

Ministry of Long-Term Care

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

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: August 29, 2024

Inspection Number: 2024-1306-0001

Inspection Type:
Critical Incident

Licensee: Riverside Health Care Facilities Inc.

Long Term Care Home and City: Rainy River Health Centre, Rainy River

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 21-22, 2024

The inspection occurred offsite on the following date(s): August 23, 2024

The following intake(s) were inspected:

- Intake: #00104077 - 2820-000006-23: Controlled substance missing/unaccounted
- Intake: #00122752 - 2820-000003-24: COVID-19 Outbreak

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

Medication Management
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (15) 1.

Infection prevention and control program

s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.

The licensee has failed to ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for at least 17.5 hours per week.

Rationale and Summary

A review of the IPAC Lead schedule confirmed that the role is shared with two IPAC Leads working onsite, with the total combined hours onsite were less than the required 17.5 hours.

Interviews with an IPAC Lead confirmed that the home is not currently meeting the 17.5 hour requirement for an IPAC Lead to be onsite in the home.

Sources: Review of IPAC Lead schedules, and interviews with an IPAC Lead.

WRITTEN NOTIFICATION: Safe storage of drugs

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

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

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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,

The licensee had failed to ensure that drugs were stored in an area that was secure and locked.

Rationale and Summary

During the inspection, it was identified that a specific location in the home where drugs were stored was not secured.

Interviews with staff and the Administrator confirmed that the specified location was not secured.

Sources: Review of a Critical Incident (CI); and Interviews with staff and the Administrator.

WRITTEN NOTIFICATION: Safe storage of drugs

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

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

Safe storage of drugs

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

- (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.

The licensee had failed to ensure that controlled substances were stored in a

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locked area within the locked medication cart.

Rationale and Summary

An observation was made where controlled substances were stored in a locked box in an unlocked medication cart.

Interviews with an RPN and the Administrator confirmed that the medication cart was to be kept locked at all times when they are not in use.

Sources: Observations; and interviews with an RPN and the Administrator.

WRITTEN NOTIFICATION: Security of drug supply

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

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

Security of drug supply

s. 139. 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:

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. 246/22, s. 139; O. Reg. 66/23, s. 27.

The licensee had failed to ensure that a monthly audit was undertaken of the daily count sheets of controlled substances to determine if there was any discrepancies.

Rationale and Summary

A review of daily count sheets identified missing signatures on count sheets.

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An interview with an RN confirmed that they had fallen behind in conducting monthly audits.

Sources: Review of daily count sheets; Review of a Critical Incident (CI); and Interviews with an RN and the Administrator.

WRITTEN NOTIFICATION: Drug destruction and disposal

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

Non-compliance with: O. Reg. 246/22, s. 148 (2) 1.

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.

The licensee had failed to ensure that drugs that are to be destroyed and disposed of, had been stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.

Rationale and Summary

An observation was made of drugs for destruction and disposal being stored along side drugs that were for administration to residents.

Interviews with an RPN and the Administrator confirmed that controlled drugs for disposal and destruction are currently being stored along with drugs for administration to residents.

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Sources: Observations; and Interviews with an RPN, and the Administrator.

WRITTEN NOTIFICATION: Drug destruction and disposal

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 148 (5) (a)

Drug destruction and disposal

s. 148 (5) The licensee shall ensure,

(a) that the drug destruction and disposal system is audited at least annually to verify that the licensee's procedures are being followed and are effective;

The licensee had failed to ensure that the drug destruction and disposal system was audited at least annually to verify that the licensee's procedures are being followed and are effective.

Rationale and Summary

A review of the home's policies for drug destruction and disposal included a requirement for the home to complete annual audits of the system.

An interview with the home's Administrator confirmed that an annual audit was not being completed and written records were not available for review.

Sources: Review of home policies related to drug destruction and disposal; a Critical Incident (CI); and an interview with the home's Administrator.