

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report	
Report Issue Date: July 25, 2023	
Inspection Number: 2023-1565-0004	
Inspection Type: Complaint Critical Incident System	
Licensee: The Corporation of the County of Lanark	
Long Term Care Home and City: Lanark Lodge, Perth	
Lead Inspector Polly Gray-Pattemore (740790)	Inspector Digital Signature
Additional Inspector(s) Saba Wardak (000732) Martin Orr (000747)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s): June 20-27, 2023</p> <p>The following intake(s) were completed in this complaint inspection:</p> <ul style="list-style-type: none"> • Intake: #00086740 was related to concerns with the resident care plan; nutrition and hydration; and alleged neglect. <p>The following intake(s) were completed in this Critical Incident (CI) inspection:</p> <ul style="list-style-type: none"> • Intake: #00088335/CI#M548-000028-23 was related to an injury. • Intake: #00089146/CI#548-000029-23 was related to a fall with injury. • Intake: #00089263/CI#M548-000031-23 was related to a missing/unaccounted controlled substance.

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

Medication Management

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Security of drug supply.

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 139 3.

The licensee has failed to ensure 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.

Rationale and Summary:

A record review showed that the monthly audits of the daily count sheets of controlled substances were not completed January, February and March of 2023.

A review of the licensee's pharmacy MediSystem policy and procedure, indicates once per month the staff performs an audit of the Narcotic and Controlled Substances Administration Records to determine if there are any discrepancies and any discrepancies must be reported to the Director of Nursing/Care as soon as they are discovered.

During an interview with the ADOC, they confirmed Registered Nurses are responsible to undertake a monthly audit of the daily count sheets of controlled substances to determine if there are any discrepancies and immediate action taken if any discrepancies are discovered, and audit done once a month at the end of the month.

Sources: MediSystem Policy and Procedures: Manual for MediSystem Serviced Homes, updated June 2022, page 52; Medisystem 2023 Monthly Narcotic and Controlled Substances Audit of Count Sheets, Lanark Lodge; and interview with ADOC.

[740790]