



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 28, 2016	2016_288549_0021	010351-16, 011108-16, 011386-16, 022415-16	Critical Incident System

Licensee/Titulaire de permis

ST. PATRICK'S HOME OF OTTAWA INC.
2865 Riverside Dr. OTTAWA ON K1V 8N5

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

ST PATRICK'S HOME
2865 RIVERSIDE DRIVE OTTAWA ON K1V 8N5

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

RENA BOWEN (549)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): July 13, 14, 15, 18, 19, 20, 25, 26, 2016

One log is related to security of medication

One log is related to misuse/misappropriation of resident funds

Two logs are related to alleged resident to resident abuse

During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), a Behaviour Support Ontario Personal Support Worker (BSO PSW), Recreation Aides (RA), a Rehabilitation Service Worker, a Maintenance Worker, Support Services Manager, Vice President Building Operations, Vice President Nursing Programs (VPNP), Vice President Clinical Care (VPCC), Human Resources and Staff Development Manager, Vice President Finance and the Chief Executive Officer.

The inspector also reviewed resident health care records including plan of care, medication administration sheets, narcotic control sheets, Royal Ottawa Geriatric Outreach progress notes, the home's Narcotic-Administration and Control policy, the home's investigation documentation related to trust accounts, the home's education and training records. The inspector observed medication administration, staff to resident interactions, resident to resident interactions and resident care being provided.

The following Inspection Protocols were used during this inspection:

Medication

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Trust Accounts



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>Legendé</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. 130. Security of drug supply

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:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
 - i. persons who may dispense, prescribe or administer drugs in the home, and
 - ii. the Administrator.
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. 79/10, s. 130.

Findings/Faits saillants :

1. The licensee has failed to ensure that all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator.

On July 13, 2016 at 1105 hours, Inspector #549 arrived on the third floor Dublin resident home area to interview the home area Registered Practical Nurse (RPN).

Inspector #549 observed maintenance worker #107 in the medication storage room working on the door handle.

Maintenance worker #107 indicated to Inspector #549 that the home area RPN #106 was down the hallway attending to a resident. Inspector #549 observed the medication cart in the medication storage room to be unlocked and the second drawer of the medication cart was pulled open.

Inspector #549 waited with the maintenance worker #107 outside of the medication storage room for RPN #106 to return.

RPN #106 returned to the area of the medication storage room approximately five minutes later.



The Vice President Nursing Programs indicated to Inspector #549 on July 20, 2016 that the home's expectation is that only registered staff and the Chief Executive Officer have access to the medication storage room and that any other staff who require access to the medication storage room to complete their duties are to be supervised at all times by the registered staff.

RPN #106 indicated that she was unaware that the maintenance worker was not permitted to be in the medication storage room unsupervised.

Maintenance worker #107 indicated that he was unaware that he was not permitted to be in the medication storage room unsupervised. Maintenance worker #107 indicated to Inspector #549 that he did not have a key for the medication storage room and that RPN #106 had unlocked the medication storage room door to allow him access to the room.

In summary the home has failed to ensure that the medication storage room is restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator [Log # 011386-16]. [s. 130. 2.]

2. The licensee has failed to ensure that a monthly audit is 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.

Resident #002 was prescribed a specified narcotic medication for an identified medical condition to be given subcutaneously at a specified time when needed for the identified medical condition on a specified date in January 2016.

Resident #002's Medication Administration Record sheet (MARs) indicated that the resident was given the medication on two specified dates in February 2016. The medication count after the second dose was given on specified date in February 2016 was seven.

On a specified date in March 2016 RPN #113 was preparing to administer a dose of the medication to resident #002. When RPN#113 opened the medication package to retrieve the specified medication she noticed three ampules were partially broken with no medication in them. The narcotic count sheet indicated that there were seven ampules in the package; however RPN #113 found once the package was opened that there were four full ampules and three broken ampules. The three broken ampules did not contain



any of the specified medication medication.

The Vice President Nursing Practice (VPNP) indicated that the home is not able to confirm the date when the three ampules of the specified medication were broken.

The VNP indicated during an interview on July 19, 2016 that the home's practice is to conduct quarterly audits and not monthly audits of controlled substances and narcotic count sheets to determine if there are any discrepancies, and that immediate action is taken if any discrepancies are discovered.

The home's Narcotics-Administration and Control policy indicated on page two bullet number two that the Director of Care or designate will conduct a quarterly audit of controlled narcotic count sheet to check the following: a) All narcotics and controlled substances have been reconciled and two signatures are evident at the change of shift. b) Review the quantity to ensure there are no missing number and the numbers are sequential.

In summary the home has failed to conducting monthly audits 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 [Log # 011108-16]. [s. 130. 3.]

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 the monthly audit is undertaken of the daily count sheets for controlled substance to determine if there are any discrepancies, and that immediate action is taken if any discrepancies are discovered, to be implemented voluntarily.



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Issued on this 28th day of July, 2016

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

Original report signed by the inspector.