

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: June 25, 2024	
Inspection Number: 2024-1428-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: Mon Sheong Foundation	
Long Term Care Home and City: Mon Sheong Scarborough Long Term Care Centre, Scarborough	
Lead Inspector Jennifer Brown (647)	Inspector Digital Signature <i>Jennifer Brown</i>
Additional Inspector(s) Deborah Nazareth (741745)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 21, 22, 23, 27, 28, 29, 30, 2024.

The following intake(s) were inspected:

- Intake: #00116067 - Proactive Compliance Inspection (PCI)

The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration

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Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' drug regimes

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 146 (c)

Residents' drug regimes

s. 146. Every licensee of a long-term care home shall ensure that,
(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 246/22, s. 146; O. Reg. 66/23, s. 29.

The licensee has failed to ensure that, there was, at least quarterly, a documented reassessment of each resident's drug regime.

Summary and Rationale

During this Proactive Compliance Inspection (PCI), it was revealed that three residents, had not had a documented reassessment of their drug regime for more than six months. The next scheduled quarterly medication review was scheduled to be completed on a specified date this quarter, and remained incomplete which

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resulted in the medication reviews being overdue.

The home's policy titled, "Medical Participation in 3-month review", MS – 4.1.2, indicated that "a review of all orders for medications, diet and diagnostic tests must be done every three months".

The Registered Nurse (RN) and the Acting Director of Care both indicated that the quarterly medication reviews were overdue.

There was a risk to the residents when their drug regime was not reassessed at least quarterly as their medications would have not been reassessed as required.

Sources: Record review of quarterly medication reviews for three residents, Policy titled "Medical Participation in 3-month review", MS – 4.1.2, and interviews with an RN and Acting DOC. [647]