

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

**Ottawa District**  
347 Preston Street, Suite 420  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

<b>Report Issue Date:</b> June 28, 2023	
<b>Inspection Number:</b> 2023-1171-0003	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> Extendicare (Canada) Inc.	
<b>Long Term Care Home and City:</b> Extendicare Laurier Manor, Gloucester	
<b>Lead Inspector</b> Pamela Finnikin (720492)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Maryse Lapensee (000727)	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 29-31, June 1, 2, 5-6, 2023.

The following intake(s) were inspected:

- Intake: #00085884 - CIR #2665-000015-23 related to medication management
- Intake: #00086721 - CIR #2665-000017-23 related to prevention of abuse and neglect
- Intake: #00087302 - CIR #2665-000019-23, Intake: #00087566 - CIR #2665-000020-23 and Intake: #00088318 - CIR #2665-000022-23 related to alleged staff to resident abuse.

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

- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 123 (2)

The licensee has failed to ensure that the Medication Management System policy was complied with for a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to have Medication Management System policies to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home, and they must be complied with.

#### Rationale and Summary

Specifically, staff did not comply with the Management of Insulin, Narcotics and Controlled Drugs Policy, RC-16-01-13 last reviewed March 2023, which was included in the Medication Management System.

The Management of Insulin, Narcotics and Controlled Drugs Policy, #RC-16-01-13, last reviewed March 2023 states on Page 3 of 8: "Drug Count 1. Two nurses, one from the outgoing shift and one from the incoming shift, will count and sign-off on the Narcotic and Controlled Substances Count Sheet every shift change. When counting, narcotic vials and blister packs must be inspected to ensure accuracy."

The resident's progress note in Point Click Care (PCC) in April 2023 noted a Registered Practical Nurse (RPN) reported a missing narcotic on the medication card during shift count report.

The resident's narcotic count sheet on a specific date in April 2023 was signed by one RPN.

A Medication Incident Report signed in April 2023 for the resident confirmed that "the night nurse counted alone and left. Should be counted with two staff."

An interview with an RPN confirmed that the policy for narcotic counts was not followed, only one nurse counted resident's narcotic sheet on a date in April 2023, and not two nurses together.

Interviews with two RPN's in June 2023 confirmed that home's process for counting narcotics is two registered staff to count together at the end and beginning of each shift, and the count must be correct

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before they leave.

An interview with the ADOC confirmed in June 2023 that the RPN working the night shift on a date in April 2023, did not count with an incoming registered staff member as per policy.

Sources: Management of Insulin, Narcotics and Controlled Drugs Policy, #RC-16-01-13, resident's health care records including narcotic count sheets and progress notes in Point Click Care (PCC), Medication Incident Report dated April 2023, interviews with RPN's and ADOC.

[720492]

### **WRITTEN NOTIFICATION: Plan of Care - Documentation**

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

The licensee has failed to ensure that the provision of the care set out in the resident's plan of care was documented as required.

Review of resident's health care records in Point of Care (POC) confirmed that there was missing documentation for all eighteen interventions and tasks assigned on four evening shifts in May 2023.

Interview with ADOC in June 2023 confirmed that care was provided to the resident on these four evening shifts in May 2023 and that staff should have documented any interventions, tasks or care provided.

By not documenting the care provided, staff would not be aware of when and what care was provided to the resident.

Sources: The resident's health care records including Point of Care (POC), interview with ADOC and others.

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### **WRITTEN NOTIFICATION: Required Programs**

**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

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The licensee has failed to ensure that the Falls Prevention and Management policy was complied with for a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to have a falls prevention and management program to reduce the incidence of falls and the risk of injury, and it must be complied with.

### **Rationale and Summary**

Specifically, staff did not comply with the “Post Fall Management procedure”, dated March 2023, which was included in the licensee’s Falls Prevention and Management Program.

The Falls Prevention and Management policy directed, under section Post Fall Management, the staff to: “#3. Transfer the resident post-fall, unless the resident is able to get up on their, and only after the nurse has assessed the resident and approved the transfer.”

A PSW confirmed that the resident had a fall in May 2023, and was left on the floor post fall for four and a half hours.

ADOC stated that preventing the resident from getting up, was not okay and confirmed that not transferring a resident after a fall is not following the Home’s Policy.

Sources: Resident's health care record, Post-Fall Management procedure (March 2023) and interview with staff members.

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