



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**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**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700 rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

## **Public Copy/Copie du public**

---

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 29, 2015	2015_262523_0001	T-001589-14	Resident Quality Inspection

---

### **Licensee/Titulaire de permis**

HERITAGE NURSING HOMES INC.  
1195 QUEEN STREET EAST TORONTO ON M4M 1L6

---

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

THE HERITAGE NURSING HOME  
1195 QUEEN STREET EAST TORONTO ON M4M 1L6

---

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

ALI NASSER (523), REBECCA DEWITTE (521), SALLY ASHBY (520)

---

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

---



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): January 5, 6, 7, 8, 9, 12, 13, 14 & 15, 2015**

**Completed concurrently with complaint inspection Log # 000241-15**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Maintenance Manager, Food Services Manager, Activation Manager, Business Manager, RAI Coordinator, Nurse Practitioner, Pharmacist, Physiotherapist, Physiotherapy Assistant, Activation Aide, Chinese Family and Patient Relation, Supplies Porter, Dietary Aide, External Company Representative, 10 registered Staff, four Personal Support Services, Family Council President, 2 Resident Council Presidents, 40 Residents and 3 Family Members. The inspector(s) also toured the home, observed meal service, medication pass, medication storage areas and care provided to residents, reviewed health records and plans of care for identified residents, reviewed policies and procedures of the home and observed general maintenance, cleanliness and condition of the home.**

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

**Accommodation Services - Laundry  
Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Family Council  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Recreation and Social Activities  
Residents' Council  
Safe and Secure Home  
Skin and Wound Care**



During the course of this inspection, Non-Compliances were issued.

- 18 WN(s)
- 16 VPC(s)
- 5 CO(s)
- 0 DR(s)
- 0 WAO(s)

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>Legendé</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. 15. Bed rails**



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

**s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**

**(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**

**(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**

**(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that where bed rails are used, steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment, as evidenced by:

During Resident Observations certain beds with bed rails were identified to have potential entrapment concerns.

A tour with the Director of Care and the Maintenance Manager verified the potential entrapment concerns. Review of the Bed Assessment completed on 3/23/2012 revealed that some beds failed one or more zones of entrapment.

Interview with the Maintenance Manager revealed that he was unable to confirm that each resident had been assessed with their particular bed system. The Maintenance Manager confirmed that there was no document to identify the failed beds and how the potential entrapment risk had been mitigated. [s. 15. (1) (b)] (520)

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

---

**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:**

**s. 136. (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of,**

**(a) all expired drugs; O. Reg. 79/10, s. 136 (1).**

**(b) all drugs with illegible labels; O. Reg. 79/10, s. 136 (1).**

**(c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the Drug and Pharmacies Regulation Act; and O. Reg. 79/10, s. 136 (1).**

**(d) a resident's drugs where,**

**(i) the prescriber attending the resident orders that the use of the drug be discontinued,**

**(ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident's attending physician, or**

**(iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 128. O. Reg. 79/10, s. 136 (1).**

**s. 136. (2) The drug destruction and disposal policy must also provide for the following:**

**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. O. Reg. 79/10, s. 136 (2).**

**s. 136. (2) The drug destruction and disposal policy must also provide for the following:**

**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. O. Reg. 79/10, s. 136 (2).**

**s. 136. (3) The drugs must be destroyed by a team acting together and composed of,**

**(a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada),**

**(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and**

**(ii) a physician or a pharmacist; and O. Reg. 79/10, s. 136 (3).**

**s. 136. (4) Where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy must provide that the team composed of the persons referred to in clause (3) (a) shall document the following in the drug record:**

- 1. The date of removal of the drug from the drug storage area. O. Reg. 79/10, s. 136 (4).**
- 2. The name of the resident for whom the drug was prescribed, where applicable. O. Reg. 79/10, s. 136 (4).**
- 3. The prescription number of the drug, where applicable. O. Reg. 79/10, s. 136 (4).**
- 4. The drug's name, strength and quantity. O. Reg. 79/10, s. 136 (4).**
- 5. The reason for destruction. O. Reg. 79/10, s. 136 (4).**
- 6. The date when the drug was destroyed. O. Reg. 79/10, s. 136 (4).**
- 7. The names of the members of the team who destroyed the drug. O. Reg. 79/10, s. 136 (4).**
- 8. The manner of destruction of the drug. O. Reg. 79/10, s. 136 (4).**

