

**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
Feb 16, 2022	2022_979740_0004	001549-22	Critical Incident System

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5

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

The Village of Glendale Crossing
3030 Singleton Avenue London ON N6L 0B6

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

SAMANTHA PERRY (740)

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): February 02 and 03, 2022.

The following intake was completed within the Critical Incident Systems inspection:

Log# 001549-22 / CI# 2979-000005-22 related to medication management.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Housekeepers and residents.

The inspector(s) also made various observations, including Infection Prevention and Control practices, and reviewed residents' clinical records.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Medication**

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

3 WN(s)

3 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. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The licensee has failed to ensure that all hazardous substances at the home were kept inaccessible to residents at all times.

The home's policy titled, "Housekeeping Services – Equipment and supplies", documented under "Procedures", "2. Each housekeeping cart will be equipped with a locked compartment for storage of hazardous substances and each cart should be locked at all times when unattended."

During the course of this inspection, a housekeeping cart was observed located in the hallway of a resident home area unlocked and unattended. When inspector interviewed the staff present in the home area, they confirmed housekeeper #112 was not present in the home area and the housekeeping cart was unattended. When inspector spoke with housekeeper #106, working in the same home area, they confirmed the housekeeping cart should not have been left unlocked and unattended.

General Manager #100, Director of Environment #113 and Housekeeper #106, all said the housekeeping cart should not have been left unlocked and unattended in the resident home area, where it was accessible to residents.

Sources: Observations of resident home areas, and multiple interviews with staff and management. [s. 91.]

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 by ensuring that all hazardous substances are kept inaccessible to residents at all times, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system

Specifically failed to comply with the following:

- s. 114. (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 O. Reg. 79/10, s. 114 (3).
(b) reviewed and approved by the Director of Nursing and Personal Care and the
pharmacy service provider and, where appropriate, the Medical Director. O. Reg.
79/10, s. 114 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the policies and protocols as part of the home's medication management system for the destruction and disposal of discontinued medications were implemented by staff.

A critical incident system (CIS) report related to a medication incident was received by the Ministry of Long Term (MLTC).

The home's policy "Narcotic and Controlled Medication Destruction" revised August 15, 2018 documents, under "Procedure", "1. Narcotic and Controlled Medications for destruction include: Discontinued medications", and "2. Narcotic and controlled substances that are discontinued must be removed from the narcotic lock box in the locked medication cart and transferred to a separate, secure storage area for narcotic and controlled substances waiting for destruction."

The CIS report, the home's investigation notes, resident #001's electronic Medication Administration Records (eMAR), and the home's policy titled, "Narcotic and Controlled Medication Destruction" revised August 15, 2018, were all reviewed in relation to the home's discovery of missing medication. A specified eMAR documented, the medication order had a specified discontinuation date. However, the home did not remove the medication from the medication cart, or dispose of the medication as per policy.

Director of Care (DOC) #103, Registered nurse (RN) #104 and RN #105, all said any medications that have been discontinued should be removed from the medication cart and disposed of accordingly.

Sources: CIS report, home's investigation notes, resident #001's electronic medical records on Point Click Care (PCC), the home's policy "Narcotic and Controlled Medication Destruction" revised August 15, 2018, and multiple interviews with staff and management. [s. 114. (3) (a)]

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 by ensuring all discontinued medications, including narcotics are removed from the medication cart and disposed of as per the home's policy and legislative requirements, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participate in the implementation of the home's Infection Prevention and Control (IPAC) program.

During the course of this Critical Incident System (CIS) inspection, and with the completion of Infection Prevention and Control (IPAC) observations, three staff members were observed sitting together in one designated break area. The staff members did not maintain six feet of physical distance, nor did they don the appropriate personal protective equipment (PPE) when physical distancing was not maintained. They did not adhere to the maximum staff capacity posted on the door of the designated break area, of two staff members only in the designated break area at one time. And the staff did not remain in their assigned home areas for the duration of their shift and breaks in accordance with the home's cohorting and all other IPAC policies and procedures.

General Manager (GM) #100 and Director of Care (DOC) #103, both said all staff are to follow the home's IPAC procedures for maximum capacities per designated break area, physical distancing and cohorting.

Sources: IPAC observations, and multiple interviews with staff and management. [s. 229. (4)]

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 by ensuring all staff, agency, registered and non-registered are aware of, and in compliance with all of the home's infection prevention and control policies and procedures, including but not limited to, cohorting, physical distancing, and the appropriate use of personal protective equipment, to be implemented voluntarily.

Issued on this 17th day of February, 2022

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

Original report signed by the inspector.