



**Ministry of Health and
Long-Term Care**
**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère 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
**Division de la responsabilisation et de la
performance du système de santé**
**Direction de l'amélioration de la performance et de la
conformité**

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 22, 24, 2012	2012_044161_0035	Complaint

Licensee/Titulaire de permis

ARNPRIOR (THE) AND DISTRICT MEMORIAL HOSP.
350 John Street North, ARNPRIOR, ON, K7S-2P6

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

THE GROVE, ARNPRIOR AND DISTRICT NURSING HOME
275 IDA STREET NORTH, ARNPRIOR, ON, K7S-3M7

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

KATHLEEN SMID (161)

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 the Director of Care, Assistant Director of Care, a Registered Practical Nurse and two Personal Support Workers.

During the course of the inspection, the inspector(s) observed Resident # 001 and reviewed his/her health care record.

The following Inspection Protocols were used during this inspection:

Medication

Personal Support Services

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



**Ministry of Health and
Long-Term Care**
**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**
**Rapport d'inspection
prévue le Loi de 2007 les
foyers de soins de longue**

Legend	Legendé
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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

On a date in February 2012 Resident # 001 underwent eye surgery and returned back to the home the same day at 14:30 hours with a prescription from the Ophtahalmologist for Tobradex ointment four times a day (QID) for seven days.

On the same date in February 2012 at 18:00 hours, Resident # 001's Physician Order sheet indicated that the prescription from the Ophtahalmologist for Tobradex ointment QID for seven days was approved by Resident # 001's Physician at the home.

On the same date in February 2012 at 21:44 Resident # 001's progress notes indicate "eye ointment not in therefore not applied."

The Resident # 001's Medication Administration Record for February 2012 was reviewed. The medication was not administered on 5 occasions.

On August 22, 2012 the home's Assistant Director of Care confirmed that Resident # 001 received the first dose of Tobradex ointment in the evening of the following day post surgery in February 2012.

Issued on this 24th day of August, 2012



**Ministry of Health and
Long-Term Care**
**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**
**Rapport d'inspection
prévue le Loi de 2007 les
foyers de soins de longue**

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

A handwritten signature in black ink that reads "Kathleen Snodgrass". The signature is fluid and cursive, with "Kathleen" on top and "Snodgrass" below it.

