

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

Public Report

Report Issue Date: May 13, 2025

Inspection Number: 2025-1428-0002

Inspection Type:

Critical Incident

Licensee: Mon Sheong Foundation

Long Term Care Home and City: Mon Sheong Scarborough Long Term Care Centre, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 5 to 9, and 12 to 13, 2025

The following intake(s) were inspected:

- One intake related to a missing/unaccounted for controlled substance for a resident.

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

Medication Management
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: REPORTS RE CRITICAL INCIDENTS

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

Non-compliance with: O. Reg. 246/22, s. 115 (3) 3.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

3. A missing or unaccounted for controlled substance.

The licensee failed to ensure that the Director was informed of a missing or unaccounted for controlled substance no later than one business day after the occurrence of the incident.

A Critical Incident (CI) report was submitted to the Director, confirming multiple separate incidents in which a controlled substance were documented to be missing for a period of ten months. The Director of Resident Care (DORC) confirmed that the incidents were not identified until recently and therefore were not previously submitted to the Director.

Sources: A resident's clinical records, CI, and interview with the DORC.

WRITTEN NOTIFICATION: MEDICATION MANAGEMENT SYSTEM

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

Medication management system

s. 123 (3) The written policies and protocols must be,

- (a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

- 1) The licensee failed to ensure that the home's written policies and protocols were

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implemented for the medication management system when medication incident reports were not completed for a resident when the resident's controlled substances were missing or unaccounted for.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the medication management system were complied with. Specifically, the home's policy and procedures manual provided by Medisystem indicated that upon discovery of a medication incident that staff are to report the incident immediately to the DORC and a medication incident report is to be documented prior to finishing the shift.

Records indicated that a resident's controlled substance was missing on several separate occasions for a period of ten months. Review of the home's Medication Incident Reports (MIR) and Medical Advisory Committee (MAC) meeting minutes indicated that no MIR's were completed for any of the incidents related to the resident's missing/unaccounted controlled substance. A Registered Practical Nurse (RPN), a Registered Nurse (RN) and the DORC confirmed that a medication incident should have been completed upon discovery of each incident.

Sources: A resident's clinical records, Policy & Procedures: Manual for Medisystem Serviced Homes, the home's MIR's, the home's MAC meeting minutes and interviews with an RPN, RN and the DORC.

2) The licensee has failed to ensure that the home's written policies and protocols were implemented for the medication management system upon receipt of a resident's controlled substance medications.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the medication management system were complied with. Specifically, the home's policy and procedures manual provided by Medisystem indicated that upon delivery and receipt of controlled substance

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medications that two registered staff members were to sign for the receipt of the medications documenting the quantity received in the top right corner of the count sheet.

Records for a resident indicated that on several instances only one nurse was signing for receipt and documenting the quantity received on the controlled substance count sheet. An RPN, RN and the DORC confirmed that only one nurse was signing for the receipt and quantity of the controlled substance medications delivered.

Sources: A resident's clinical records, Policy & Procedures: Manual for Medisystem Serviced Homes, and interviews with an RPN, RN and the DORC.

WRITTEN NOTIFICATION: SAFE STORAGE OF DRUGS

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(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.

The licensee failed to ensure that controlled substances were stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the medication cart.

Review of quarterly audits/reviews conducted by pharmacy indicated that drug destruction buckets were not sealed on all units. An RPN and RN confirmed that when disposing of a resident's controlled substance they were stored in the drug

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destruction bin without completing the appropriate destruction and denaturing process.

Sources: Policy & Procedures: Manual for Medisystem Serviced Homes, Medisystem Pharmacy Quality Improvement Reviews and interviews with an RPN and RN.

WRITTEN NOTIFICATION: MEDICATION INCIDENTS AND ADVERSE DRUG REACTIONS

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (1) (a)

Medication incidents and adverse drug reactions

s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,

(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and

The licensee failed to ensure that every medication incident involving a resident was documented together with a record of the immediate actions taken to assess and maintain the resident's health.

