Ontario

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

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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
Jun 18, 2019	2019_543561_0014	004588-19	Follow up

Licensee/Titulaire de permis

Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as General Partner
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell Waterford Long Term Care Residence
2140 Baronwood Drive OAKVILLE ON L6M 4V6

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

DARIA TRZOS (561)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): June 12 and 14, 2019.

A Follow Up (FU) Inspection to Order #001 with the log #004588-19, was conducted during this inspection related to O. Reg 79/10 s. 131(2).

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered staff including Registered Nurses (RNs) and Registered Practical Nurses (RPNs) and residents.

During the course of the inspection, the inspector(s): toured the home, observed provision of care, observed medication passes, reviewed clinical residents records, reviewed relevant policies and procedures, evaluation of the annual medication management program, and training records.

The following Inspection Protocols were used during this inspection:
Medication

During the course of this inspection, Non-Compliances were issued.
- **2 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:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #001	2018_560632_0025	561

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 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 failed to ensure 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 O. Reg 79/10 s. 136(1), the licensee was required to ensure as part of the medication management system, that a written policy was developed in the home that provided for an ongoing identification, destruction and disposal of resident's drugs where the prescriber attending the resident ordered that the use of the drug was discontinued.

Specifically, the staff did not comply with the licensee's "Order/Re-ordering/Destruction of Drugs; Drug Record Book", policy number LTC-CA-WQ-200-06-16, revised December 2017, which is part of the licensee's medication management program.

The licensee's policy titled "Order/Re-ordering/Destruction of Drugs; Drug Record Book", policy number LTC-CA-WQ-200-06-16, revised December 2017, indicated that medications for destruction were to be placed in the designated container for bio-hazardous waste with a lid or other such feature that prevents the removal of the medication and stored separately from drugs available for administration.

On an identified date in 2109, LTCH Inspector #561, identified a prescription cream, sitting on the counter in resident #006's washroom. A Resource Nurse #104 was interviewed and stated that all prescription creams were to be stored in the treatment cart. LTCH Inspector reviewed the resident's clinical records and the Electronic Treatment Administration Record (ETAR) did not have this cream included for the time period during the observation. Clinical records indicated that the identified prescription cream was to be administered to resident #006 for an identified period of time several months prior and then to be discontinued. The prescription cream was not disposed of as per the licensee's policy after the treatment was completed.

The Director of Care (DOC) was interviewed and confirmed that the prescription cream ordered for resident #006 should have been disposed of after treatment was completed in the designated container awaiting destruction.

The licensee failed to ensure that their policy titled "Order/Re-ordering/Destruction of Drugs; Drug Record Book" was complied with. [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 where the Act or this Regulation requires 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.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that drugs were stored in an area or a medication cart, that was used exclusively for drugs and drug-related supplies.

On an identified date in 2019, LTCH Inspector #561, identified a prescription cream stored at the bedside in resident #005's room.

RN #102 was interviewed and indicated that prescription creams were being applied by registered staff and they were to be stored in the treatment cart. This resident did not have an order to self administer medications.

LTCH Inspector #561 reviewed clinical records for resident #005 and the resident did not have an order to self administer medications.

The home's policy titled "Pharmacy Equipment, Supplies and Medication Carts", policy #LTC-CA-WQ-200-06-17, revised December 2017, indicated that all medications were to be stored in locked medication carts.

The DOC was interviewed and confirmed that the prescription creams were to be stored in the treatment cart.

The licensee failed to ensure that prescription creams were stored in the treatment cart. [s. 129. (1) (a)]

Issued on this 18th day of June, 2019

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

Original report signed by the inspector.