

**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**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 12, 2019	2019_631210_0012	016996-18, 032772- 18, 003788-19	Critical Incident System

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**Licensee/Titulaire de permis**

Villa Colombo Seniors Centre (Vaughan) Inc.  
10443 Highway 27, Kleinburg VAUGHAN ON L0J 1C0

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

Villa Colombo Seniors Centre (Vaughan)  
10443 Highway 27, Kleinburg VAUGHAN ON L0J 1C0

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

SLAVICA VUCKO (210), AMANDA BELANGER (736), JENNIFER BROWN (647), JOY IERACI (665)

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**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): June 17, 18, 19, 20, 21, 24, 25, 26, 27, 28, July 2, 3, and 4, 2019.**

**The following Critical Incident intakes were inspected:**

- Log #016996-18, related to Falls prevention and management program,**
- Log #032772-18, related to Medication and**
- Log #003788-19, related to Falls prevention and management program.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Corporate Director of Long Term care, Registered Nurses (RN), Registered Practical Nurses (RPN), Physiotherapist (PT), Personal Support Workers (PSW), Resident Assessment Instrument (RAI) Coordinator, Registered Dietitian (RD), Food Service Manager (FSM), Dietary Aids (DA), residents, substitute decision makers (SDM) and family members.**

**During the course of the inspection, the inspectors observed the provision of care, home's infection prevention and control practices, staff and resident interactions, reviewed resident health records, staff training records, and relevant policies and procedures.**

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

**Falls Prevention  
Medication**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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 has failed to ensure that where the 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.

In accordance with O. Reg. 79/10 s.114(2), the licensee was required to have written policies developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

Specifically, staff did not comply with the licensee's policy Narcotic Guidelines #04-04-01, implemented July 2010, which stated that the narcotic and controlled drug administration record specific for each resident in the home will be completed and the totals must reflect the actual amount of controlled drugs in the locked narcotic cabinet.

The Ministry of Long Term Care (MOLTC) received a critical incident system (CIS) report for an incident that occurred on a specified date related to a missing controlled substance discovered during the shift exchange narcotic count.

During observations conducted on a specified date and time with RPN #125, three individual narcotic and controlled substance records did not correspond with the actual number of narcotics and controlled substances locked in the narcotic cabinet.

In an interview, RPN #125 indicated they administered the narcotics and controlled substances to three residents as per the electronic medication administration record (eMAR). The RPN indicated it is the home's process for narcotics and controlled substances to be documented in the narcotic record right after administration. RPN #125 indicated that they got too busy in the unit and forgot to sign the narcotic records after administration.

In an interview, DOC #117 indicated that the registered staff must document right away on the narcotic count records after a narcotic or controlled substance is administered to ensure the counts are correct. The DOC acknowledged that RPN #125 did not follow the home's narcotic guidelines 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 the policy was complied with, to be implemented voluntarily.***

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Issued on this 15th day of July, 2019

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

**Original report signed by the inspector.**