**s. 136. (5) The licensee shall ensure,**

- (a) that the drug destruction and disposal system is audited at least annually to verify that the licensee's procedures are being followed and are effective; O. Reg. 79/10, s. 136 (5).**
- (b) that any changes identified in the audit are implemented; and O. Reg. 79/10, s. 136 (5).**
- (c) that a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 136 (5).**

**s. 136. (6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable. O. Reg. 79/10, s. 136 (6).**

### **Findings/Faits saillants :**

- 1. The licensee has failed to ensure that as part of the medication management system a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of all expired drugs, as evidenced by:**

A review of the Surplus Medication Reallocation/Destruction Policy Dated June 1990 Revised February 2014 revealed that the written policy did not provide for the ongoing



identification, destruction and disposal of all expired drugs.

An interview with the Director of Care confirmed that the Surplus Medication Reallocation/Destruction Policy is not in compliance with the current legislative requirements r.136(1) and that it will need to be revised to ensure it is in compliance. The Director of Care confirmed that it is the home's expectation that the Drug destruction and disposal written policy provides for the ongoing identification, destruction and disposal of all medications. [s. 136. (1)]

2. The licensee has failed to ensure 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, as evidenced by:

An interview with the home's contracted Pharmacist revealed that controlled substances were not stored in a double locked storage area.

An interview with the Director of Care confirmed that it is the home's expectation that any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home. [s. 136. (2) 2.]

3. The licensee has failed to ensure 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, as evidenced by:

An interview with a Registered Nurse revealed that the method to destroy regular discontinued drugs was to place them into a black garbage bag for the regular garbage collection.

An interview with the Director of Care confirmed that it is the home's expectation that drugs are destroyed and disposed of in a safe and environmentally appropriate manner. [s. 136. (2) 3.]

4. The licensee has failed to ensure that when a drug that is to be destroyed is a controlled substance, it will be done by a team acting together and composed of:

- i. One member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
- ii. A physician or a pharmacist, as evidenced by:

An interview with a Registered Nurse revealed that the Registered Nurse would only complete the signing of the documentation with no other involvement in the process

which is completed by the Pharmacist.

An interview with the Director of Care confirmed that it is the home's expectation that when a drug is to be destroyed is a controlled substance, it will be done by a team acting together. [s. 136. (3) (a)]

5. The licensee has failed to ensure that where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy provides that the applicable team document the following in the drug record:

1. The date of removal of the drug from the drug storage area
2. The name of the resident for whom the drug was prescribed, where applicable
3. The prescription number of the drug, where applicable
4. The drug's name, strength and quantity
5. The reason for destruction
6. The date when the drug was destroyed
7. The names of the persons who destroyed the drug
8. The manner of destruction of the drug

As evidenced by:

A record review of the Surplus Prescribed Drug forms used to document information on when drugs are destroyed revealed that some forms failed to contain all the accurate information, dates and/or signatures. [s. 136. (4)]

6. The licensee has failed to ensure:

- a) that the drug destruction and disposal system is audited at least annually to verify that the licensee's procedures are being followed and are effective;
- b) that any changes identified in the audit are implemented, and
- c) that a written record is kept of everything provided for in clauses a) and b)

An interview with the Director of Care revealed that the drug destruction and disposal system had not been audited.

The Director of Care confirmed that it is the home's expectation to complete the annual audit on the drug destruction and disposal system. [s. 136. (5)]

7. The licensee has failed to ensure that when a drug is destroyed, the drug is altered or denatured to such an extent that its consumption is rendered impossible or improbable, as evidenced by:





**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

An interview with home's contracted Pharmacist revealed that the Pharmacist's did not destroy narcotic drugs but placed them whole unwrapped into the bucket provided by the medication disposal company.

