

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: February 21, 2025

Inspection Number: 2025-1543-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: Corporation of the County of Elgin

Long Term Care Home and City: Elgin Manor, St Thomas

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 11, 12, 13, 14, 18, 20, 21, 2025

The inspection occurred offsite on the following date(s): February 13, 19, 2025

The following intake(s) were inspected:

- Intake: #00138923 - Proactive Compliance Inspection - 2025

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Residents' and Family Councils
Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Safe storage of drugs

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(ii) that is secure and locked,

The licensee failed to ensure that drugs were stored in a medication cart, that was secure and locked.

An unlocked and unattended medication cart was observed in a dining area hallway. A Registered Nursing Staff was seen administering medication to a resident in the dining area with the cart keys observed hanging from a controlled substance drawer leaving the controlled substance drawer and the main cart unlocked. The medication cart was also observed unlocked on a separate occasion, during the medication pass while a Registered Nursing Staff was administering medications in the dining room.

Both nursing staff admitted to leaving the cart open to administer medications to multiple residents simultaneously. One of the staff said they forgot to remove the keys from the controlled substances drawer, leaving it and the cart unlocked. An unlocked, unattended medication cart posed a risk to drug safety and security.

Sources: Observations of medication cart and medication administrations, interviews with Registered Nursing Staff and the Administrator

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WRITTEN NOTIFICATION: Drug destruction and disposal

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 148 (1)

Drug destruction and disposal

s. 148 (1) 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,

- (a) all expired drugs;
- (b) all drugs with illegible labels;
- (c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the Drug and Pharmacies Regulation Act; and
- (d) a resident's drugs where,
 - (i) the prescriber attending the resident orders that the use of the drug be discontinued,
 - (ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident's attending physician, or
 - (iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 137.

The licensee failed to comply with the home's policy for the destruction of non-controlled substances, as included in the home's medication management system.

In accordance with O. Reg 246/22 s. 11 (1) b, the licensee is required to ensure that written policies and protocols for drug destruction and disposal are developed for the medication management system and that they are complied with.

1. Staff did not comply with the policy "ACP - Section 10-18 - Medication Destruction," which required popping out oral solid medications from blister packs

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and placing them in the container for destruction, tearing off the prescription label and putting it in the container for destruction, and disposing of the remaining card in the garbage.

Registered Nursing Staff, The Administrator, and Resident Care Coordinator (RCC), stated that staff are not required to open the blister packs or pop out solid medications. Instead, the whole blister pack, with its original packaging, needs to be placed in the disposal bin for destruction.

2. Staff did not comply with the policy "ACP - Section 10-18 - Medication Destruction," which required that medications placed in the drug disposal container be altered or denatured to make consumption impossible or improbable, and the container be sealed. Typically, liquid (water or discontinued liquid medication) is poured over the disposed medications. The container is then picked up by Daniels International Medismart. The policy also stated, "Except for controlled substances, medications designated for disposal are destroyed at the Home by a team of individuals, including a registered staff member and another appointed by the Director of Care (DOC)."

Registered Nursing Staff, the Administrator and RCC mentioned that the home does not have a process for adding liquid medications or water into a medication disposal container. Instead, they lock the medical disposal container once it is full and ship it to Daniels for destruction. Director of Care (DOC) stated that the current process and the policy for the disposal and destruction of non-controlled substances do not align.

Sources: Review of "ACP - Section 10-18 - Medication Destruction" policy, interviews with Registered Nursing Staff, Administrator, RCC, DOC, Director of Pharmacy Operations and Clinical Pharmacy Consultant