



**Ministry of Health and
Long-Term Care**

**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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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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_0012	032615-18, 005111-19	Critical Incident System

Licensee/Titulaire de permis

Barton Retirement Inc.
1430 Upper Wellington Street HAMILTON ON L9A 5H3

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

The Wellington Nursing Home
1430 Upper Wellington Street HAMILTON ON L9A 5H3

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

DARIA TRZOS (561), YULIYA FEDOTOVA (632)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 28, 29, 30, 31, 2019, and June 5, 6, 2019.

Critical Inspection System (CIS) inspection number 2784-000002-19, with the log #005111-19, related to a fall with injury was conducted during this inspection.

A Follow Up (FU) Inspection with the log #032615-18, related to O. Reg 79/10 s. 8(1) (b) was conducted during this Inspection.

Complaints inspections with the following log numbers were conducted during this inspection and a separate report is being issued related to the complaint inspections:

**log #010474-19 - related to multiple care concerns,
log #010838-19 - related to multiple concerns.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), the Maintenance Manager, Food Services Supervisor, Unit Clerk, Registered staff including Registered Nurses (RNs) and Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), housekeeping staff, and residents.

During the course of the inspection, the inspector(s): toured the home, observed the provision of care, observed medications rooms and areas where medications and keys to access storage areas were kept, reviewed clinical residents records, reviewed relevant policies and procedures, evaluations of the annual programs, and training records.

**The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management
Falls Prevention
Medication
Nutrition and Hydration**



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

- 3 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 # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 8. (1)	CO #001	2018_587129_0009		561



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 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.

A) In accordance with the O. Reg 79/10 s. 136 (2) 1 - the licensee was required to have a drug destruction and disposal policy in place and the policy was to provide that drugs that were to be destroyed and disposed of be stored safely and securely within the home, separate from drugs that were available for administration to a resident until the destruction and disposal occurred.

Specifically, the licensee did not comply with their "Destruction and Disposal of Medications and Medications Related Supplies", policy number 7.0, revised March 2018, which was part of their medication management system.

The home's policy "Destruction and Disposal of Medications and Medications Related Supplies", Policy number 7.0, revised March 2018, stated that discontinued medications shall be stored safely and securely in the designated area for surplus medication for destruction/disposal and shall be separate from drugs that are available for administration until the destruction and disposal occurs. Narcotics and controlled substances shall be stored in a double-locked storage area designated for surplus narcotic and controlled substances for destruction/disposal and shall be separate from any narcotic and controlled substance that is available for administration. Those drugs are destroyed and disposed of in a safe and environmentally appropriate manner.

On an identified date in 2019, LTCH Inspector #561, observed the area where the home kept the narcotics and controlled substances awaiting destruction. Narcotics and



controlled substances awaiting destruction were kept inside a box inside a medication room and was double locked. All registered staff had access to the medication room. When Inspector entered the medication room with RPN #104, it was identified that the slot in the box was big enough that the Inspector was able to put their hand through the slot and grab a plastic ziploc bag containing a narcotic. The RPN called RN #105 into the medication room and they stated that the pharmacy was coming later that day to do drug destruction. The RN used a stick to push the medications in the box down through the slot and stated that they were instructed to use the stick to push down the medications when the box was full.

The DOC was interviewed and acknowledged that the narcotics and controlled substances were not securely stored as required and confirmed that the home needed to change the narcotic bin.

The licensee failed to ensure that their Destruction and Disposal of Medications and Medications Related Supplies policy was complied with.

B) In accordance with the O. Reg 79/10 s. 136 (2) 1 - the licensee was required to have a drug destruction and disposal policy in place and the policy was to provide that drugs that were to be destroyed and disposed of be stored safely and securely within the home, separate from drugs that were available for administration to a resident until the destruction and disposal occurred.

Specifically, the licensee did not comply with their "Narcotic and Controlled Medications", policy number 6.2, revised August 2018.

The home's policy titled "Narcotic and Controlled Medications", policy number 6.2, revised August 2018, stated that narcotics and controlled substances that have been discontinued were stored in a designated locked area for such storage and only the Director of Care (or delegate) and the pharmacist shall have a key to this storage area.

On an identified date in 2019, during an interview with the DOC in the basement boardroom, about the process for drug destruction, the DOC indicated that the key to the box containing controlled substances awaiting destruction was kept in an identified room and they were the only person that had access to it in addition to the pharmacist. LTCH Inspector #561 asked to see the area and the key. The room was unlocked and unattended when the DOC and the Inspector entered to obtain the key. Key was retrieved by the DOC from inside a wall cabinet that was not locked. The DOC was with the Inspector, in the boardroom area, for an identified period of time, prior to returning to



the room, where the door was unlocked and the room unattended.

The licensee failed to ensure that they complied with their Narcotic and Controlled Medications policy. [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 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. 116. Annual evaluation

Specifically failed to comply with the following:

s. 116. (5) The licensee shall ensure that a written record is kept of the results of the annual evaluation and of any changes that were implemented. O. Reg. 79/10, s. 116 (5).

Findings/Faits saillants :

1. The licensee failed to ensure that a written record was kept of the results of the annual evaluation and of any changes that were implemented.

LTCH Inspector #561 requested to see the annual evaluation of the medication management system for year 2018 from the home. The DOC stated that the home had not completed the annual evaluation for year 2018 yet; however, they completed the evaluation for year 2017. The DOC was not able to find records of the annual evaluation they completed for year 2017.

The licensee failed to ensure that there was a written record kept in the home of the results of the annual evaluation and of any changes that were implemented. [s. 116. (5)]

WN #3: 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 secured and locked.

On an identified date in 2019, during an observation of resident #008's room, LTCH Inspector #561, found a prescription cream without a label on top of the resident's night table. The resident opened their night table drawer and removed another prescription cream that they used in the past; the cream had the home's pharmacy label with the resident's name on it. The clinical records were reviewed and indicated that resident #008 did not have an order to self administer the topical creams or keep the medicated creams in their room. Interview with RPN #104 indicated that all prescription creams were to be kept in a locked treatment cart, the registered staff were applying the creams and no residents on the floor had an order to administer creams on their own. The DOC was interviewed and indicated that the prescription creams were supposed to be kept in the treatment cart.

The licensee failed to ensure that the prescription creams were stored in an area or a medication cart, that was secured and locked. [s. 129. (1) (a)]



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Issued on this 26th day of June, 2019

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

Original report signed by the inspector.