Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: June 12, 2023	
Inspection Number: 2023-1374-0001	
Inspection Type: Critical Incident System	
Licensee: S & R Nursing Homes Ltd.	
Long Term Care Home and City: Twin Lakes Terrace Long Term Care Community, Sarnia	
Lead Inspector Debbie Warpula (577)	**Inspector Digital Signature** Debbie L Warpula Digitally signed by Debbie L Warpula Date: 2023.06.19 10.39.46 -04'00'
Additional Inspector(s) Leah Carrier (000748)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 23, 24, 25, 26, 29, 30, 31, 2023 and June 1, 2023

The following intake(s) were inspected:

- Intake: #00004511 - regarding medication administration
- Intake: #00007033 - unexpected death of a resident
- Intake: #00007164 - regarding medication administration
- Intake: #00085892 - fall of a resident resulting in injury
- Intake: #00087773 - medication administration and resident change in condition
- The following intakes were completed in the CIS inspection: Intake #00002705, Intake #00002705, Intake #00019567, Intake #00083950, and Intake #00085669 related to resident falls resulting in injuries.

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

Medication Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Falls Prevention

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

The licensee has failed to ensure that when a resident fell, a specific monitoring record was initiated and monitored prior to transfer to a medical facility.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee was required to ensure the home's falls prevention and management program was in place, and ensure it was complied with.

Specifically, staff did not comply with the licensee's Fall's Prevention and Management policy which was part of the licensee's Falls Prevention and Management Program.

Rationale and Summary:

A Critical Incident System (CIS) report was submitted to the Director concerning a resident who had an unwitnessed fall and required medical care.

During a review of the resident's clinical records, Inspector #000748 noted that, while the resident's progress notes reported that a monitoring record was initiated, no record could be found, and vital signs were not recorded on the date of the fall.

During an interview with the Director of Care (DOC), they confirmed that staff were unable to locate the monitoring record for the resident.

The home not completing the resident's monitoring record put the resident at risk as they failed to assess their neurological status as required.

Sources: review of CIS, review of the resident's clinical records; the home's "Head Injury Routine"; and interviews with staff.

[000748]

WRITTEN NOTIFICATION: Quarterly Evaluations

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 124 (1)

The licensee has failed to ensure that an interdisciplinary team, including the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, met at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

Rationale and Summary

In an interview with the Administrator they advised that the quarterly evaluation of the medication management system consisting of the interdisciplinary team had not occurred. They reported there was a quarterly review of the medication incidents conducted by the DOC and Administrator and a separate quarterly drug utilization review conducted by the pharmacy. They said that they could not provide a written record of a quarterly evaluation.

Sources: review of the home's policy "Medication Management System", interviews with staff.

[577]

WRITTEN NOTIFICATION: Annual Evaluation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 125 (1)

The licensee has failed to ensure that an interdisciplinary team, which included the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who was a member of the staff of the home, met annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

Rationale and Summary

In an interview with the Administrator and DOC, they advised that the last annual medication management evaluation had not included the Medical Director, pharmacy service provider and registered dietitian. They reported that the team consisted of the Administrator, DOC, Resident Assessment Instrument (RAI) Coordinator and Resident Care Coordinator. They advised that the annual evaluation had consisted of program goals and identified changes and implementation.

Sources: review of the home's policy "Medication Management System", Medication Management Annual Evaluation, and interviews with staff.

[577]

WRITTEN NOTIFICATION: Quarterly Evaluation

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 125 (3) (a)

The licensee has failed to ensure that the annual evaluation of the medication management system included a review of the quarterly evaluations in the previous year as referred to in section 124.

Rationale and Summary

In an interview with the Administrator and DOC, they advised that the last annual medication management evaluation had not included a review of the quarterly evaluations in the previous year.

Sources: review of the home's policy "Medication Management System", and interviews with staff.

[577]

WRITTEN NOTIFICATION: Medication incidents

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 147 (1) (b)

The licensee has failed to ensure that medication incidents involving ten residents were

reported to the Medical Director.

Rationale and Summary

A CIS report was received by the Director concerning a medication incident. The report indicated that a resident had received an early dose of a controlled substance and required medical care.

