



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 le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Mar 2, 9, 15, 2012; 2012\_105130\_0003; Critical Incident

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF NIAGARA
2201 ST. DAVID'S ROAD, THOROLD, ON, L2V-4T7

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

THE WOODLANDS OF SUNSET
920 PELHAM STREET, WELLAND, ON, L3C-1Y5

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

GILLIAN HUNTER (130)

Inspection Summary/Résumé de l'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 Administrator related to H-000136-12

During the course of the inspection, the inspector(s) interviewed staff, reviewed critical incidents, policies and procedures and staff statements.

The following Inspection Protocols were used during this inspection:

Medication

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend

WN - Written Notification
VPC - Voluntary Plan of Correction
DR - Director Referral
CO - Compliance Order
WAO - Work and Activity Order

Legendé

WN - Avis écrit
VPC - Plan de redressement volontaire
DR - Aiguillage au directeur
CO - Ordre de conformité
WAO - Ordres : travaux et activités

<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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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 subsections:**

**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**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

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 "Narcotics and Controlled Substances" [PO81304] indicates: " The Registered staff member is responsible to ensure that all narcotics and controlled substances are properly stored, accurately counted, and administered to residents on a consistent basis. Registered staff members are not to give their medication keys to non-registered staff members for any reason. The Registered staff member must comply with the College of Nurses Standards of Practice and the Narcotic Control Act." In 2012, the registered staff responsible for medication administration on an identified unit did not ensure that all controlled substances were double locked when not attended. In 2012 a registered staff unlocked the medication room door and permitted a non regulated health care worker to enter the room unsupervised. The non regulated health care worker was left in the medication room unattended. A controlled substance was reported missing and unaccounted for later that day. On a second day in 2012, on at least two occasions during the day shift, non regulated staff had access to narcotics in the medication cart and the medication room. A controlled substance was reported missing and unaccounted for later that same day. Staff statements, documentation and the Administrator confirmed this information.

**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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.***

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**  
**Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:**

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
  - i. persons who may dispense, prescribe or administer drugs in the home, and
  - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

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**Findings/Faits saillants :**

The licensee did not ensure that steps were taken to ensure the security of the drug supply and that access to the area was restricted to, persons who may dispense, prescribe or administer drugs in the home.

- (a) Staff statements reviewed and the Administrator confirmed, that in 2012, an identified registered staff member unlocked the medication room door on an identified unit and allowed a non regulated health care worker enter the room without constant supervision, consequently, a specified amount of a controlled substance was reported missing and unaccounted for at the end of the shift on the identified date.
2. (b) On a second day in 2012, a specified amount of a controlled substance went missing from the medication cart narcotic bin, on an identified unit and was unaccounted for. Records, staff statements and the Administrator confirmed that on an identified date in 2012, the Registered staff responsible for medication administration on the identified unit did not secure the controlled substances as required and did not constantly supervise the medication when not secured.

**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 steps are taken to ensure the security of the drug supply and that access to these areas is restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator, to be implemented voluntarily.*

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal**  
Specifically failed to comply with the following subsections:

s. 136. (4) Where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy must provide that the team composed of the persons referred to in clause (3) (a) shall document the following in the drug record:

1. The date of removal of the drug from the drug storage area.
2. The name of the resident for whom the drug was prescribed, where applicable.
3. The prescription number of the drug, where applicable.
4. The drug's name, strength and quantity.
5. The reason for destruction.
6. The date when the drug was destroyed.
7. The names of the members of the team who destroyed the drug.
8. The manner of destruction of the drug. O. Reg. 79/10, s. 136 (4).

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**Findings/Faits saillants :**

The licensee did not ensure that where a drug that was to be destroyed was a controlled substance, the drug destruction and disposal policy provided that the applicable team documented the following in the drug record book: (1) The date when the drug was destroyed, (2) The names of the persons who destroyed the drug, (3) The manner of destruction of the drug.

- (a) Staff statements and the Administrator confirmed that an identified staff did not surplus medication as required by policy. In 2011 an identified staff received a discontinued controlled substance with instruction to surplus the drug for destruction. In 2011, a second identified staff reported seeing the staff exit the area where the drug room for destruction is located, with the medication still in their possession. It was never verified whether or not the identified staff entered the secured drug supply room and destroyed the medication. There is no record of the names of the persons who destroyed the drug, nor the date the drug was destroyed and the manner of destruction of the drug.



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*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 a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy provides that the team composed of the persons in (3) (a) documents in the drug record book, the date the drug was destroyed, the names of the members of the team who destroyed the drug and the manner of destruction of the drug, to be implemented voluntarily.*

Issued on this 16th day of March, 2012

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

A handwritten signature in cursive script, appearing to read "Shaney".