An interview with a Registered Nurse revealed that the method to destroy the remaining drugs by the Pharmacist was to place them into a black garbage bag for the regular garbage collection.

An interview with the Director of Care confirmed it is the home's expectation that when a drug is destroyed, the drug is altered or denatured to such an extent that its consumption is rendered impossible or improbable. [s. 136. (6)]



***Additional Required Actions:***

***CO # - 002, 003, 004, 005 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

***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 where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy provides that the applicable team document the following in the drug record:***

- 1. The date of removal of the drug from the drug storage area***
- 2. The name of the resident for whom the drug was prescribed, where applicable***
- 3. The prescription number of the drug, where applicable***
- 4. The drug's name, strength and quantity***
- 5. The reason for destruction***
- 6. The date when the drug was destroyed***
- 7. The names of the persons who destroyed the drug***
- 8. The manner of destruction of the drug***

***And to ensure:***

- a) that the drug destruction and disposal system is audited at least annually to verify that the licensee's procedures are being followed and are effective;***
- b) that any changes identified in the audit are implemented, and***
- c) that a written record is kept of everything provided for in clauses a) and b), to be implemented voluntarily.***

---

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**



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

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**11. Every resident has the right to,**

**i. participate fully in the development, implementation, review and revision of his or her plan of care,**

**ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,**

**iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and**

**iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident's right to be afforded privacy in treatment and in caring to his or her personal needs was fully respected and promoted, as evidenced by:

A) Resident Observation revealed missing privacy curtains in some of the resident rooms. This was confirmed with the Director of Care and the Maintenance Manager. [s. 3. (1) 8.] (520)

B) A specific resident was observed being provided a medication in a common area of the home in front of five other residents and a variety of people walking in the hall way. A record review of this resident's Care Plan revealed that there was no documentation authorizing Registered Staff to administer the resident's medication in the common area.



A Registered Nurse confirmed the expectation is that all residents are afforded privacy in their treatment.

[S. 3. (1) 8.] (521)

C) Resident Observation revealed that the privacy curtains in a resident room did not close completely due a stopper, thus the privacy of the resident was not protected. Interview with the Administrator and the DOC revealed that privacy curtain's stoppers have been removed and privacy curtains now shut completely, and that replacing the missing curtains have started; to ensure resident's privacy is maintained. [s. 3. (1) 8.] (523)

2. The licensee failed to ensure that the resident's right to have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act is fully respected and promoted, as evidenced by:

A) During inspection it was noted that one of the nursing stations was left unattended. The door to the nursing station was wide open; a resident file was on the nursing desk and Point Click Care was open and visible with a resident's information on the screen. This was verified by the Nurse Practitioner. [s. 3. (1) 11. iv.] (520)

B) Another observations revealed the Medical Health Record room was open without any staff nearby. Inside the room there were piles of paper of resident's records. The Physiotherapist Assistant verified the personal health information was not protected and that it is the home's expectation that the personal health information of all residents is kept confidential in accordance with the Act. [s. 3. (1) 11. iv.] (521)

C) Observations revealed the Medical Health Record room was unlocked and unattended. A Registered Nurse confirmed the room was unlocked and unattended and it is the home's expectation that every resident has the right to have his or her personal health information within the meaning of the Personal Health Information kept protected. [s. 3. (1) 11. iv.] (521)



***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 the following rights:***

- 1) Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.***
- 2) Every resident has the right to have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, are respected and promoted, to be implemented voluntarily.***

---

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**

**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**

**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**

**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the plan of care set out clear direction to staff and others who provide care to the resident, as evidenced by:

A review of the written plan of care for a specific resident revealed that the treatment care orders were changed, those changes were reflected in the Treatment Administration Record but not in the written care plan interventions. Thus the written plan of care had conflicting directions to staff.

A Registered Staff confirmed that the home's expectation is that the plan of care set out clear direction to staff and others who provide direct care to resident.[s. 6. (1) (c)] [s. 6. (1) (c)] (523)

2. The licensee has failed to ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident, as evidenced by:

A review of the clinical record for three residents revealed that residents' written plan of care interventions were not reflective of the residents' needs or preferences.

