

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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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
Aug 7, 2020	2020_777731_0011	003875-20, 004097- 20, 005658-20, 010271-20, 013848- 20, 014738-20	Critical Incident System

Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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

Berkshire Care Centre
350 Dougall Avenue WINDSOR ON N9A 4P4

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

KRISTEN MURRAY (731), AMIE GIBBS-WARD (630), CAROLEE MILLINER (144)

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): July 28, 29, and 30, 2020.

The following Critical Incident intakes were completed within this inspection:

Related to the prevention of abuse and neglect:

Critical Incident Log #003875-20 / CI 2541-000009-20

Related to falls prevention:

Critical Incident Log #005658-20 / CI 2541-000014-20

Critical Incident Log #014738-20 / CI 2541-000023-20

Critical Incident Log #010271-20 / CI 2541-000020-20

Related to medication incidents:

Critical Incident Log #013848-20 / CI 2541-000022-20

Critical Incident Log #004097-20 / CI 2541-000011-20

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), an Assistant DOC, the Physiotherapist (PT), a Registered Nurse (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a Housekeeper, and residents.

The inspectors also observed resident rooms and common areas, observed medication storage areas, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, and reviewed policies and procedures of the home.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Medication

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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

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

In accordance with Ontario Regulation 79/10 s. 136 (2) the licensee was required to ensure that: “The drug destruction and disposal policy must also provide for the following: that any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.”

Specifically, the home’s policy titled “Drug Destruction and Disposal” with a specified revised date, was not complied with by staff. This policy included the following:

- “Surplus drugs (drugs for destruction) will be removed from current medication system and will be destroyed and disposed of in accordance with regulatory requirements.”

- “Surplus drugs includes all of the following a) Individual resident's meds which have been discontinued; b) all drugs that have expired; c) all drugs with illegible labels; d) all drugs in containers that do not meet requirements of the Drug and Pharmacies Regulation Act; e) after a resident dies; f) when a resident is discharged and medications are not sent with the resident.”

- “Surplus narcotic/controlled substances may be removed from the count and kept together with the surplus narcotic drug record sheet in a double locked cabinet in the designated room with limited access to only few authorized staff such as Director of Care, Assistant Director of Care until the pharmacist and Director of Care or delegate

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performs a drug destruction denaturing and seals them in the hazardous waste disposal box for pick up.”

- “Narcotic and controlled substances surplus are kept in a double-locked container until disposed of as noted in number four of this procedure.”

The home submitted Critical Incident System (CIS) report #2541-000022-20, related to missing controlled substances. This report included "our pharmacist was on site today for the first time since a specified date. Narcotic Drug Destruction has not been completed at the home since a specified date. It typically occurs monthly. The Narcotic Destruction Bins and keys are kept in a specified area. Today drug destruction was completed with the [Assistant Director of Care] ADOC and Pharmacist. It was noted that a specified number of different entries were missing from a narcotic destruction bin." This report included specified medications missing during a specified period of time. "The [Director of Care] DOC and ADOC then inspected the bin and noted that both locks appeared tampered with, as the lock was easily opened."

DOC #101 said they had been personally involved in responding to and investigating CI #2541-000022-20. They said during the most recent controlled substances destruction the ADOC and Pharmacist found discrepancies of medications that were documented on the paper and double signed by staff but were not accounted for. DOC #101 said they examined the drug destruction box and realized that a hand could fit through the hole and the locks had been tampered with and could be opened without the keys. DOC #101 said when they realized the box was not secure the pharmacy removed it from the home and replaced it with a different box which was then placed in a specified area. DOC #101 said that based on their investigation it was still unclear when the narcotic medications went missing. DOC #101 said after the incident was discovered, the home, with assistance from their pharmacy provider, changed the process. DOC #101 said when a controlled substances became surplus it would stay in the locked drawer in a specified area and the staff would count it on each shift as part of the narcotic count until the time that the staff could take the medication to be added to the “Controlled Substances Destruction Log” and placed in the designated double locked box for destruction. DOC #101 said the new box had a smaller hole which could not fit a hand through. DOC #101 said the specified area was required to be locked at all times when someone was not present and the area had limited access.

