Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 20, 2021	2021_575214_0008	021455-20, 022540-20, 024090-20, 000513-21	Critical Incident System

Licensee/Titulaire de permis

Pleasant Manor Retirement Village
15 Elden Street Box 500 Virgil ON L0S 1T0

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

Pleasant Manor Retirement Village
15 Elden Street Box 500 Virgil ON L0S 1T0

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

CATHY FEDIASH (214)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): April 26, 27, 28, 29, May 4, 5, 6, 7, and 10, 2021.

Please note: This inspection was conducted simultaneously with complaint inspection #2021_575214_0007.

The following intakes were completed during this CIS inspection:

-log #022540-20- related to medication.
-log #024090-20- related to medication.
-log #000513-21- related to medication.
-log #021455-20- related to falls prevention and management.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nursing Staff, Personal Support Workers (PSW), pharmacy consultant and residents.

During the course of the inspection, the inspector reviewed CIS reports, relevant policy and procedures, clinical health records, licensee's investigative notes, narcotic and controlled substance shift counts, medication incident reports, meeting minutes, relevant audit forms and observed the provision of care.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control
Medication

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **0 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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. 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 where the Act and 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 S. O. 2007, s. 8 (1), and in reference to O. Reg. 79/10, s. 114 (2), the licensee was required to have written policies developed for the medication management system to ensure accurate storage, administration and disposal of all drugs used in the home.

Specifically, registered staff had not complied with the licensee and pharmacy narcotic and controlled drug policies, which indicated:

- The incoming Registered staff will count with the outgoing Registered staff. The count is performed by both staff members observing the number of drugs in the medication carts while also observing the written documentation of the count.
- Registered staff will pay close attention to the medication and the documentation. The date, time, and amount of narcotics on hand should be recorded on the Narcotic and Controlled Substance Shift Count Form.
- The quantity of every controlled substance is verified for accuracy at the change of each shift with two registered staff members.
- When counting controlled substances, the actual number of tablets should be counted rather than the number of blisters or doses.

a) A CIS and the licensee's medication incident report identified that during a drug count, three drugs had been identified as missing.

Registered staff confirmed they had counted all three drugs, three days prior and the counts were accurate.

Through the home's investigation into this incident, the DOC indicated that registered staff who worked between the three identified dates, confirmed they had not opened the containers containing these drugs during their shift counts. The DOC and the medication incident report indicated it was unknown when these drugs had gone missing between the time frame noted, as registered staff had not completed the counting of the drugs, as directed in the policies.

One of the drugs had been stored in a different area as if was no longer in use. Registered staff indicated that the cabinet this drug was stored in, had appeared to be intact and the locking mechanism was in place. The DOC indicated it was unknown how the drugs in this cabinet went missing, as the keys to access this cabinet had been locked in an area with no access to the nursing staff.

b) A CIS report and the licensee's medication incident report identified that during a drug count, one drug was identified as missing.

A Registered staff had indicated they had not counted each drug in the card, at the start of their shift. They thought they could look at the card and notice if all drugs were accounted for or not. They confirmed they were not completely sure of the quantity of this drug on hand, at the start of their shift. They indicated that following this incident, they had received training in relation to the policies regarding counting and documenting of these drugs.

c) A CIS report, the licensee's medication incident and a written document, indicated that a Registered staff member had been checking drugs for expiry dates. When they opened two packages containing specified drugs, it was discovered that both drugs were tampered with and missing. The CIS and written document indicated when looking at the packages the drugs had been contained in, they looked to be present and when staff would conduct a count of these two drugs, it looked like all of the drugs were in place and not tampered with.

The DOC indicated it was unknown when these two drugs had gone missing as registered staff had not physically opened the packages that contained these drugs, when conducting their counts. They indicated that reinforcement had since been provided to all registered staff regarding opening the packages of all of these types of

drugs when counting them, as indicated in the home and pharmacy policies.

When registered staff had not counted and observed the actual quantity and integrity of these drugs on hand, with each count, discrepancies and tampering was not able to be identified, at the time of occurrence.

Sources: CIS reports; medication incident reports; licensee's investigative notes; Medication-Controlled Medication policy and Administering and Documenting Controlled Substances policy; and interviews with DOC and other staff. [s. 8. (1) (b)]

WN #2: 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 failed to ensure that a monthly audit was undertaken of the daily count sheets of controlled substances to determine if there were any discrepancies and that immediate action was taken if any discrepancies were discovered.

Review of the licensee's binder for monthly narcotic audits was conducted for five audits. One of the monthly narcotic audits was not in the binder and at the time of this inspection, was unable to be located.

Sources: Narcotic and Controlled Substance Audit Form; interview with the DOC. [s. 130. 3.]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,
(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed; O. Reg. 79/10, s. 135 (2).
(b) corrective action is taken as necessary; and O. Reg. 79/10, s. 135 (2).
(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).

s. 135. (3) Every licensee shall ensure that,
(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; O. Reg. 79/10, s. 135 (3).
(b) any changes and improvements identified in the review are implemented; and O. Reg. 79/10, s. 135 (3).
(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that all medication incidents were documented, reviewed and analyzed.

A CIS and the licensee's medication incident report identified that during a drug count, three drugs had been identified as missing.

The licensee's Medication Incident Report & Analysis Form had identified only two of the missing drugs. While the form had contained corrective actions for the third drug, the DOC confirmed that not all the missing drugs related to this incident, had been documented, reviewed and analyzed.

When medication incidents are not documented, reviewed and analyzed, this can result in trends not being identified and interventions to prevent re-occurrence, not being implemented.

Sources: CIS report; Medication Incident Report & Analysis Form and interview with the DOC. [s. 135. (2)]

2. The licensee failed to ensure that a quarterly review was undertaken of all medication incidents that had occurred in the home since the time of the last review in order to reduce and prevent medication incidents.

A CIS and the licensee's medication incident report identified that during a drug count, three drugs had been identified as missing.

The licensee's quarterly review of medication incidents had included a review of two of the missing drugs and had not included a review of all of the missing drugs.

The DOC confirmed that only two of the three missing drugs had been captured in the quarterly review as the one missing drug had not been documented as missing on the Medication Incident Report & Analysis Form, which were used to conduct the quarterly review.

Sources: Licensee's quarterly review document and interview with the DOC. [s. 135. (3)]

Issued on this 21st day of May, 2021

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

Original report signed by the inspector.