Records indicated that a resident's controlled substance was missing/unaccounted for on several separate occasions for a period of ten months. Clinical records for a resident indicated that no additional follow up or assessments were completed upon the discovery of each medication incident. Additionally, review of the home's MIR and MAC meeting minutes indicated that no MIR's were completed for any of the incidents related to the resident's missing/unaccounted for controlled substance. An RPN, RN and the DORC confirmed that a medication incident should

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have been completed including follow up and assessment of the resident upon discovery of each incident.

Sources: A resident's clinical records, Policy & Procedures: Manual for Medisystem Serviced Homes, the home's MIR's, the home's MAC meeting minutes and interviews with an RPN, RN and the DORC.

WRITTEN NOTIFICATION: MEDICATION INCIDENTS AND ADVERSE DRUG REACTIONS

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (1) (b)

Medication incidents and adverse drug reactions

s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,

(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the resident's attending physician or the registered nurse in the extended class attending the resident and, if applicable, the prescriber of the drug and the pharmacy service provider. O. Reg. 66/23, s. 30.

The licensee failed to ensure that every medication incident involving a resident was reported to the resident, their substitute decision-maker (SDM), DORC, Medical Director, attending physician, RN in the Extended Class or pharmacy service provider.

Records indicated that a resident's controlled substance was missing/unaccounted for on several separate occasions for a period of ten months. Clinical records for a

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resident indicated that no reports or communications were made to the individuals outlined above upon the discovery of each medication incident. Additionally, review of the home's MIR and MAC meeting minutes indicated that no MIR's were completed for any of the incidents related to the resident's missing/unaccounted for controlled substance. An RPN, RN and the DORC confirmed that a medication incident should have been completed including follow up and notification of the appropriate parties upon the discovery of each incident.

Sources: A resident's clinical records, Policy & Procedures: Manual for Medisystem Serviced Homes, the home's MIR's, the home's MAC meeting minutes and interviews with an RPN, RN and the DORC.

WRITTEN NOTIFICATION: DRUG DESTRUCTION AND DISPOSAL

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 148 (4)

Drug destruction and disposal

s. 148 (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. 246/22, s. 148 (4).

The licensee failed to ensure that where a drug that is to be destroyed is a

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controlled substance that the following was documented in the drug record: the date of removal from the drug storage area, the name of the resident for whom the drug was prescribed, the prescription number of the drug, the drug's name, strength, and quantity, the reason for destruction, the date when the drug was destroyed, the names of the team who destroyed the drug and the manner of destruction of the drug.

Review of the home's Narcotic and Controlled Drug Surplus Records forms for one year indicated that a specific controlled substance was not documented as removed for destruction until recently. An RPN, RN and the DORC confirmed that the medication was removed for immediate destruction after removal however was not documented on the correct indicating the requirements outlined above.

Sources: The home's Narcotic and Controlled Drug Surplus Record forms, and interviews with an RPN, RN and the DORC.

WRITTEN NOTIFICATION: DRUG DESTRUCTION AND DISPOSAL

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 148 (6)

Drug destruction and disposal

s. 148 (6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable. O. Reg. 246/22, s. 148 (6).

The licensee failed to ensure that for the purposes of drug destruction and disposal that a drug was considered destroyed when it was altered and denatured to such an extent that its consumption was rendered impossible or improbable.

Review of the home's Narcotic and Controlled Drug Surplus Records forms for one

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year indicated that a specific controlled substances was not documented as removed for destruction until recently, including the method in which the drug was altered or denatured. An RPN and RN confirmed that the controlled substances that were removed for destruction and disposal were placed in the drug destruction bin/white pail whole and entirely intact with no altering or denaturing occurring.

Sources: The home's Narcotic and Controlled Drug Surplus Record forms, and interviews with an RPN and RN #103.

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