A CIS report was received by the Director concerning medication dose omissions, where eight residents had not received their scheduled pain medication.

A CIS report was received by the Director concerning medication dose omissions, where a resident had not received their newly prescribed medication upon readmission and on subsequent days after readmission.

A review of the medication incident reports indicated that the Medical Director was not notified.

During an interview with the DOC, together with Inspector #577, reviewed the medication incident forms for ten residents and they advised that the Medical Director was not notified at the time of the medication incidents.

Sources: review of residents medication incident reports and health care records, review of the home's policy "Medication Incidents", and interview with the DOC.

[577]

COMPLIANCE ORDER CO #001 Medication Management

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

A) Provide training to all registered nursing staff on Silver Fox pharmacy and the home's policies

concerning shoulder-to-shoulder narcotic counts, the required communication to the pharmacy when a resident is admitted to a hospital and re-admitted to the home; the process to follow when medication is not available in the home; and the process for obtaining medication from the satellite pharmacy and/or on-call pharmacist. Keep a record of the training and dates completed.

B) Develop and implement an auditing process to ensure the home's processes are followed when a medication is not available in the home. The home must keep a documented record of the audits.

Grounds
The licensee has failed to comply with the home's medication policies related to narcotic counting, documentation of a medication incidents and medication administration, included in the required Medication Management Program for ten residents.

In accordance with O. Reg. 246/22, s. 11 (1) (b) the licensee is required to ensure that written policies and protocols were developed for the medication management system and ensure they were complied with.

Specifically, staff did not comply with the home's policies "Medication Incidents", "Medication Administration", "Emergency Medication Home Supply", "Resident Change in Status" and "Medication - Safe Storage and Security".

Rationale and Summary
A) A CIS report was received by the Director concerning a medication incident. The report indicated that a resident had received an early dose of a controlled substance and required medical care.

During a record review of the resident's clinical records, the inspector noted no documentation concerning the medication given in error, physician notification, nor interventions required and outcomes for the resident.

During an interview with a Registered Practical Nurse (RPN), they advised that the resident had requested pain medication and they had administered the controlled substance in error; they stated that they had not reviewed the resident's medication records and had not documented

the error and interventions in the clinical records. They confirmed that they had not followed the medication rights, specifically the right medication and right time when they had administered the controlled substance to the resident.

In an interview with the DOC they advised that the resident clinical records should have included the medication given, MD notification, actions or interventions implemented and outcomes for the resident. In addition, the RPN had not accessed the resident's medication records and had not followed the medication rights, specifically the right medication and right time, when they administered the controlled substance.

The resident was at risk when a controlled substance was administered and they were transferred to a medical facility.

Sources: CIS report, medication incident report, health records for a resident, review of the home's policy "Medication Administration", "Medication Incidents", an RPN's employee file and training records and interviews with staff.

B) A CIS report was received by the Director concerning ten medication dose omissions, where eight residents had not received their scheduled pain medication.

A review of the home's investigation revealed that an RPN had left their shift and had not performed a narcotic count prior to leaving. Additionally, video footage from a specific day, revealed that the RPN had not accessed medication records to administer medications to residents.

In an interview with the RPN, they reported that they had not performed a shoulder-to-shoulder narcotic count prior to leaving their shift; they acknowledged that they should not have signed medication as given when they had not administered controlled substances to eight residents and they confirmed that they were not following the home's medication policies.

In an interview with the Administrator, they advised that the RPN had not accessed the medication records during medication administration, they visualized the RPN pre-signing in the narcotic book and on four shifts, they visualized no shoulder-to shoulder narcotic count, as

evidenced by video footage. They confirmed that the RPN had not followed the medication policies concerning medication administration, narcotic counting and documentation and resulted in eight medication incidents.

Eight residents were at risk as the RPN had not accessed medication records during medication administration and they had not received their scheduled pain medication.

Sources: CIS report, medication incident reports, health records for eight residents, the home's investigation notes, review of the home's policy "Medication Administration", "Medication - Safe Storage and Security", the RPN's employee file and training records and interviews with staff.

C) A CIS report was received by the Director concerning medication dose omissions, where a resident had not received their newly prescribed medication upon readmission and on subsequent days after readmission.