i) A review of the “Controlled Substance Destruction Log” for a specified period of time, documented a number of resident medications that were missing from the destruction bin. This included medications for resident #006. A review of resident #006’s clinical

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record showed the following:

- Resident #006 was discharged on a specified date.
- The electronic Medication Administration Record (eMAR) included an order for specified controlled substances.
- The “Narcotic Count Sheet” showed the medications were included in the shift count from the time they became surplus until a specified date.
- The “Controlled Substance Destruction Log” showed these medications had a specified “removal date”. These were documented on the form as “not found” in the drug destruction bin.

DOC #101 acknowledged these medications had gone missing from the drug destruction bin and were part of the missing narcotics reported in CIS report #2541-000022-20. DOC #101 said that these narcotics would have been kept in a specified area between the time they were deemed surplus and the time when they were added to the drug destruction box.

ii) A review of the “Controlled Substance Destruction Log” showed resident #005 had specified controlled medication added to the drug destruction box. A review of resident #005’s clinical record showed the following:

- Resident #005 was discharged on a specified date.
- The eMAR included an order for an order for a specified controlled substance.
- The “Narcotic Count Sheet” showed this medication was included in the shift count from the time it became surplus until a specified date.

DOC #101 said this surplus medication for resident #005 was kept in a specified area with the medications for administration for two days as they were not in the home and available to add the medication to the drug destruction box. DOC #101 said their current system did not enable the surplus medications to go directly into the designated drug destruction box as they had determined for security reasons it needed to be kept in a specified area and was only accessible to the registered nursing staff when nursing management was in the home.

iii) A review of the “Controlled Substance Destruction Log” showed resident #009 had specified controlled medication added to the drug destruction box. A review of resident #009’s clinical record showed the following:

- “Resident’s Individual Narcotic and Controlled Drug Count Sheet” showed an order for a specified controlled substance.
- The “Narcotic Count Sheet” showed this medication was included in the shift count from

the time it became surplus a specified date.

DOC #101 said this surplus medication for resident #009 was kept in a specified area with the medications for administration until it was taken to the drug destruction box. DOC #101 said that due to the fact that the home did not have a designated surplus box in the medication rooms, the home thought it was safer to go from the specified area to drug destruction.

iv) Registered Practical Nurse (RPN) #102 said there had been some recent changes to the process regarding disposal of controlled substances and the staff were required to take the controlled substance down to a specified area for destruction. RPN #102 said they were not clear on the new process but thought there was still a separate locked box and showed Inspector #630 a box with a single pad-lock. RPN #102 said they had not personally had to use the drug destruction box for narcotic medications in the past few months as that tended to be the another staff's responsibility.

DOC #101 said the box in the specified area was for medication delivery from pharmacy and was not a drug destruction box. DOC #101 said all staff had been educated on the new process and they were planning further education in partnership with the pharmacy.

v) Inspector #630 observed that the door to the area where the drug destruction box was kept open and there was no staff inside the area. There were staff, including an ADOC, working in the common area outside the area.

DOC #101 said it was the expectation that the specified area would be locked at all times as that door was considered to be part of the security for the drug destruction box.

Based on these observations, interviews and record review the licensee has failed to ensure that the home's drug destruction and disposal policy, as required under O. Reg 79/10 s. 136 (2), was complied with as surplus drugs (drugs for destruction) were not being removed from the "current medication system" and there was a period of time between when the narcotic and controlled substances surplus were not kept in a double-locked container. [s. 8. (1) (b)]

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 where the Act or this Regulation required the licensee of a long-term care home to have institute or otherwise put in place any policy, the policy is complied with, to be implemented voluntarily.

Issued on this 10th day of August, 2020

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

Original report signed by the inspector.