

**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
Oct 8, 2020	2020_607523_0028	016396-20, 017361-20	Critical Incident System

Licensee/Titulaire de permis

peopleCare Communities Inc.
735 Bridge Street West WATERLOO ON N2V 2H1

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

peopleCare Oakcrossing London
1242 Oakcrossing Road LONDON ON N6H 0G2

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

ALI NASSER (523)

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): September 17, 18, 30, October 1 and 2, 2020.

This inspection was completed concurrently with complaint inspection #2020_607523_0029 related to allegations of abuse and neglect.

**This inspection was completed for the following:
Critical Incident Intake Log #016396-20, related to missing controlled substance.
Critical Incident Intake Log #017361-20, related to resident's fall, and change in condition.**

During the course of the inspection, the inspector(s) spoke with Administrator, Director of care (DOC), previous DOC, Assistant Director of Care (ADOC), Pharmacy Vice President, Senior Nurse Consultant, two Pharmacy Technicians, two Registered staff members, three Personal Support Workers and a resident.

The inspector(s) also toured the home, observed residents and care provided to them, reviewed clinical records, incident reports, investigation notes and reviewed specific policies and procedures of the home.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
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. 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 procedure for the required falls prevention and management program was complied with for a resident.

O. Reg 79/10 s. 48 (1) required the home to develop and implement a falls prevention and management program to reduce the incidence of falls and the risk of injury.

Specifically, staff did not comply with the home's policy and procedure "Falls Prevention & Management Program- Falls Risk Factors & Related Interventions".

A review of the Falls Prevention & Management Program- Falls Risk Factors & Related Interventions. Reference No: 005190.00. Procedure: Post Fall assessment: The Registered Staff will: #6: Mobilize the resident ensuring that the appropriate lifting procedure is performed, if no injury evident, observe for pain or difficulty weight bearing. (if on floor use mechanical lifting device).

A clinical record review showed that the resident had a fall and staff assisted resident to their feet when they were unable to stand independently.

ADOC said that it was expected for staff to use the mechanical lift if the resident was unable to get off the floor. ADOC said that the staff should have complied with the homes policy.

Sources: the home's Falls Prevention & Management Program- Falls Risk Factors & Related Interventions, resident's clinical record, ADOC interview. [s. 8. (1) (a),s. 8. (1) (b)]

2. The licensee has failed to ensure that the procedure for the required medication management system was complied with.

O. Reg 79/10 s. 114 (2) required the home that written policies and protocols were 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:

a) Policy IIA03: Controlled Substances and the Medication Pass, procedure stated “when a dose of a controlled medication is removed from the Automated Dispensing Cabinet (ADC) for Administration but refused by the resident or not given for any reason, it is not placed back in the ADC or left in the medication cart. It must be placed in the ADC drug disposal bin and this process is documented by two registered staff. The same process applies to the disposal of unused partial tablets and unused portions of single dose ampules”.

A review of the home’s internal investigation notes showed that a RPN had taken controlled substances to administer to residents with no proper disposal documentations.

DOC said in an interview that two registered staff members should have documented on the wastage of the controlled substance as per the policy. DOC said that the expectation was for the staff to comply with the home’s policy.

b) Policy II01A-Administration Procedures – All Medications, procedure stated “After administration, return to cart, replace medication container (if multi-dose and doses remain), and document administration in the Electronic Medication Administration Record (EMAR) or Electronic Treatment Administration Record (ETAR), and controlled substance sign out record, if indicated.

A review of the internal investigation record showed that a RPN had taken controlled substances out to administer to residents with no documentation of administration.

In an interview DOC said that registered staff members should document in EMAR or ETAR on every medication they administer, as per the home’s policy. DOC said that the expectation was for the staff to comply with the home’s policy.

c) Policy IIA03 – Evaluation of The Medication Management System by On-Site

Pharmacy Technicians, procedure stated “The Pharmacy, assisted by the onsite pharmacy representative participate in the development, implementation, and review of monthly audits of the medication management system following the ‘Calendar of Audits & Reporting’. This calendar will ensure quarterly completion of audits in each home. The audits include Narcotic and Controlled Medications Audits”.

In an interview Pharmacy Vice President said that their process was for the pharmacy technician onsite to complete monthly audits on narcotic and controlled medications including a wastage to usage audit report and share this report with the home.

In an interview a pharmacy technician said that during their time working in the home they did not run any wastage to usage audit reports.

Pharmacy Vice President said it was the expectation for staff to comply with the process.

Sources: the home's internal investigation notes, Medication Management System policies and staff interviews. [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 the procedure for the required falls prevention and management program, and; the procedure for the medication management system, are complied with by the staff, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
 - (i) that is used exclusively for drugs and drug-related supplies,
 - (ii) that is secure and locked,
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
 - (iv) that complies with manufacturer's instructions for the storage of the drugs;
- and O. Reg. 79/10, s. 129 (1).
- (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. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs were stored in a medication cart that was secured and locked on Juniper resident home area.

Observations during the inspection on a resident home area showed a treatment cart that was unlocked and unattended by the nurse. Prescription ointments and lotions were found in the drawers.

A RPN said that the medication cart should have been locked when unattended and the medications should have been stored safely in the medication cart.

Sources: observation on Juniper resident home area and staff interview. [s. 129. (1) (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 to ensure that drugs were stored in a medication cart that is secured and locked, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (3) Every licensee shall ensure that,

(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; O. Reg. 79/10, s. 135 (3).

(b) any changes and improvements identified in the review are implemented; and O. Reg. 79/10, s. 135 (3).

(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a quarterly review was undertaken of all medication incidents and adverse drug reactions that had occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions.

The home submitted a Critical Incident System (CIS) report related to a missing/unaccounted controlled substance.

A review of a pharmacy report for January-March 2020 showed 30 medication incidents.

A review of a pharmacy report for April-June 2020 showed 14 medication incidents.

In an interview the Administrator said that the medications incidents would have been reviewed quarterly during Professional Advisory Committee (PAC) meetings, but they have not done PAC meetings this year due to the pandemic.

Sources: pharmacy reports and staff interview. [s. 135. (3)]

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 a quarterly review is undertaken of all medication incidents and adverse drug reactions that had occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions, to be implemented voluntarily.

Issued on this 8th day of October, 2020

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

Original report signed by the inspector.