Ontario

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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**

Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
April 13-14/11	2011_154_2698_12Apr151127	Critical Incident Log #S-00999

Licensee/Titulaire
Jarlette Ltd., 689 Yonge Street, Midland, ON L4R 2E1
Fax: 705-528-0023

Long-Term Care Home/Foyer de soins de longue durée
Temiskaming Lodge, 100 Bruce Street, Haileybury ON P0J 1K0
Fax: 705-672-5734

Name of Inspector(s)/Nom de l'inspecteur(s)
Gail Peplinskie #154

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Registered Staff, Personal Support Workers (PSW), Resident involved in Critical Incident.

During the course of the inspection, the inspector:
-Reviewed the health care record of a resident
-Observed morning administration of medication
-Walked throughout both resident care areas in the home
-Reviewed and received a copy of the Policy and Procedure for Medication Management
-Reviewed and received a copy of the "Root Cause Analysis" related to the Critical Incident

The following Inspection Protocol was used during this inspection:
-Medication

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O. Reg. 79/10, s 129 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs

Findings:
1. The Licensee did not ensure that drugs are stored in an area or a medication cart that is secure and locked. On April 14/11 @ 0740 a.m. Inspector #154 observed a medication cart in the hall, unlocked outside of a resident's room. One of the registered staff was in the room administering medications to a resident with the door shut. Another resident was sitting beside the medication cart in a wheelchair. The medication cart was unsupervised and unlocked with medications readily available.

Inspector ID #:	#154

Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**
Title: **Date:**	**Date of Report:** June 7/11