

**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**London Service Area Office
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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
Dec 20, 2021	2021_788721_0022	013720-21, 014689-21	Critical Incident System

Licensee/Titulaire de permisQCC Corp.
3942 West Graham Place London ON N6P 1G3**Long-Term Care Home/Foyer de soins de longue durée**Watford Quality Care Centre
344 Victoria Street Watford ON N0M 2S0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

MEAGAN MCGREGOR (721)

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): December 13 and 14, 2021.

The following Critical Incident System (CIS) intakes were inspected during this inspection:

Log #013720-21, CIS #2652-000008-21 related to allegations of suspected staff to resident physical abuse; and

Log #014689-21, CIS #2652-000009-21 related to a missing controlled substance.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), a Registered Nurse (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a Housekeeping Aide, Screeners and residents.

During this inspection an Infection Prevention and Control (IPAC) observational checklist was completed.

The Inspector also toured the home and observed IPAC practices in place, the home's medication management system and the care being provided to residents; reviewed clinical records and plans of care for the identified residents; and reviewed policies, procedures and documentation related to the incidents.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control

Medication

Prevention of Abuse, Neglect and Retaliation

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

1 WN(s)

0 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. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (3) The drugs must be destroyed by a team acting together and composed of,

(a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada),

(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and

(ii) a physician or a pharmacist; and O. Reg. 79/10, s. 136 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a controlled substance was destroyed by a team acting together and composed of one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and a physician or a pharmacist.

The home's policy related to the destruction of controlled substances stated that "all controlled medications must be destroyed by a pharmacist (or physician) together with a registered staff member who has been appointed by the Director of Care". This policy also outlined the procedure for the destruction of controlled substances as follows:

- The following information must be documented on the Controlled Substance Administration Record for every controlled substance: The prescription number, the date the drug was dispensed, the name of the resident, the medication name, strength, directions and dosage form.
- When removing the controlled substance from active supply, two registered staff members must indicate the reason for removal/destruction, the remaining quantity, and sign/date accordingly on the Controlled Substance Administration Record; and document the removal on the shift count (sign/date/quantity removed).
- With two registered staff members present, the Controlled Substance Administration Record should be placed with the removed controlled substance pending destruction and placed in the designated double locked area.
- At a pre-arranged time for destruction of controlled substances, the pharmacist and the registered staff member appointed by the Director of Care remove the controlled substances for destruction from storage.
- On each Controlled Substance Administration Record, they document and verify the remaining quantity of the controlled substance, the date of destruction, the names of the members of the team who destroyed the drug, and the manner of destruction of the drug.

- The medication is then disposed of using the bucket system described in the home's policy related to the destruction of controlled substances.

An order for a controlled substance was discontinued for a resident by the prescriber and the controlled substance was subsequently removed from the active supply by an RPN and RN. The RPN and RN documented the removal of this controlled substance on the "LTC Controlled Substance Administration Record" and "Controlled Substance Deposit Record LTC" when it was removed from the active supply and the RPN then placed both the controlled substance and the "LTC Controlled Substance Administration Record" into the destruction bucket which was on top of the locked destruction holding bin in the locked medication room.

Two months later, the DOC, an RPN and the Pharmacist opened the double locked destruction holding bin to complete the destruction process for controlled substances and noted the controlled substance removed from the active supply and corresponding "LTC Controlled Substance Administration Record" were not there as indicated on the "Controlled Substance Deposit Record LTC". When these could not be found in the destruction holding bin, the DOC confirmed with the RPN who documented on the removal of the controlled substance from the active supply that they placed both the controlled substance and the corresponding "LTC Controlled Substance Administration Record" into the destruction bucket on this date and these were destroyed at that time as there was liquid in the bucket. The RPN said that at the time of the incident they were unsure of the home's process for destroying controlled substances and had the RN present with them to oversee the process. They further stated they had since been re-educated on the home's process for destroying controlled substances and knew that they should have placed both the controlled substance and the "LTC Controlled Substance Administration Record" into the double locked destruction holding bin pending destruction at a pre-arranged time with the Pharmacist present.

There was no harm to residents as result of this incident as the controlled substance which was intended to be destroyed had been destroyed when the incident occurred.

Sources: Review of the resident's clinical record including their medication orders and order audit reports, Silver Fox Pharmacy policy titled "Drug Destruction: Controlled Substances", policy 9.2, last revised March 2020, the home's documentation related to the incident including Silver Fox Pharmacy Incident Reporting Form and investigation notes related to the incident, LTC Controlled Substance Administration Records, Controlled Substance Deposit Record LTC, and staff interviews. [s. 136. (3) (a)]

Issued on this 21st day of December, 2021

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

Original report signed by the inspector.