The Registered Staff confirmed that the home's expectation is that the plan of care would be based on the assessment of the resident and the needs and preferences of that resident. [s. 6. (2)] (523)

***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 the plan of care set out clear direction to staff and others who provide care to the resident and the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident, to be implemented voluntarily.***

---

**WN #5: 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 failed to ensure that the plan, policy, protocol, procedure, strategy or system is complied with, as evidenced by:

a) A review of the Process to Discontinue and Dispose of Surplus Prescription Medication Policy dated February 2014 page 190 of the Resident Care Manual point 5 States: "The discontinued medication will be signed for immediately on the surplus prescribed drug sheet by two registered staff and placed in the locked medication cupboard on the unit."

A record review of the surplus prescription medication drug sheet revealed only one registered staff member signed for the medications on 2 different dates.

This was verified by a Registered Nurse who confirmed it is the homes expectation that two staff members sign the required documentation. [s. 8. (1)] (521)

b) A review of the Laundry Policy dated February 2014 under Procedure stated: 7. the original inventory sheet will be kept in the resident's chart. Any discrepancies on sheet and actual clothes being labeled must be reported to Environmental Supervisor on a Lost and Found

Claim Form. 12. Staff receives a missing clothing report from resident/family, the following steps are:

i) Check resident's drawers and closet and nursing station

ii) Inform laundry staff

iii) Fill the Lost and Found Claim Form. One copy goes to Director of Care. Staff is required to follow the instruction according to the Lost and Found Claim form when the items were found.

Interviews with 3 staff members related to laundry services revealed that staff were



unaware of the Lost and Found Claim Form and were unsure of what the process was when a resident had missing laundry. Inventory sheets were located for 2 of 3 Residents identified as having missing laundry. On the inventory sheets the Director of Care verified the missing information, dates and signatures.

In an Interview the Director of Care was unable to find the Lost and Found Claim Forms for three residents, the Director of Care further verified that she was unaware of the missing clothing for two of those residents. The Director of Care confirmed that the home is not following their Laundry Policy. [s. 8. (1) (b)](520)

c) A Review of Food Safety (Temperature Control) Policy Reviewed February 2014 stated: Under Policy: ...emphasizing temperature control at all points throughout the food production chain from delivery to service Under Purpose, 3): To maintain foods at temperatures deemed safe for preventing the growth of pathogenic micro-organisms or the formation of toxins. Under Service: Probing Auditing 2.3: Temperatures must be recorded on the Food Temperature Recording Chart (attached and sign off by the individual responsible for audit is required).

A review of Fridge Temperature Records revealed: missing temperatures and some initials on the four floors of the home on different dates.

A review of the Food Production Sheet for the a week revealed that the food temperature was not taken 32 times. The Food Service Manager stated that refrigerator temperatures should be recorded and documented on the Temperature Record sheets and food temperatures on the production sheets; The Food Service Manager confirmed the missing temperatures and initials on the Fridge Temperature Records and the production sheets. [s. 8. (1) (b)] (520)

d) A review of the Policy "Documentation" Dated February 2014 page 1 of 2, point four states Nurses will continue to follow documentation guidelines from the College of Nurses of Ontario.

The College of Nurse of Ontario Documentation Standards page 7 of 12, points (f) correcting errors while ensuring that the original information remains visible/retrievable, and, (g) Never deleting, altering or modifying anyone else's documentation.

A record review of the Surplus Prescribed Drugs Forms revealed that they had been altered in the signature boxes. A Registered Nurse did not recall how the white out had got on the Form but confirmed that it was her signature over the top of the white out. An interview with the Director of Care confirmed the homes expectation is to document according to the College of Nurses standards. [s. 8. (1) (b)] (521)



***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 any plan, policy, protocol, procedure, strategy or system is complied with, to be implemented voluntarily.***

---

**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the temperature in the home is maintained at a minimum of 22 degrees Celsius, as evidenced by:

a) Observations revealed drafty windows and patio door, two residents (one wearing the coat while eating, the other near the patio door) stated that it was often cold in the dining room and two staff members with sweater/sweatshirt on, the staff stated that they often wear sweaters when serving, as the dining room is cold.

