

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: May 13, 2025

Inspection Number: 2025-1540-0002

Inspection Type:

Complaint

Critical Incident

Licensee: The Regional Municipality of Niagara

Long Term Care Home and City: The Meadows of Dorchester, Niagara Falls

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 29, 30, 2025 and May 1, 2, 5, 6, 7, 13, 2025.

The inspection occurred offsite on the following date(s): May 8, 2025.

The following intake(s) were inspected:

·Intake: #00142793 - related to neglect, medication management, housekeeping, safe and secure home.

·Intake: #00144647- CIS #M515-000006-25-related to infection prevention and control.

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

Medication Management

Housekeeping, Laundry and Maintenance Services

Infection Prevention and Control

Safe and Secure Home

Prevention of Abuse and Neglect

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Policies, etc., to be followed, and records

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

Non-compliance with: O. Reg. 246/22, s. 11 (1) (a)

Policies, etc., to be followed, and records

s. 11 (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, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,

(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and

The licensee has failed to ensure that their policy for Application of Topical treatments by Personal Support Workers (PSWs), was in compliance in accordance with all applicable requirements under the Act.

Ontario Regulation 246/22, s. 140 (3) (ii), indicated the licensee was to ensure if a PSW administered a drug to a resident in the home, the PSW received training in the administration of drugs in accordance with written policies and protocols developed under the licensee's Medication Management System, and in the opinion of the licensee had the appropriate skills, knowledge and experience to administer drugs in a long-term care home.

This policy, under the home's Medication Management System had not included the training requirements, including the timeframe for re-training.

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Sources: home's policy (Medication Management System- PTH01-023-revised April 7, 2023), Ontario Regulation 246/22, and interviews with the Administrator and Director of Resident Care (DRC).

WRITTEN NOTIFICATION: General requirements

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (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.

The licensee failed to ensure that their assessment of a resident's temperature, was documented.

Documentation indicated the resident was afebrile. A temperature value was not documented to support the assessment.

Sources: a resident's progress notes, weights and vitals tab documentation, and an interview with the DRC.

WRITTEN NOTIFICATION: Medication management system

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition,

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dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee failed to ensure they complied with written policies and protocols that were developed for the medication management system to ensure the accurate disposal of a resident's topical treatments.

In accordance with O. Reg 246/22 s.11. (1) (b), the licensee was required to ensure that written policies and protocols were developed for the medication management system to ensure the accurate disposal of all drugs used in the home and must be complied with.

The licensee's Application of Topical Treatments by PSW policy indicated when a topical treatment has been discontinued, the treatment was to be discarded. Specifically, staff did not comply with the disposal of two of the resident's topical treatment prescriptions that were no longer in use and located in the resident's room.

Sources: a resident's progress notes, home's policy (Application of Topical treatments by PSW- PTH01-023-revised April 7, 2023) and interviews with the Administrator, DRC, and others.

WRITTEN NOTIFICATION: Safe storage of drugs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(ii) that is secure and locked,

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The licensee has failed to ensure that a drug was stored in an area that was secured and locked.

A resident's prescription for a medicated topical treatment, was found to be stored unsecured and unlocked when observed on their bedside table.

Sources: Observation of prescribed drug not stored in a safe manner; and interviews with the DRC and an RPN.

WRITTEN NOTIFICATION: Administration of drugs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (3) (b) (ii)

Administration of drugs

s. 140 (3) Subject to subsections (4) and (6), the licensee shall ensure that no person administers a drug to a resident in the home unless,

(b) where the administration does not involve the performance of a controlled act under subsection 27 (2) of the Regulated Health Professions Act, 1991, the person is,

(ii) a personal support worker who has received training in the administration of drugs in accordance with written policies and protocols developed under subsection 123 (2), who, in the reasonable opinion of the licensee, has the appropriate skills, knowledge and experience to administer drugs in a long-term care home, who has been assigned to perform the administration by a member of the registered nursing staff of the long-term care home and is under the supervision of that member in accordance with any practice standards and guidelines issued by the College of Nurses of Ontario, and who,

(A) meets the requirements set out in subsection 52 (1) or who is described in subsection 52 (2), or

(B) is an internationally trained nurse who is working as a personal support worker.

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O. Reg. 66/23, s. 28 (1). Or

The licensee has failed to ensure that PSW's did not administer a drug to a resident in the home unless they received training in the administration of drugs, in accordance with written policies and protocols developed under their Medication Management System.

Three topical drugs had been administered to two residents over an identified period of time.

An interview with the Administrator and the DRC confirmed that PSW staff had not received training in the administration of drugs.

Sources: two resident's electronic Medication Administration Records, interviews with RPN's and other staff.