspection was to conduct a Resident Quality Inspection.**

**This inspection was conducted on the following date(s): August 14, 15, 16, 17, 18, 2017.**

**Critical Incident System (CIS) inspection 2134-000003-17 related to Falls Prevention was completed.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing, Recreation and Leisure Manager, Restorative Care Coordinator, Dietitian, Nutrition Manager, Registered Nurse, Registered Practical Nurses (RPN), Personal Support Workers (PSW), Family and Resident Council Representatives, Residents and Family members.**

**Inspectors also toured the resident home areas, observed resident care provision; resident/staff interaction, medication administration, medication storage areas, reviewed relevant residents clinical records, relevant policies and procedures and observed general maintenance and cleaning of the home.**

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

**Falls Prevention**

**Family Council**

**Infection Prevention and Control**

**Medication**

**Nutrition and Hydration**

**Residents' Council**

**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	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. 135. Medication incidents and adverse drug reactions**
**Specifically failed to comply with the following:**

- s. 135. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,**
- (a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed; O. Reg. 79/10, s. 135 (2).**
  - (b) corrective action is taken as necessary; and O. Reg. 79/10, s. 135 (2).**
  - (c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that all medication incidents and adverse drug reactions were documented, reviewed and analyzed; corrective action was taken as necessary; and a written record was kept of everything required under clauses (a) and (b).

a) Review of a Medication Incident Report stated that a medication incident was reported.

During an interview with the Director of Nursing they shared that when they reviewed the medication incident it was noted that the identified resident had not received medication, however, Director of Nursing shared that this review was not written.

b) Review of a Medication Incident Report indicated another medication incident.

During an interview with an identified RPN they shared that they became aware of the medication incident from their colleague that they had given the wrong medication to an identified resident.

During an interview with the Director of Nursing they shared that they reviewed the error however, the review was not written.

The licensee failed to ensure that a written record was kept of the review, analysis and corrective actions taken for all medication incidents.

The severity of this area of non-compliance was minimal harm. The scope was determined to be a pattern and there was a history of previous unrelated non-compliance. [s. 135. (2)]



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***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 all medication incidents and adverse drug reactions are documented, reviewed and analyzed; corrective action is taken as necessary; and a written record is kept of everything required under clauses (a) and (b), to be implemented voluntarily.***

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Issued on this 19th day of October, 2017

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

**Original report signed by the inspector.**