b) Temperature reading in the common area read as 17 degrees Celsius; this was verified by a Registered Staff and confirmed with the Maintenance Manager. The Maintenance Manager stated that the home will be insulating and sealing the windows and doors to limit the air draft and to ensure that the temperature is maintained at a minimum of 22 degrees Celsius. [s. 21.] (520)



***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 the temperature in the home is maintained at a minimum of 22 degrees Celsius, to be implemented voluntarily.***

---

**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, as evidenced by:

The Resident Assessment Instrument tool for a specific resident revealed that 3 consecutive assessments reflected a change in the resident status but there were no progress notes reflecting these changes, the interventions and the Resident's responses to interventions.

A Registered Nurse confirmed that the reassessments, interventions and responses were not documented accurately and stated that the home's expectation is to ensure that residents will be assessed; reassessed and planned interventions with resident responses will be documented. [s. 30. (2)] (521)



***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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.***

---

**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

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

**s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,**  
**(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, prevent adulteration, contamination and food borne illness, as evidenced by:

Observations of the medication administration rounds at revealed that a thickened fluid in a paper cup was used. The thickened fluid appeared dry around the edges with a thicker dry film on the top that mixed in when the product was stirred with a spoon.

The Registered Staff confirmed the paper cup containing the thickened fluid had been on the medication cart for over four hours uncovered and unprotected and also confirmed that the homes expectation is that all fluids are prepared, stored and served using methods which prevent adulteration, contamination and food borne-illness. [s. 72. (3) (b)] (521)



***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 all food and fluids in the food production system are prepared, stored, and served using methods to, prevent adulteration, contamination and food borne illness, to be implemented voluntarily.***

---

**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

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

**s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there are schedules and procedures in place for routine, preventive and remedial maintenance as evidenced by:

Observations throughout the RQI revealed paint chips, scrapes, wall damage, peeled caulking and paint around some sinks, condensations inside some windows and formation of growth, loose light fixtures on the walls of certain resident's rooms. Paint scrapes and peeling was noted throughout some common areas in addition to stain ceiling tiles. Accumulation of condensation of fluids on the inside of the windows and exit door of the main dining room.

This was confirmed with the Maintenance Manager and the Director of Care. A review of the preventative maintenance schedule and an interview with Maintenance Manager revealed that the remedial maintenance program has not been fully implemented. [s. 90. (1) (b)] (523)





***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 there are schedules and procedures in place for routine, preventive and remedial maintenance, to be implemented voluntarily.***

---

**WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.**

**Findings/Faits saillants :**

1. The licensee failed to ensure that all hazardous substances at the home are labeled properly and are kept inaccessible to residents at all times, as evidenced by:

- a) Observation on a floor revealed an unattended housekeeping cart which contained a hazardous cleaner and water in the mop bucket. [s. 91.] (520)
- b) Observations revealed hazardous cleaner in an unlocked cupboard of a common area.

This was confirmed by a staff member who explained it is the home's expectation that all hazardous substances are kept inaccessible to residents at all times. [s. 91.]

***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 all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times, to be implemented voluntarily.***

---

**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 115. Quarterly evaluation**

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

**s. 115. (5) The licensee shall ensure that a written record is kept of the results of the quarterly evaluation and of any changes that were implemented. O. Reg. 79/10, s. 115 (5).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a written record is kept of the results of the quarterly evaluation of the medication management system of the home and of any changes that were implemented, as evidenced by:

An interview with the Director of Care revealed that there is not a documented record of the results of the quarterly evaluation and of any changes that were implemented. The interview confirmed the homes expectation will be that there will be written records of the quarterly evaluations of the medication management system and of any changes that will be implemented. [s. 115. (5)]

***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 a written record is kept of the results of the quarterly evaluation of the medication management system of the home and of any changes that were implemented, to be implemented voluntarily.***

---

**WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 116. Annual evaluation**



Specifically failed to comply with the following:

- s. 116. (3) The annual evaluation of the medication management system must,**
- (a) include a review of the quarterly evaluations in the previous year as referred to in section 115; O. Reg. 79/10, s. 116 (3).**
  - (b) be undertaken using an assessment instrument designed specifically for this purpose; and O. Reg. 79/10, s. 116 (3).**
  - (c) identify changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 116 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the annual evaluation of the medication management system includes a review of the quarterly evaluations in the previous year as referred to in section 115, use an assessment instrument designed specifically for this purpose, and identify changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, as evidenced by:

An interview with the Director of Care revealed that the annual evaluation of the medication system did not get completed.

