

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 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

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| Report Date(s) /   | Inspection No /    | Log # /        | Type of Inspection / |
|--------------------|--------------------|----------------|----------------------|
| Date(s) du Rapport | No de l'inspection | No de registre | Genre d'inspection   |
| Aug 6, 2019        | 2019_633577_0017   | 000901-19      | Follow up            |

#### Licensee/Titulaire de permis

CVH (No. 9) LP by its general partners, Southbridge Health Care GP Inc. and Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Care Homes Inc.) 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 Follow up inspection.

This inspection was conducted on the following date(s): July 16, 17 and 18, 2019.

The following intake was inspected upon during this Follow up Inspection: -One log related to compliance order (CO) #001 that was issued during inspection #2019\_633577\_0001, s. 130 of the Ontario Regulation 79/10.

A Critical Incident (CI) inspection #2019\_633577\_0016, was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Care (ADOC), Registered Nurses (RNs) and Registered Practical Nurses (RPNs).

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed monthly narcotic/controlled drugs audits, reviewed annual tracking narcotic/controlled drugs and reviewed a licensee policy.

The following Inspection Protocols were used during this inspection: 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)

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:



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| REQUIREMENT/           | TYPE OF ACTION/ |                  | INSPECTOR ID #/    |
|------------------------|-----------------|------------------|--------------------|
| EXIGENCE               | GENRE DE MESURE |                  | NO DE L'INSPECTEUR |
| O.Reg 79/10 s.<br>130. | CO #001         | 2019_633577_0001 | 577                |

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES  |   |  |  |
|---|---|--|--|
| Legend  | Légende   |  |  |
| <ul> <li>WN – Written Notification</li> <li>VPC – Voluntary Plan of Correction</li> <li>DR – Director Referral</li> <li>CO – Compliance Order</li> <li>WAO – Work and Activity Order</li> </ul>   | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>WAO – Ordres : travaux et activités   |  |  |
| Non-compliance with requirements under<br>the Long-Term Care Homes Act, 2007<br>(LTCHA) was found. (a requirement under<br>the LTCHA includes the requirements<br>contained in the items listed in the definition<br>of "requirement under this Act" in subsection<br>2(1) of the LTCHA). | Le non-respect des exigences de la Loi de<br>2007 sur les foyers de soins de longue<br>durée (LFSLD) a été constaté. (une<br>exigence de la loi comprend les exigences<br>qui font partie des éléments énumérés dans<br>la définition de « exigence prévue par la<br>présente loi », au paragraphe 2(1) de la<br>LFSLD. |  |  |
| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.   | Ce qui suit constitue un avis écrit de non-<br>respect aux termes du paragraphe 1 de<br>l'article 152 de la LFSLD.  |  |  |

# WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence



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Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

### Findings/Faits saillants :

1. The licensee has failed to ensure that they complied with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

The licensee was to be compliant with Compliance Order (CO) #001 from Inspection #2019\_633577\_0001 that was issued to the home on January 11, 2019, which had a compliance due date of January 30, 2019.

The licensee was ordered to ensure that they were compliant with section 130 of the Ontario Regulation 79/10. Specifically the licensee was ordered to:

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.

While the licensee complied with section "a" of the compliance order, non-compliance continued to be identified with section "b", where the licensee was ordered to ensure that the Director of Care or designate would conduct regular audits of the tracking forms to ensure the security of the drug supply and determine any discrepancies.

Inspector #577 reviewed each of the narcotic books for each of the home units, which contained the "Narcotic/Controlled Drugs Annual Tracking" form. During a review of the narcotic book for a specific nursing unit, the Inspector found that the tracking form had



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not contained a completed audit for four identified months in 2019.

A review of the home's policy, "Shift Change Monitored Drug Count - 6-6", revised November 2018, indicated that a monthly audit of the narcotic and controlled medications was required by the DOC, manager or designate in all storage areas to have ensured all narcotic and controlled drugs were present in the right quantities; the DOC/designate and a witness would audit the count sheets monthly comparing the count to the quantity of medication remaining; and track monthly audits using the 'Narcotic/Controlled Drugs Audit Annual tracking" form.

During an interview with RPN #108, together with Inspector #577, the "Narcotic/Controlled Drugs Annual Tracking" form for a specific nursing unit were reviewed. RPN #108 confirmed with the Inspector that the form was not completed for four identified months in 2019.

During an interview with RN #107, they reported that the "Narcotic/Controlled Drugs Monthly Audit" and the "Narcotic/Controlled Drugs Annual Tracking" form was initiated in January 2019, and that they had done many of the audits. Together with Inspector #577, RN #107 reviewed the "Narcotic/Controlled Drugs Annual Tracking" form and confirmed there was missing documentation for four identified months, for a specific nursing unit. They reported that they were not responsible for auditing the form, and were unaware of anyone who was delegated to have audited the "Narcotic/Controlled Drugs Annual Tracking" form.

During an interview with the Administrator, they reported that they were unaware of the missing documentation for a specific nursing unit's "Narcotic/Controlled Drugs Audit Annual Tracking" form, and were unaware of anyone that had conducted regular audits of the "Narcotic/Controlled Drugs Audit Annual Tracking" form. [s. 101. (3)]



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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 the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts, to be implemented voluntarily.

Issued on this 8th day of August, 2019

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

Original report signed by the inspector.