

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**

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<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>
Nov 18, 2021	2021_533115_0006	012584-21	Complaint

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**Licensee/Titulaire de permis**

DTOC Long Term Care LP, by its general partner, DTOC Long Term Care MGP (a general partnership) by its partners, DTOC Long Term Care GP Inc. and Arch Venture Holdings Inc.

161 Bay Street, Suite 2100 TD Canada Trust Tower Toronto ON M5J 2S1

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

Regency Park Long Term Care Home  
567 Victoria Avenue Windsor ON N9A 4N1

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

TERRI DALY (115), JULIE DALESSANDRO (739)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): November 9, 10 & 12, 2021.**

**An Infection Prevention and Control (IPAC) inspection was also completed as part of this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Acting Director of Care, the Pharmacist, Registered Nurses (RN), a Registered Practical Nurse, Personal Support Workers (PSW), a housekeeping aide and a resident.**

**The inspector(s) also observed resident rooms and common areas, observed IPAC practices within the home, observed residents and the care provided to them, reviewed pertinent policy/procedure and a health care record and plan of care for an identified resident.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Medication**

**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)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</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. 135. Medication incidents and adverse drug reactions**

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

**s. 135. (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident and every adverse drug reaction is,**  
**(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and O. Reg. 79/10, s. 135 (1).**  
**(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider. O. Reg. 79/10, s. 135 (1).**

**Findings/Faits saillants :**

1. The licensee had failed to ensure that an adverse drug reaction involving a resident was documented.

Record review of the home's Policy #04-02-04, "Medication Incidents and Adverse Drug Reactions", last reviewed June 2019 indicated in part that, upon discovery of a medication incident the registered staff will complete the medication incident report and forward a copy to the Director of Care (DOC) and another to the pharmacy.

During an interview with the home's Pharmacist they stated that, on a specific date a resident's medication orders changed as a certain medication was on back order.

A progress note in Point Click Care (PCC) on a specific date indicated that a resident was complaining of adverse symptoms. The resident was assessed at that time and symptoms were noted.

During an interview with the DOC they stated that the adverse reaction was not documented on a medication incident report form and acknowledged that this should have been completed.

Not documenting an adverse reaction on the medication incident report form posed a potential risk to the resident.

Sources: Policy #04-02-04, "Medication Incidents and Adverse Drug Reactions", last reviewed June 2019, progress notes from PCC, and an interview with the Pharmacist and DOC. [s. 135. (1)]

***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 adverse drug reactions are documented, to be implemented voluntarily.***

**Issued on this 18th day of November, 2021**

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

**Original report signed by the inspector.**