

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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**Public Copy/Copie du rapport public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 20, 2021	2021_607523_0008	019268-20, 019269-20, 019270-20, 019297-20, 019298-20, 019299-20, 019382-20, 019383-20, 025865-20, 002544-21, 002545-21, 002756-21, 002757-21, 002758-21, 002759-21, 002760-21, 002761-21, 005429-21	Critical Incident System

**Licensee/Titulaire de permis**

Vigour Limited Partnership on behalf of Vigour General Partner Inc.  
302 Town Centre Blvd Suite 300 Markham ON L3R 0E8

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

Secord Trails Care Community  
263 Wonham Street South Ingersoll ON N5C 3P6

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

ALI NASSER (523), AMIE GIBBS-WARD (630)

**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): March 29, 30, 31, April 6, 7, 8, 9, 12, 13 and 14, 2021.**

**This inspection was conducted for the following:**

**Critical Incident Intake Log # 005429-21, related to allegations of staff to resident abuse.**

**Critical Incident Intake Log #025865-20, related to allegations of staff to resident abuse.**

**Follow Up Log #002544-21, to CO#001 from inspection #2020\_607523\_0035. regarding r. 50. (2)**

**Follow Up Log #002545-21, to CO#002 from inspection #2020\_607523\_0035 regarding r. 131. (2)**

**Follow Up Log #002756-21, to CO#001 from inspection #2020\_607523\_0034 regarding s. 6. (2)**

**Follow Up Log #002757-21, to CO#004 from inspection #2020\_607523\_0034 regarding r. 51. (2)**

**Follow Up Log #002758-21, to CO#002 from inspection #2020\_607523\_0034 regarding r. 30. (1)**

**Follow Up Log #002759-21, to CO#005 from inspection #2020\_607523\_0034 regarding r. 216. (3)**

**Follow Up Log #002760-21, to CO#003 from inspection #2020\_607523\_0034 regarding r. 31. (4)**

**Follow Up Log #002761-21, to CO#006 from inspection #2020\_607523\_0034 regarding s. 101. (3)**

**Follow Up Log #019268-20, to CO#002 from inspection #2020\_725522\_0005 regarding r. 8. (1)**

**Follow Up Log #019269-20, to CO#001 from inspection #2020\_725522\_0005 regarding s. 6. (1)**

**Follow Up Log #019270-20, to CO#003 from inspection #2020\_725522\_0005 regarding s. 6. (7)**

**Follow Up Log #019297-20, to CO#001 from inspection #2020\_725522\_0004 regarding s. 23. (1)**

**Follow Up Log #019298-20, to CO#002 from inspection #2020\_725522\_0004 regarding s. 24. (1)**

**Follow Up Log #019299-20, to CO#003 from inspection #2020\_725522\_0004**

regarding s. 19. (1)

Follow Up Log #019382-20, to CO#001 from inspection #2020\_725522\_0003

regarding s. 6. (10)

Follow Up Log #019383-20, to CO#002 from inspection #2020\_725522\_0003

regarding r. 26. (4)

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Vice President Corporate Quality, two Clinical Care Partners, Environmental Services Manager, Assistant Director of Care, two Physicians, Nurse Practitioner, a Housekeeping staff member, a Registered Dietitian, five Registered staff members, three Personal Support Workers and 5 residents.

The inspector(s) also toured the home, observed residents and care provided to them, reviewed clinical records, incident reports, investigation notes and reviewed specific policies and procedures of the home

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management**

**Infection Prevention and Control**

**Medication**

**Nutrition and Hydration**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Quality Improvement**

**Skin and Wound Care**

**Sufficient Staffing**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 101. (3)	CO #006	2020_607523_0034		630
O.Reg 79/10 s. 131. (2)	CO #002	2020_607523_0035		523
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #003	2020_725522_0004		630
O.Reg 79/10 s. 216. (3)	CO #005	2020_607523_0034		630
LTCHA, 2007 S.O. 2007, c.8 s. 23. (1)	CO #001	2020_725522_0004		630
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #002	2020_725522_0004		630

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O.Reg 79/10 s. 26. (4)	CO #002	2020_725522_0003	630
O.Reg 79/10 s. 30. (1)	CO #002	2020_607523_0034	630
O.Reg 79/10 s. 31. (4)	CO #003	2020_607523_0034	523
O.Reg 79/10 s. 50. (2)	CO #001	2020_607523_0035	630
O.Reg 79/10 s. 51. (2)	CO #004	2020_607523_0034	630
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #001	2020_725522_0005	523
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #001	2020_725522_0003	523
LTCHA, 2007 S.O. 2007, c.8 s. 6. (2)	CO #001	2020_607523_0034	630
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #003	2020_725522_0005	523

O.Reg 79/10 s. 8. (1)	CO #002	2020_725522_0005	523
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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<b>Legend</b>	<b>Légende</b>
<p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

**Specifically failed to comply with the following:**

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
    - (i) that is used exclusively for drugs and drug-related supplies,**
    - (ii) that is secure and locked,**
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
    - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
- and O. Reg. 79/10, s. 129 (1).**
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs were stored in a medication cart that was secure and locked.

Observations on a certain date, on specific resident home area showed a treatment cart that was unlocked and unattended. The cart included prescribed ointments and creams for specific residents.

A specific RPN said that they were the nurse using this cart and providing treatments to residents, they forgot to lock the treatment cart when they left the area. The RPN said the expectation was for the cart to be kept secured and locked when unattended.

The DOC said the home's expectation was for the treatment cart to be secured and locked when unattended.

Sources: Observations and staff interviews. [s. 129. (1) (a)]

***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 drugs are stored in a medication cart that is secure and locked, to be implemented voluntarily.***

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**Issued on this 21st day of April, 2021**

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

**Original report signed by the inspector.**