Inspector #577 reviewed the resident's medication record and noted multiple medications not given and documented as 'not available' by four RPN's.

In an interview the Administrator and DOC, together with Inspector #577, reviewed the resident's medication records and they confirmed the multiple medication omissions. They confirmed that if staff had utilized satellite pharmacy and sent pharmacy a 'Resident Change of Status' form, medication omissions would have been avoided.

There was risk to the resident, as they had not received their newly prescribed medication on five days, they had a change in condition and required medical care.

Sources: CIS report, medication incident report, health records for the resident, review of Silver Fox pharmacy policy "Emergency Medication Home Supply" and "Resident Change in Status", the RPN's employee file and training records, email summary from Silver Fox Pharmacy Registered Pharmacist, and interviews with staff.

[577]

This order must be complied with by July 17, 2023

COMPLIANCE ORDER CO #002 Medication Management

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 140 (2)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

A) Ensure that a resident receives their prescribed medication as ordered; and

B) Conduct a multidisciplinary team review of the medication omissions that occurred for ten residents to identify a corrective action plan to minimize risk of re-occurrence. Plan to be completed by the Administrator and/or DOC. This team must include at a minimum the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service. The home must keep a written record of the review.

Grounds
The licensee has failed to ensure that drugs were administered to a resident in accordance with the directions for use specified by the prescriber.

Rationale and Summary
A) A CIS report was received by the Director concerning a medication incident. The report indicated that a resident had received an early dose of a controlled substance and required medical care.

In an interview with the DOC they confirmed that the RPN had not followed the medication rights, specifically the right medication and right time, when they administered the controlled substance, resulting in a medication error.

The resident was at risk when the controlled substance was administered and they required medical care.

Sources: CIS report, medication incident report, health records for the resident, review of the home's policy "Medication Administration", the RPN's employee file and training records and

interviews with staff.

B) The licensee has failed to ensure that drugs were administered to eight residents in accordance with the directions for use specified by the prescriber.

Rationale and Summary
A CIS report was received by the Director concerning medication dose omissions, where eight residents had not received their scheduled pain medication.

A review of the home's investigations indicated that video footage from that day revealed that the RPN had not accessed medication records to administer medications to residents and they were visualized pre-signing the narcotic records.

In an interview with the RPN, they reported that they should not have signed medication as given when they had not administered controlled substances to eight residents and they confirmed that they were not following the home's medication policies.

In an interview with the Administrator, they advised that the RPN had not accessed the medication records during medication administration and had pre-signed the narcotic records as evidenced by video footage. They confirmed that the RPN was not following the medication policies concerning medication administration and documentation and resulted in eight medication incidents.

Eight residents were at risk as they had not received their scheduled pain medication; and resulted in ten medication omissions.

Sources: CIS report, medication incident reports, health records for eight residents, the home's investigation notes, review of the home's policy "Medication Administration" and interviews with staff.

C) The licensee has failed to ensure that drugs were administered to a resident in accordance with the directions for use specified by the prescriber.

Rationale and Summary
A CIS report was received by the Director concerning medication dose omissions, where a

resident had not received their newly prescribed medication upon readmission and on subsequent days after readmission.

Inspector #577 reviewed the resident's medication records and noted seven medications not given and documented as 'not available' by four RPN's on four specific dates.

In an interview with the Administrator and DOC, together with Inspector #577, reviewed the resident's medication records and they confirmed the multiple medication omissions. They confirmed that if staff had utilized satellite pharmacy and sent pharmacy a 'Resident Change of Status' form, medication omissions would have been avoided.

There was risk to the resident as they had not received their newly prescribed medication on four specific dates which resulted in 22 medication omissions; they had a change in condition and required medical care.

Sources: CIS report, medication incident report, health records for the resident, review of Silver Fox pharmacy policy "Emergency Medication Home Supply", email summary from Silver Fox Pharmacy Registered Pharmacist, and interviews with staff.

[577]

This order must be complied with by July 17, 2023

REVIEW/APPEAL INFORMATION

TAKE NOTICE
The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director’s review decision, issued under section 169 of the Act, with respect to an inspector’s

compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.