

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

**Ottawa Service Area Office**  
347 Preston Street, Suite 420  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559  
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<b>Original Public Report</b>	
<b>Report Issue Date:</b> October 6, 2022	
<b>Inspection Number:</b> 2022-1497-0002	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> Maxville Manor	
<b>Long Term Care Home and City:</b> Maxville Manor, Maxville	
<b>Lead Inspector</b> Cheryl Leach (719340)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Mark McGill (733)	

<b>INSPECTION SUMMARY</b>
<p>The Inspection occurred on the following date(s): September 26, 27, 28 and 29, 2022.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• Intake: #00002022-[AH: IL-02987-AH/CI: 3000-000009-22] Fall of resident resulting in an injury.</li> <li>• Intake: #00007128-[CI: 3000-000011-22] Missing Narcotics.</li> <li>• Intake: #00007796-[CI: 3000-000007-22] Fall of resident resulting in an injury.</li> </ul>

**Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
N/A	N/A	N/A	#N/A	N/A

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The following previously issued Compliance Order(s) were found **NOT** to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
N/A	N/A	N/A	#N/A	N/A

The following previously issued Compliance Order(s) were closed.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
N/A	N/A	N/A	#N/A	N/A

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

- Medication Management
- Infection Prevention and Control
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Medication Management-Storage of Controlled Substances

**NC #01 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with O. Reg. 246/22, s. 138. (1) b.

The licensee has failed to ensure that controlled substances are stored in a separate locked area within the locked medication cart.

RPNs #101, #106 and #107 were observed placing several controlled substance medication packets into the residents' medication compartments in the medication cart approximately two to five hours in advance of administration. Controlled substances were being entered into the Narcotic Control Record Forms in advance of administration by RPNs #101 and #106. Interviews with RPNs #101, #106 and #107 confirmed the removal of controlled substances from the locked narcotic box to the medication

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compartments in the medication cart or on the counter in the medication room in advance of administration. Failure to ensure that controlled substances remain double-locked until administration impacts safe medication management and drug therapy outcomes for residents.

Sources: Observations of RPNs #101, #106 and #107 during medication management, interviews with RPNs #101, #106 and #107, Narcotic Control Record Forms and Controlled Substances Count policy 3.11 dated March 2010 and reviewed August 2014.

Cheryl Leach [719340]

## **WRITTEN NOTIFICATION: Medication Management-Shift Count of Controlled Substances**

### **NC #02 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with O. Reg. 246/22, s. 123. (2).

The licensee has failed to ensure that all controlled substances are counted at each shift change by two registered staff.

Controlled substances that were discontinued were not being counted by two registered staff at each shift change until the approximate monthly destruction by the Director of Care (DOC) or delegate and the Pharmacist. During the destruction process, it was noted that there were 24 vials of Hydromorphone that were unaccounted for. Upon completion of their investigation, the home was unable to determine the location of the missing Hydromorphone. Failure to ensure the accountability of all controlled substances impacts safe medication management and drug therapy outcomes for residents.

Sources: Interviews with RPNs #101 and #102 and DOC #103, email correspondence from DOC #103 to registered staff and pharmacist, Controlled Substance Count policy 3.11 dated March 2010 and reviewed August 2014.

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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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