



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

**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***

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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public	
Date(s) of inspection/Date de l'inspection November 3, 2010	Inspection No/ d'inspection November 3, 2010	Type of Inspection/Genre d'inspection Critical Incident #H-02217
Licensee/Titulaire Oakwood Retirement Communities Incorporated; 325 Max Becker Drive, Suite 201, Kitchener, ON, N2E 4H5		
Long-Term Care Home/Foyer de soins de longue durée Villages of Tansley Woods, 4100 Upper Middle Road, Burlington, ON, L7M 4W8		
Name of Inspector(s)/Nom de l'inspecteur(s) Phyllis Hiltz-Bontje #129		
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(s) spoke with: The Director of Nurses

During the course of the inspection, the inspector(s): The resident's clinical record was reviewed and the homes medication administration policies and procedures also reviewed.

The following Inspection Protocols were used in part or in whole during this inspection: Medication

- There are no findings of Non-Compliance as a result of this inspection.
- Findings of Non-Compliance were found during this inspection. The following action was taken:
[1] WN



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NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référant envoyé

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: 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 constitue 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 LTCHA, 2007 – O. Reg. 79/10 s. 131(1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident.

Findings:

The home failed to ensure that only medication prescribed for the resident were administered

- An identified resident began to present with unusual symptoms during care that evening.
- A co-resident reported to the Charge Nurse during the late evening that medications that were provided were not the usual medications and this resident refused to take them, however this resident felt that the Identified resident had not noticed that the medications administered during the evening were not the usual ones provided and took the medications anyway.
- A subsequent investigation by the Director of Care concluded that the identified resident had received another resident's medication which included a narcotic analgesic.

Inspector ID #: 129

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: (if different from date(s) of inspection).