



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

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

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

**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**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 11, 2019	2019_633577_0001	027977-18	Critical Incident System

Licensee/Titulaire de permis

CVH (No. 9) GP Inc. as general partner of CVH (No. 9) LP
766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H 5L8

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

Southbridge Lakehead
135 South Vickers Street THUNDER BAY ON P7E 1J2

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

DEBBIE WARPULA (577)

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): January 8 and 9, 2019.

One Critical Incident (CI) was inspected during this Critical Incident System Inspection which occurred concurrently with Follow Up Inspection #2019_63357_0002

-Critical Incident intake related to unaccounted controlled substances.

During the course of the inspection, the inspector(s) spoke with the Acting Administrator, Director of Care (DOC), Clinical Consultant Pharmacist, Registered Practical Nurses (RPNs), and a Registered Nurse (RN).

The inspector also observed staff to resident interactions, observed the provision of care and services to residents, reviewed policies, resident health care records, medication records, and pharmacy audits.

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

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

1 WN(s)

0 VPC(s)

1 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. 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 steps were taken to ensure the security of the drug supply, which included a monthly audit of the daily count sheets of controlled substances to determine if there were any discrepancies and that immediate action was taken if any discrepancies were discovered.

A Critical Incident System (CIS) report was received by the Director on a day in October 2018, concerning unaccounted controlled substances found during a narcotic shift count. The report indicated that there had been a discrepancy in the count of two controlled substances. The previous count indicated five tablets for both controlled substances and four tablets were in their blister packs, where two tablets were unaccounted for.

A record review of the home's policy, "Shift change monitored drug count' - #6-6", revised November 2018, indicated a monthly audit of the narcotic and controlled medication was required by the Director of Care (DOC), Manager or delegate in all drug storage areas to ensure all narcotic and controlled drugs were present in the right quantities; the DOC or delegate and a witness would audit the count sheets monthly, comparing the count to the quantity of medication remaining; track monthly audits using the 'Narcotic/Controlled Drugs Audit Annual Tracking' form.

Inspector #577 conducted a record review of the home's Narcotic and Controlled



Medication Audit completed by Clinical Consultant Pharmacist #101. The Inspector found that the audit indicated the review of the monthly audit of shift count sheets was 'not met' by the home and had not been done since February 2016.

During an interview with the Clinical Consultant Pharmacist #101, they reported that the monthly controlled substance audits were to be done by the registered nursing staff in the home. They confirmed that their review of the monthly audit of shift count sheets was not met by the home and had not been done since February 2016. They further indicated that it was the home's responsibility to perform the monthly audits, and their role was to confirm that it was being completed to identify any discrepancies.

In an interview with RN #105, they reported that they were unaware of monthly audits of controlled substances and stated that night staff conducted most of the audits. They further referred Inspector #577 to an audit binder, which did not contain any monthly controlled substance audits.

During an interview with the Director of Care (DOC), they were unable to provide any completed monthly audits of the daily count sheets of controlled substances.

During an interview, the Acting Administrator, together with Inspector #577, reviewed the Narcotic and Controlled Medication sheet. They confirmed that the home did not have any records of controlled substances audits. They further confirmed that staff should have been conducting monthly audits of the narcotics and controlled substances on the "Narcotic/Controlled Drugs Audit Annual Tracking" form, according to the home's policy. [s. 130. 3.]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".



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Issued on this 11th day of January, 2019

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

Original report signed by the inspector.



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Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
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Aux termes de l'article 153 et/ou de
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Long-Term Care Inspections Branch**

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : DEBBIE WARPULA (577)

Inspection No. /

No de l'inspection : 2019_633577_0001

Log No. /

No de registre : 027977-18

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Jan 11, 2019

Licensee /

Titulaire de permis : CVH (No. 9) GP Inc. as general partner of CVH (No. 9)
LP
766 Hespeler Road, Suite 301, CAMBRIDGE, ON,
N3H-5L8

LTC Home /

Foyer de SLD : Southbridge Lakehead
135 South Vickers Street, THUNDER BAY, ON, P7E-1J2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Juliana Jason



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O. 2007, chap. 8

To CVH (No. 9) GP Inc. as general partner of CVH (No. 9) LP, you are hereby
required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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section 154 of the *Long-Term
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O. 2007, chap. 8

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 130. 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.

Order / Ordre :

The licensee must be compliant with s. 130 of the LTCHA.

The licensee shall ensure that steps are taken to ensure the security of the drug supply, which includes a monthly audit 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.

The licensee must specifically:

- a) Ensure that two registered staff members conduct monthly audits of the daily count sheets of controlled substances utilizing the "Narcotic/Controlled Drugs Audit Annual Tracking" form. To be completed by the end of the third week of each month and placed in the Narcotic binder.
- b) The Director of Care or designate will conduct regular audits of the tracking forms to ensure the security of the drug supply and determine any discrepancies.

Grounds / Motifs :

1. The licensee has failed to ensure that steps were taken to ensure the security of the drug supply, which included a monthly audit of the daily count sheets of

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Inspector #577 conducted a record review of the home's Narcotic and Controlled Medication Audit completed by Clinical Consultant Pharmacist #101. The Inspector found that the audit indicated the review of the monthly audit of shift count sheets was 'not met' by the home and had not been done since February 2016.

During an interview with the Clinical Consultant Pharmacist #101, they reported that the monthly controlled substance audits were to be done by the registered nursing staff in the home. They confirmed that their review of the monthly audit of shift count sheets was not met by the home and had not been done since February 2016. They further indicated that it was the home's responsibility to perform the monthly audits, and their role was to confirm that it was being completed to identify any discrepancies.

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During an interview, the Acting Administrator, together with Inspector#577, reviewed the Narcotic and Controlled Medication sheet. They confirmed that the home did not have any records of controlled substances audits. They further confirmed that staff should have been conducting monthly audits of the narcotics and controlled substances on the "Narcotic/Controlled Drugs Audit Annual Tracking" form, according to the home's policy.

The decision to issue the Compliance Order was made due to the severity which was a level 1 as there was minimum risk to the residents. The scope was level 3 as it affected all residents in the home. The compliance history was a level 2 as there was ongoing unrelated non-compliance.
(577)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jan 30, 2019



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:



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Health Services Appeal and Review Board and the Director

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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



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O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 11th day of January, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Debbie Warpula

Service Area Office /

Bureau régional de services : Sudbury Service Area Office