



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 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

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 8, 2018	2018_729615_0040	024825-17, 026010- 17, 007598-18, 016349-18, 024773- 18, 024945-18, 025251-18, 025980-18	Critical Incident System

Licensee/Titulaire de permis

Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

Sumac Lodge
1464 Blackwell Road SARNIA ON N7S 5M4

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

HELENE DESABRAIS (615)

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): November 2, 5 and 6, 2018.

The following inspections were conducted concurrently during this inspection:

**CI #2573-000012-17/Log #024825-17 related to prevention of falls;
CI #2573-000014-17/Log #026010-17 related to prevention of falls;
CI #2573-000005-18/Log #007598-18 related to prevention of falls;
CI #2573-000008-18/Log #016349-18 related to prevention of falls;
CI #2573-000012-18/Log #024773-18 related to prevention of falls;
CI #2573-000014-18/Log #025251-18 related to prevention of falls.**

**CI #2573-000016-18/Log #025980-18 related to missing narcotics and,
CI# 2573-000013-18/Log #024945-18 related to missing narcotics.**

During the course of the inspection, the inspector(s) spoke with the Acting Executive Director (Acting ED), a Regional Manager, the Director of Care (DOC), the Dietary Manager, two Registered Nurses (RNs) and one Registered Practical Nurse (RPN).

The inspector also made observations of residents' care, reviewed clinical records and plans of care for identified residents, relevant policies and procedures, observed drug storage areas in the home, the infection prevention and control program and practices.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
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

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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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 that where the Act or the Regulation required the licensee of a long-term care home to have, institute, or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

Ontario Regulation 79/10, s. 114(2) states that the licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

On a specific date the home submitted CI #2573-000013-18/Log #024945-18 to the Ministry of Health and Long Term Care (MOHLTC) related to missing narcotics. Two registered staff both signed a Controlled Drug Administration Record sheet for the destruction of a narcotic blister pack that would have been placed in a locked medication destruction bin. At a later date, an RPN found the narcotic blister pack in the non-narcotic pail, with two loose 1/2 pills in the bottom of the pail, and 10 1/2 pills missing.

On a specific date, the home submitted CI #2573-000016-18/Log #025980-18 related to missing narcotics. While reviewing and destroying narcotics placed in the in the locked medication destruction bin, the home's pharmacist found a Controlled Drug Administration Record sheet in the bin, with no narcotic blister pack attached to it. Upon review of the Controlled Drug Administration Record sheet it was not double signed by two registered staff for destruction. The home then initiated the investigation for improper destruction. In both incidents, the narcotics were never found.

A review of the home's policy # CARE13-O60.01-ON "Management of Narcotics and Controlled Drugs" last reviewed March 31, 2018, stated in part "Narcotics and controlled drugs for destruction will remain locked in the narcotic bin on the medication cart and will be counted and signed by two nurses at the beginning and end of each shift as per usual protocol until they are removed for drug destruction".

During interviews, a RN and a RPN both stated that two registered staff had to sign off the Controlled Drug Administration Record sheet for destruction and insert it in the medication destruction bin for destruction.

During an interview, the Acting Executive Director (Acting ED) stated that the home's expectation was that registered staff followed the home's policy on destruction of controlled substances. [s. 8. (1) (b)]



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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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

Issued on this 8th day of November, 2018

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

Original report signed by the inspector.