Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 26, 2021	2021_605213_0009	005241-21, 005731-21, 006310-21, 006402-21	Critical Incident System

Licensee/Titulaire de permis

County of Oxford
21 Reeve Street Woodstock ON N4S 7Y3

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

Woodingford Lodge - Woodstock
300 Juliana Drive Woodstock ON N4V 0A1

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

RHONDA KUKOLY (213), INA REYNOLDS (524)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): April 20, 21, 22, 2021.

The following intakes were competed during this inspection:
Log #005241-21, Critical Incident #M632-000010-21, related to a fall.
Log #005731-21, Critical Incident #M632-000013-21, related to missing controlled substances.
Log #006310-21, Critical Incident #M632-000017-21, related to responsive behaviours and a fall.
Log #006402-21, Critical Incident #M632-000018-21, related to responsive behaviours and a fall.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Resident Care Coordinators, Registered Practical Nurses, Personal Support Workers, a Houskeepeing Aide, and residents.

The inspectors also made observations and reviewed health records, policies and procedures, internal investigation records, communications in the home and other relevant documentation.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control
Medication
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 :

1. The licensee has failed to ensure that the policy and procedure for non-controlled medication destruction as part of the Medication Management Program was complied with.

O. Reg 79/10 s. 114. (2) requires the licensee to ensure that written policies and protocols are 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.

O. Reg 79/10 s. 136 (2)1 requires that the drug destruction and disposal policy provide that drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.

Specifically, staff did not comply with the home's Non-Controlled Medication Destruction policy and procedure.

The Non-Controlled Medication Destruction policy stated: The home ensures that until surplus medication is destroyed and disposed of, they are stored safety and securely within the home, separate from medication that is available for administration to a resident.

Medication carts on two units both had plastic containers in the medication carts labeled "wasted, borrowed, held, discontinued meds". In this container on one unit, there were a number of pharmacy supplied medication strip packages with medications in them as well as a number of loose pills and capsules. In the container on the other unit, there

were a number of pharmacy supplied medication strip packages with medications in them. Nurses on both units during the observations shared that the medications had been there from previous shifts and that they don't empty the containers until they are full, at which time, the medications would be put into the medication destruction bucket. The drawers that held these containers in the medication cart also held medications for administration for all residents on the units. The nurses on both units were unaware of the requirement to keep medications for destruction separate from medications for administration.

The Director of Care (DOC) said that medications for destruction were to be put into the medication destruction bucket in the medication room and not kept in the medication cart.

There was risk to residents with medications for destruction being accessible and stored with medications for administration.

Sources: A Critical Incident report, the home's policy and procedure "Non-Controlled Medication Destruction", revised February 28, 2020, observations of medication carts on three different nursing units, interviews with three registered nursing staff and the DOC. [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 and procedure for non-controlled medication destruction as part of the Medication Management Program is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident who exhibited altered skin integrity received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

A resident had a fall resulting in altered skin integrity requiring treatment. No skin/wound assessments were completed related to the altered skin integrity by registered nursing staff and there was nothing in the Treatment Administration Record (TAR) to cue staff to monitor the wound, complete weekly wound assessments or what treatment should have been completed.

The home's Skin and Wound Program policy stated: Venous, Arterial and Other Wounds: After a dressing change, Registered Staff must record on he E-TAR and complete the Wound Assessment and Treatment Form weekly including size (circumference and depth) of the wound, discharge from the wound, appearance, progression, pain, nutrition, equipment being used, etc.

A registered nursing staff member said that no wound assessment was completed for the resident and there was nothing in the TAR to cue to staff to monitor the wounds or what treatment should have been completed. The Director of Care (DOC) agreed that a wound assessment should have been completed for the wounds and direction for treatment should have been included in the resident's TAR.

There was a risk that the resident's altered skin integrity became infected or failed to heal if it was not monitored or appropriate treatment was not provided.

Sources: A Critical Incident report, progress notes, Treatment Administration Records and assessments for a resident, the home's "Skin and Wound Program" policy, interviews with the DOC and two registered staff members. [s. 50. (2) (b) (i)]

Issued on this 26th day of April, 2021

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

Original report signed by the inspector.