The Director of Care then confirmed it is the homes expectation to be compliant with the regulation evaluation requirement. [s. 116. (3)]

***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 the annual evaluation of the medication management system would include a review of the quarterly evaluations in the previous year as referred to in section 115, use an assessment instrument designed specifically for this purpose, and identify changes to improve the system in accordance with evidence-based practises and, if there are none, in accordance with prevailing practises, to be implemented voluntarily.***



---

**WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 123. Emergency drug supply**  
Every licensee of a long-term care home who maintains an emergency drug supply for the home shall ensure,

- (a) that only drugs approved for this purpose by the Medical Director in collaboration with the pharmacy service provider, the Director of Nursing and Personal Care and the Administrator are kept;**
- (b) that a written policy is in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply and tracking and documentation with respect to the drugs maintained in the supply;**
- (c) that, at least annually, there is an evaluation done by the persons referred to in clause (a) of the utilization of drugs kept in the emergency drug supply in order to determine the need for the drugs; and**
- (d) that any recommended changes resulting from the evaluation are implemented. O. Reg. 79/10, s. 123.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the emergency drug supply for the home contains only drugs approved for this purpose by the Medical Director in collaboration with the pharmacy service provider, the Director of Nursing and Personal Care and the Administrator; as evidenced by:

A review of the emergency drug supply revealed the presence of prescribed medications for some residents that are no longer in the home.

A Registered Staff confirmed that those medication should not have been left in the emergency supply box. [s. 123. (a)]

2. The licensee has failed to ensure that there is an evaluation done by the Medical Director, pharmacy service provider, DONPC and Administrator, of the utilization of drugs kept in the emergency drug supply in order to determine the need for the drugs at least annually, as evidenced by:

An interview with a Registered Nurse Supervisor revealed that there is not an annual evaluation completed for the utilization of the drugs kept in the emergency drug supply in order to determine the need for the drugs.

An interview with the Director of Care confirmed that the evaluation is not completed and that it is the homes expectation to be compliant with the emergency drug supply regulations by evaluating the utilization of the drugs kept in the emergency drug supply. [s. 123. (c)]

***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 the emergency drug supply for the home contains only drugs approved for this purpose by the Medical Director in collaboration with the pharmacy service provider, the Director of Nursing and Personal Care and the Administrator and that there is an evaluation done by the Medical Director, pharmacy service provider, DONPC and Administrator, of the utilization of drugs kept in the emergency drug supply in order to determine the need for the drugs at least annually, to be implemented voluntarily.***



**WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 126. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. O. Reg. 79/10, s. 126.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs remain in the original labeled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident, as evidenced by:

Observations of the medication administration revealed pre-poured medication in the medication cart. A Registered Staff confirmed pre-pouring the medication in the morning after the shift started.

A Registered Staff confirmed that it is the home's expectation that all medications remain in the original labelled container until administered to a resident. [s. 126.]

***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 drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident, to be implemented voluntarily.***

---

**WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**





Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
    - (i) that is used exclusively for drugs and drug-related supplies,
    - (ii) that is secure and locked,
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
    - (iv) that complies with manufacturer's instructions for the storage of the drugs;
- and O. Reg. 79/10, s. 129 (1).
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies is secure and locked, as evidenced by:

Observations revealed an unlocked and unattended medication cart at the nurse's station.

