



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des Soins  
de longue durée**

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

**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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<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>
Apr 18, 2019	2019_538144_0020	031293-18, 002830-19	Critical Incident System

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**Licensee/Titulaire de permis**

Extendicare (Canada) Inc.  
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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

Extendicare Hamilton  
90 Chedmac Drive HAMILTON ON L9C 7S6

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

CAROLEE MILLINER (144)

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

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): April 16, 2019.**

**The following intakes were inspected within this inspection:**

**Log 032293-18, CIS 2858-000010-18 related to security of drug supply**

**Log 002830-19, CIS 2858-000002-19 related to falls prevention and management.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, two Registered Nurses, two Registered Practical Nurses, one Personal Support Worker and two Physiotherapy Assistants.**

**During the course of the inspection, the inspector observed three residents and reviewed three resident clinical records, the homes management of narcotic & controlled drugs policy & associated templates.**

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

**Falls Prevention**

**Medication**

**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**

<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>

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system**



**Specifically failed to comply with the following:**

- s. 114. (3) The written policies and protocols must be,**  
**(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 114 (3).**  
**(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).**

**Findings/Faits saillants :**

1. In accordance with O. Reg. s. 8(1)(b) the licensee was required to ensure that r.114(3) (a) related to the home's medication management system ensuring accurate storage of all drugs used in the home was complied with.

The home's Management of Narcotic and Controlled Drugs Policy RC-16-01-13, last reviewed in 2017, provided direction for the possession of the narcotic medication bin keys, storage of all narcotic and controlled drugs and for the registered staff on the outgoing and incoming shifts to inspect each medication blister pack card.

One CIS report was reviewed related to two missing controlled substance medications.

During the medication count on one identified date, one Registered Nurse and two Registered Practical Nurses discovered that two controlled substance medications were unaccounted for.

The Administrator said that the home investigation into the incidents of the missing controlled substance medication, did not uncover the reason for the medication discrepancies.

The Director of Care said that previous to the incidents, resident individualized narcotic count records were kept in a binder and that since the incidents, registered staff attach the residents' individualized narcotic count record to the corresponding narcotic medication card. [s. 114. (3) (a)]



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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 home's medication management system ensuring the accurate storage of all drugs used in the home was complied with, to be implemented voluntarily.***

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Issued on this 18th day of April, 2019

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

**Original report signed by the inspector.**