Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
May 31, Jun 3, 7, 2011	2011_048175_0002	Complaint

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF CORNWALL
1900 Montreal Rd., CORNWALL, ON, K6H-7L1

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

GLEN-STOR-DUN LODGE
1900 MONTREAL ROAD, CORNWALL, ON, K6H-7L1

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

BRENDA THOMPSON (175)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Two Registered Nurses and Personal Support Workers on the 3rd Floor Nursing Unit and the Laundry Manager.

During the course of the inspection, the inspector(s) Reviewed Medication Administration Records, observed Medication storage on 3rd Floor Nursing Unit and Government Stock Room, the Pharmaceutical Services Contract with the Home. Linen storage carts on 3rd Floor Nursing Unit, Laundry Rooms on 3rd Floor Nursing Unit and Main Laundry Room. Observed residents on 2nd and 3rd Floor Nursing Units.Reviewed Tena Systems Manual, Tena Assessments and storage of Tena Supplies 3rd Floor Nursing Unit.

The following Inspection Protocols were used in part or in whole during this inspection:

Accommodation Services - Laundry

Continence Care and Bowel Management

Medication

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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Definitions	Définitions
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits sayants :

1. June 1, 2011 medication administration records and medication storage were reviewed. Oral Tylenol #3 for one resident was ordered to be given 4 times per day and 1 dose per day when needed. It was confirmed that the Tylenol #3 was borrowed from another resident on May 30, 31, 4 doses per day and on June 1, 2011, the 8 a. m. dose was borrowed.

2. June 3, 2011 staff interview with a Registered Nurse 3rd Floor stated the practice of borrowing medications was a common occurrence for 4 residents, involving Fentanyl patches. The staff noted the borrowing originated because the residents' patches were not re-ordered.

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 medications are administered to residents as prescribed. , to be implemented voluntarily.

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 subsections:

s. 136. (2) The drug destruction and disposal policy must also provide for the following:
1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.
2. 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.
3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
4. That drugs that are to be destroyed are destroyed in accordance with subsection (3). O. Reg. 79/10, s. 136 (2).

Findings/Faits sayants :

1. June 03, 2011, discontinued controlled substances ready for disposal were observed to be stored along with controlled substances available for use.

2. A resident's Oxycodene was discontinued May 2, 2011 and was observed stored with other controlled substances available for use.

3.A resident's Hydromorphone Contin discontinued April 25, 2011 and was observed stored with other controlled substances available for use.

Issued on this 9th day of June, 2011

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

B Thompson