A Registered Staff confirmed that the medication cart was unlocked and unattended and that the home's expectation is that all medication carts are kept secure and locked. [s. 129. (1) (a) (ii)]

***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 drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies is secure and locked, to be implemented voluntarily.***

---

**WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
  - i. persons who may dispense, prescribe or administer drugs in the home, and
  - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

**Findings/Faits saillants :**

1. The licensee has failed to ensure that steps are taken to ensure the security of the drug supply including access to these areas shall be restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator, as evidenced by:

Observations revealed that the room where the key to the medication storage room is kept was unlocked and unattended. This was confirmed by a staff member.

An interview with a Registered Staff confirmed that the keys were not locked away.

An interview with the Director of Care confirmed it is the homes expectation to ensure the security of the drug supply including access to these areas. [s. 130. 2.]



***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 steps are taken to ensure the security of the drug supply including access to these areas shall be restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator, to be implemented voluntarily.***

---

**WN #17: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

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

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program, as evidenced by:

a) Observations revealed that personal care items were unlabeled and were placed directly on the bathroom floor. This was confirmed by a PSW. [s. 229. (4)] (520)

b) A Registered Staff was observed not washing hands/using hand hygiene between residents. The Registered Staff member confirmed that it is the homes expectation that hand hygiene takes place before and after dealing with residents.

Observations of medication administration revealed the misuse of an alcohol swab during treatment.

A Registered staff member confirmed that it is the home's expectation that infection prevention and control practices are to be implemented. [s. 229. (4)]



***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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.***

---

**WN #18: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

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

**s. 51. (1) The continence care and bowel management program must, at a minimum, provide for the following:**

**5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated. O. Reg. 79/10, s. 51 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the Continence Care and Bowel Management program provided an annual evaluation of the residents' satisfaction with the range of continence care products, as evidenced by:

An interview with the Director of Care and Registered Staff confirmed that the evaluation was not completed and that it is the homes expectation that the Continence Care and Bowel Management Program must conduct an annual evaluation of resident's satisfaction with the range of continence care products when making purchasing decisions. [s. 51. (1) 5.]



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Issued on this 29th day of January, 2015**

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

**Original report signed by the inspector.**



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

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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**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**

**Public Copy/Copie du public**

---

**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** ALI NASSER (523), REBECCA DEWITTE (521), SALLY  
ASHBY (520)

**Inspection No. /**

**No de l'inspection :** 2015\_262523\_0001

**Log No. /**

**Registre no:** T-001589-14

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Jan 29, 2015

**Licensee /**

**Titulaire de permis :**

HERITAGE NURSING HOMES INC.  
1195 QUEEN STREET EAST, TORONTO, ON,  
M4M-1L6

**LTC Home /**

**Foyer de SLD :**

THE HERITAGE NURSING HOME  
1195 QUEEN STREET EAST, TORONTO, ON,  
M4M-1L6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :**

JORDAN GLICK

---



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

To HERITAGE NURSING HOMES INC., you are hereby required to comply with the following order(s) by the date(s) set out below:





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

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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

---

**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and

(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

**Order / Ordre :**

The licensee will ensure that where bed rails are used, steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

**Grounds / Motifs :**



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

1. The licensee has failed to ensure that where bed rails are used, steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment, as evidenced by:

During Resident Observations certain beds with bed rails were identified to have potential entrapment concerns.

A tour with the Director of Care and the Maintenance Manager verified the potential entrapment concerns. Review of the Bed Assessment completed on 3/23/2012 revealed that some beds failed one or more zones of entrapment. Interview with the Maintenance Manager revealed that he was unable to confirm that each resident had been assessed with their particular bed system. The Maintenance Manager confirmed that there was no document to identify the failed beds and how the potential entrapment risk had been mitigated.

(520)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Feb 28, 2015**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**Order # /**

Ordre no : 002

**Order Type /**

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 136. (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of,

- (a) all expired drugs;
- (b) all drugs with illegible labels;
- (c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the Drug and Pharmacies Regulation Act; and
- (d) a resident's drugs where,
  - (i) the prescriber attending the resident orders that the use of the drug be discontinued,
  - (ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident's attending physician, or
  - (iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 128. O. Reg. 79/10, s. 136 (1).

