

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007 Ministère de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division Performance Improvement and Compliance Branch Division de la responsabilisation et de la performance du système de santé Direction de l'amélioration de la performance et de la conformité

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Date(s) of inspection/Date(s) de Inspection No/ No de l'inspection Type of Inspection/Genre d'inspection

Apr 18, 23, 24, May 15, 2012 2012\_103164\_0010 Critical Incident

Licensee/Titulaire de permis

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP
302 Town Centre Blvd... Suite #200, TORONTO, ON, L3R-0E8

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

LEISUREWORLD CAREGIVING CENTRE - O'CONNOR COURT
1800 O'Connor Drive, East York, ON, M4A-1W7

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

GLORIA STILL (164)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Assistant Director of Care, Pharmacist, Registered Staff, residents.

During the course of the inspection, the inspector(s) reviewed health records, individual narcotic medication records, drug record book, drug record reports, pharmacy service agreement, Medication Administration Policy, Pharmacy & Therapeutics Committee minutes, Admission Status Report.

Compliance Order issued during inspection 2011-080189-0016 was not reviewed during this inspection as the existing order is not past-due.

The following Inspection Protocols were used during this inspection: Critical Incident Response

Medication

Findings of Non-Compliance were found during this inspection.

## NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Legend	Legendé			
WN — Written Notification VPC — Voluntary Plan of Correction DR — Director Referral CO — Compliance Order WAO — Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités			
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.			
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.			

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 115. Quarterly evaluation Specifically failed to comply with the following subsections:

s. 115. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 79/10, s. 115 (1).

## Findings/Faits saillants:

1. The licensee does not ensure that an interdisciplinary team, which includes the Medical Director, the Administrator, the Director of Nursing & Personal Care and the pharmacy service provider meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. The Director of Care reported the aforementioned interdisciplinary team does not meet quarterly to evaluate the effectiveness of the medication management system and that the last Pharmacy & Therapeutics Committee meeting was held August 2011.

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 does not ensure that a monthly audit is undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies. The Director of Care and Pharmacist reported that monthly audits of daily count sheets of controlled substances are not being done. The Director of Care reported had monthly audits of daily count sheets of controlled substances been done during the period January 16-April 13, 2012, the incident whereby, narcotics signed on the daily narcotic sheets of identified residents as administered but were not and were unlawfully removed would have been identified.



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## 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 an audit of daily count sheets of controlled substances to determine if there are any discrepancies is completed monthly and that immediate action is taken if any discrepancies are discovered, to be implemented voluntarily.

Issued on this 24th day of May, 2012

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