

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

**Rapport d'inspection prévue  
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**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Public Copy/Copie du 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>
Aug 29, 2019	2019_618211_0017	010397-19, 010533- 19, 011741-19	Critical Incident System

---

**Licensee/Titulaire de permis**

St. Patrick's Home of Ottawa Inc.  
2865 Riverside Drive 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**

JOELLE TAILLEFER (211)

---

**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): July 22, 23, 24, 30, 31, 2019 and August 1, 2019**

**The following logs were inspected:**

- Follow-up order #011741-19 related to medication administration.**
- Intakes #010533-19 and #010397-19 related to residents' falls.**
- Intake #011984-19 was replaced with intake #015995-19 and assigned to Inspection #2019\_618211\_0019.**

**During the course of the inspection, the inspector(s) spoke with the President and Chief Executive Office (CEO), Vice President of Nursing and Clinical Services (VP), Assistant President of Nursing and Clinical Services (AVP), a Registered Nurse (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and a resident.**

**In addition, the Inspector reviewed residents' health care records, post fall assessments, Medication Administration Records, the home's policy related to Drug Destruction and Disposal. The Inspector observed resident care environments, staff's medication administration process related to medication's preparation and disposal and staff to residents interactions.**

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

- Falls Prevention**
- Infection Prevention and Control**
- Medication**
- Personal Support Services**
- Prevention of Abuse, Neglect and Retaliation**
- Skin and Wound Care**

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

- 1 WN(s)**
- 0 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

**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:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 131. (2)	CO #001	2019_665551_0009	211

**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. 8. Policies, etc., to be followed, and records**

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

**s. 8. (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, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with.

Review of the home's policy #IX NSG G-24.00 titled "Drug Destruction and Disposal" dated November 2018, indicated that drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

In an interview with RPN #102 on an identified date, stated that the used patches were put inside the envelope then in the garbage bag beside the medication cart. Afterward, the garbage bag will be thrown in the garbage chute of the home.

In an interview with the Assistant Vice President of Nursing and Clinical Services on an identified date, revealed that the licensee didn't formulate a process specific for the destruction of the non-narcotic medication patches, but they should be discarded in the drug destruction bin in the medication room.

RPN #102 has failed to ensure that the used non-narcotic medication patches were destroyed and disposed of in a safe and environmentally appropriate manner in accordance with the home's policy titled "Drug Destruction and Disposal". [s. 8. (1) (b)]

---

**Issued on this 30th day of August, 2019**

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

**Original report signed by the inspector.**