

**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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**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>
Dec 5, 2019	2019_603194_0026	005695-19, 014221-19	Complaint

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**Licensee/Titulaire de permis**

The Corporation of the City of Peterborough and The Corporation of the County of Peterborough  
c/o Fairhaven 881 Dutton Road PETERBOROUGH ON K9H 7S4

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

Fairhaven  
881 Dutton Road PETERBOROUGH ON K9H 7S4

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

CHANTAL LAFRENIERE (194)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): November 14, 15, 18, 19 and 20, 25, 26, 27, December 3, 2019**

**The inspector inspected Log #005695-19 and Log #014221-19, related to medication administration,**

**During the course of the inspection, the inspector(s) spoke with Resident, Executive Director (ED), Director of Care (DOC), Resident Care Manager (RCM), Registered Nurse, (RN), Registered Practical Nurse, (RPN), Personal Support Worker (PSW) and Physio Therapist, (PT).**

**During the course of the inspection, the Inspector reviewed clinical health record of identified resident, relevant medication policy, home's internal investigation and medication incident report, observed the provision of staff to resident care and medication reconciliation process.**

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

**Medication**

**Personal Support Services**

**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>

**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 where the Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O. Reg. 79/10. s. 114 (2) the licensee was required to ensure that written policies and protocols were developed for the medication management system to ensure the accurate dispensing and administration of all drugs used in the home.

Specifically, staff did not comply with the licensee's policy "Medication Reconciliation" 7-2 dated February 2017.

The Medication Reconciliation policy indicated:

- record a complete and accurate list of residents current and pre-admission medications including name, dosage, frequency and route.
- record sources of medication information reviewed (use form legend for codes) The Best Possible Medication History (BPMH) form indicated Source of medication List: (use at least two) Circle:
  - Community Care Access Centre (CCAC) forms, Resident or family recall, Review of vials, Community Pharmacy, Hospital discharge, LTC Medication Administration Record.

On an identified date, the Director received a complaint and CIR related medication administration involving resident #003.

A review of resident #003's clinical health record was completed by Inspector #194. The clinical health record indicated that on an identified date, a Best Possible Medical History (BPMH) was completed for resident #003 by RN #124. During the completion of the

BPMH, RN #124 reviewed resident #003's, medication list. RN #124 incorrectly listed the resident's medications onto the BPMH.

Review of the BPMH for resident #003 on the identified date, was completed by Inspector #194 and indicated that RN #124 did not identify the sources used to verify the medications for resident #003.

Review of the medication incident report completed by the home, indicated that RN #124 incorrectly documented the medications and only one source was used to verify the medication information for the BPMH.

RN #124 was not available for interview during the inspection at the home.

During an interview with Inspector #194 related to the incident, the DOC indicated that RN# 124 did not accurately record the medication information for resident #003 onto the BPMH.

During an interview with Inspector #194 related to the incident, the Resident Care Manager (RCM) #104 indicated that following the incident involving resident #003 the reconciliation policy was reviewed and changes to the home prevailing practice were put into place.

The licensee failed to ensure that the home's Medication reconciliation policy #7-2 was complied with on the identified date, when RN #124 did not accurately record the medication information and when only one medication source was used to complete the BPMH for resident #003. [s. 8. (1) (b)]

***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 by ensuring that the homes Medication reconciliation policy is complied with, to be implemented voluntarily.***

**Issued on this 16th day of December, 2019**

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

**Original report signed by the inspector.**