



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 sous la
Loi de 2007 sur les foyers de
soins de longue durée

Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 2, 2013	2013_109153_0021	T-119-13, T- 281-13	Complaint

Licensee/Titulaire de permis

WOODS PARK CARE CENTRE INC.
110 LILLIAN CRESCENT, BARRIE, ON, L4N-5H7

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

WOODS PARK CARE CENTRE
110 LILLIAN CRESCENT, BARRIE, ON, L4N-5H7

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

LYNN PARSONS (153)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 28, 29, September 3, 4, 5, 2013.

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Associate Director of Care(ADOC), Registered Practical Nurses(RPN), Personal Support Workers(PSW), Substitute Decision Maker(SDM)

During the course of the inspection, the inspector(s) reviewed health care records and home policies related to Fall Prevention, Continence Care and Medication Administration.

Completed observations related to continence care, incontinence products and medication administration practices

The following Inspection Protocols were used during this inspection: Continence Care and Bowel Management

Medication

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 :



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1. The licensee did not ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.
The home's policy titled Combined Individual Monitored Medication Record with Shift Count dated February 2012 indicates under procedure items 3, 4 and 5;
 3. Document the administration of the monitored medication on the resident's MAR.
 4. Sign on the Combined Individual Monitored Medication Record and Shift Count each time a dose is administered. Include the date, time, amount given, amount wasted and a new quantity/balance remaining.
 5. At shift change , two registered staff (outgoing and incoming), together:
 - a) Count the actual quantity of medications remaining
 - b) Confirm actual quantity is the same as the amount recorded on the last entry of Quantity /balance
 - c) Record the date, time, quantity of medication and sign

On August 29, 2013 @ 11:25h it was noted that the Individual Monitored Medication Records for Residents # 6, 7 and 8 had not been recorded as administered at 08:00h and the quantity total did not correspond with the number of medications in the dispensing card as per home policy.

At the same time a discrepancy was noted between the Narcotic and Control shift count and the Individual Monitored Medication Records for Residents # 9 and 10. A review of the progress notes indicated the identified residents had been administered their prescribed narcotics on previous shifts but they had not been recorded on the Individual Monitored Medication record. as confirmed by the RPN.

The RPN indicated further follow-up would be completed.

When interviewed the Director of Care confirmed the Individual Monitored Medication Records are to be signed at the time the medication is administered.

. [s. 8. (1)]

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 any policies related to the medication system are complied with, to be implemented voluntarily.



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WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure continence care products are available and accessible to residents and staff at all times and in sufficient quantities for all required changes.

Interview with family indicated incontinent products were unavailable to change residents.

Interviews with staff indicated incidents of incontinent product shortages occur about once a month.

When interviewed the Care Co-ordinator confirmed shortages of incontinent products occurred in June, July and August, 2013 as a result of the following;

- new admissions to the Convalescent Care Program after order submitted
- significant changes to resident conditions
- shipments not being received as ordered for large products
- shipment being delivered to the wrong location.

Once the shortage of incontinent products was identified arrangements were made to borrow from another Long Term Care Home. [s. 51. (2) (f)]

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 continence care products are available and accessible to residents and staff at all times and in sufficient quantities for all required changes, to be implemented voluntarily.



WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 126. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. O. Reg. 79/10, s. 126.

Findings/Faits saillants :

1. The licensee did not ensure that drugs remain in the original labeled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident.

On August 28, 2013 at 12:20h a medication cup containing medications was observed sitting at Resident #5's place setting in the dining room.

There were other residents sitting at the same table but no staff members in the vicinity. Resident #5 had not yet arrived in the dining room.

As the inspector proceeded to the next table a PSW removed the medication cup from the dining room table and gave it to the RPN who was administering the 12:00h medication pass.

When interviewed the Director of Care confirmed medications are not to be left on the table for residents to take when they arrive in the dining room. [s. 126.]

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 drugs remain in the origin labelled container or package provided until administered to a resident, to be implemented voluntarily.

WN #4: 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).
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Findings/Faits saillants :

1. The licensee did not ensure that controlled substances are stored in a separate locked area within the locked medication cart.

On August 29, 2013 at 11:25h the locked medication cart was observed to be parked in the hallway outside the nurses station.

When the RPN opened the medication cart at the request of the inspector the separate area for controlled substances was observed to be unlocked and to contain narcotic and controlled medications.

When interviewed the Director of Care confirmed the controlled substances were to be stored in a separate locked area within the locked medication cart. [s. 129. (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 controlled substances are stored in a separate locked area within the locked medication cart, to be implemented voluntarily.



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Issued on this 9th day of October, 2013

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

Lynn Parsons