

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 16, 2022	2022_779641_0009	017844-21	Critical Incident System

Licensee/Titulaire de permis

Keay Nursing Homes Inc.
15 Oakwood Links Lane Grand Bend ON N0M 1T0

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

E. J. McQuigge Lodge
38 Black Diamond Road P.O. Box 68 Cannifton ON K0K 1K0

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

CATHI KERR (641)

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): March 9, 11, 14, 2022.

This inspection was initiated from intake log #017844-21, CIS #2668-000008-21, related to missing controlled substances designated for destruction.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered Nurses, Registered Practical Nurses, Housekeeping staff and residents.

During this inspection the Inspector completed a tour of the home, observed residents' environments, the provision of care and services to residents, and policies and procedures related to Infection, Prevention and Control and the Medication Management System and Drug Destruction.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Medication**

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

2 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</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>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 policies related to the medication management system were complied with.

In accordance with Ontario Regulation 79/10, s.136(2)2, the drug destruction and disposal policy must provide 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.

The licensee submitted a critical incident (CI) to the Director indicating that controlled substances were noted to be missing during drug destruction. The CI indicated that the drug destruction box was full and controlled substances designated for destruction were being stored in the narcotic bin in the medication cart with the current active controlled substances.

The risk to residents was low as the controlled substances remained double locked.

Sources: Interviews with staff, DOC and Admin, observations of storage of controlled substances and drug destruction storage; and policies and procedures related to Medication Management System. [s. 8. (1) (b)]

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug
destruction and disposal**

Specifically failed to comply with the following:

s. 136. (5) The licensee shall ensure,

(a) that the drug destruction and disposal system is audited at least annually to verify that the licensee's procedures are being followed and are effective; O. Reg. 79/10, s. 136 (5).

(b) that any changes identified in the audit are implemented; and O. Reg. 79/10, s. 136 (5).

(c) that a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 136 (5).

Findings/Faits saillants :

1. The licensee failed to ensure that the drug destruction and disposal system was audited at least annually to verify that the licensee's procedures were being followed and were effective.

The licensee submitted a critical incident (CI) to the Director indicating that controlled substances were noted to be missing during drug destruction. The CI indicated that there had been no drug destruction for over a year.

During an interview with Inspector #641 the Administrator stated that there had not been an annual audit of the drug destruction and disposal system during the last year.

The risk to residents was determined to be low as the controlled substance designated for destruction remained double locked.

Sources: Interviews with staff, DOC and Admin, observations of storage of controlled substances and drug destruction storage; and policies and procedures related to Medication Management System. [s. 136. (5)]

Issued on this 16th day of March, 2022

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

Original report signed by the inspector.