**Order / Ordre :**

The licensee will ensure that as part of the Medication Management System a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of:

- (a) all expired drugs.
- (b) a resident's drugs where,
  - (i) the prescriber attending the resident orders that the use of the drug be discontinued,
  - (ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident's attending physician, or
  - (iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident.



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

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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**Grounds / Motifs :**

1. The licensee has failed to ensure that as part of the medication management system a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of all expired drugs, as evidenced by:

A review of the Surplus Medication Reallocation/Destruction Policy Dated June 1990 Revised February 2014 revealed that the written policy did not provide for the ongoing identification, destruction and disposal of all expired drugs.

An interview with the Director of Care confirmed that the Surplus Medication Reallocation/Destruction Policy is not in compliance with the current legislative requirements r.136(1) and that it will need to be revised to ensure it is in compliance.

The Director of Care confirmed that it is the home's expectation that the Drug destruction and disposal written policy provides for the ongoing identification, destruction and disposal of all medications. [s. 136. (1)]

(521)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Feb 28, 2015**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**Order # /**

Ordre no : 003

**Order Type /**

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, 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).

**Order / Ordre :**

The licensee will ensure that:

- a) 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.
- b) 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.

**Grounds / Motifs :**



**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

1. The licensee has failed to ensure 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, as evidenced by:

An interview with the home's contracted Pharmacist revealed that controlled substances were not stored in a double locked storage area.

An interview with the Director of Care confirmed that it is the home's expectation that any controlled substance that is to be destroyed and disposed of shall be stored in a double locked storage area within the home.

(521)

2. The licensee has failed to ensure 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, as evidenced by:

An interview with a Registered Nurse revealed that the method to destroy regular discontinued drugs was to place them into a black garbage bag for the regular garbage collection.

An interview with the Director of Care confirmed that it is the home's expectation that drugs are destroyed and disposed of in a safe and environmentally appropriate manner.

(521)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Feb 28, 2015**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**Order # /**

Ordre no : 004

**Order Type /**

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 136. (3) The drugs must be destroyed by a team acting together and composed of,

(a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada),

(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and

(ii) a physician or a pharmacist; and

(b) in every other case,

(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and

(ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 79/10, s. 136 (3).

**Order / Ordre :**

The licensee will ensure that when a controlled substance drug is to be destroyed, it will be done by a team acting together and composed of:

i. One member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and

ii. A physician or a pharmacist

**Grounds / Motifs :**





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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

1. The licensee has failed to ensure that when a drug that is to be destroyed is a controlled substance, it will be done by a team acting together and composed of:
  - i. One member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
  - ii. A physician or a pharmacist, as evidenced by:

An interview with a Registered Nurse revealed that the Registered Nurse would only complete the signing of the documentation with no other involvement in the process which is completed by the Pharmacist.

An interview with the Director of Care confirmed that it is the home's expectation that when a drug is to be destroyed is a controlled substance; it will be done by a team acting together.

(521)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Feb 28, 2015**



**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

---

**Order # /**

**Ordre no :** 005

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 136. (6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable. O. Reg. 79/10, s. 136 (6).

**Order / Ordre :**

The licensee will ensure that when a drug is destroyed, the drug is altered or denatured to such an extent that its consumption is rendered impossible or improbable.

**Grounds / Motifs :**

1. The licensee has failed to ensure that when a drug is destroyed, the drug is altered or denatured to such an extent that its consumption is rendered impossible or improbable, as evidenced by:

An interview with home's contracted Pharmacist revealed that the Pharmacist's did not destroy narcotic drugs but placed them whole unwrapped into the bucket provided by the medication disposal company.

An interview with a Registered Nurse revealed that the method to destroy the remaining drugs by the Pharmacist was to place them into a black garbage bag for the regular garbage collection.

An interview with the Director of Care confirmed it is the home's expectation that when a drug is destroyed, the drug is altered or denatured to such an extent that its consumption is rendered impossible or improbable.

(521)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Feb 28, 2015



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8



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

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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 29th day of January, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Ali Nasser

**Service Area Office /**

**Bureau régional de services :** Toronto Service Area Office