

**Original Public Report**

<b>Report Issue Date</b>	September 6, 2022		
<b>Inspection Number</b>	2022_1474_0002		
<b>Inspection Type</b>	<input checked="" type="checkbox"/> Critical Incident System <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Follow-Up <input type="checkbox"/> Director Order Follow-up <input type="checkbox"/> Proactive Inspection <input type="checkbox"/> SAO Initiated <input type="checkbox"/> Post-occupancy <input type="checkbox"/> Other _____		
<b>Licensee</b>	Schlegel Villages Inc		
<b>Long-Term Care Home and City</b>	The Village at St Clair, Windsor		
<b>Lead Inspector</b>	Cheryl McFadden #745	<b>Inspector Digital Signature</b>	
<b>Additional Inspector(s)</b>	Peter Hannaberg #72182 Karen Honey #740899		

**INSPECTION SUMMARY**

The inspection occurred on the following date(s): August, 23, 24, 25, 26, 29, 30 and 31, 2022.

The following intake(s) were inspected:

- Log #001327-22, CIS #3046-000005-22, related to care concerns.
- Log #001522-22, CIS #3046-000007-22, related to abuse and neglect.
- Log #010017-22, CIS #3046-000046-22, related to abuse and neglect.
- Log #012443-22, CIS #3046-000062-22, related to medication management.
- Log #014316-22, CIS #3046-000068-22, related to care concerns.
- Log #014911-22, CIS #3046-000072-22, related to fall's prevention.
- Log #009280-22, Complaint, IL-01237-LO, related to care concerns.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Medication Management
- Prevention of Abuse and Neglect
- Resident Care and Support Services
- Responsive Behaviours

## INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable.

### WRITTEN NOTIFICATION SECURITY OF DRUG SUPPLY

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

Non-compliance with: O. Reg. 246/22 s.139. (3)

The licensee has failed to ensure a monthly narcotic audit was conducted of the daily count sheets to determine if there were any discrepancies and that immediate action was taken if any discrepancies were discovered.

#### Rationale and Summary:

The home submitted a critical incident, reporting missing narcotics.

The home's policy titled "Medisystem Policies and Procedures", last updated June 2022, included "once per month, the staff performs an audit of the Narcotic and Controlled Substances Administration Records to determine if there are any discrepancies". Review of monthly narcotic audits confirmed no audits were completed for January, February, March, April, May, or June 2022. A review of the home's job routine for Registered staff indicated that the Registered Nurse was to complete a monthly narcotic audit on each home area.

During interviews with registered staff, they stated that they did not complete the monthly narcotic counts and stated that they did not know who completed the monthly narcotic counts.

The Director of Care (DOC) confirmed the Medisystem Policies and Procedures, last updated June 2022, was the home's current policy. They stated that the monthly narcotic audits should have been completed by the registered staff and confirmed that no monthly narcotic audits had been completed for the months of January, February, March, April, May or June 2022, and there should have been.

#### Sources

Critical incident report, the home's internal investigation records, policies and procedures, audit records and staff interviews. (745)



**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

Inspection Report under the  
***Fixing Long-Term Care Act, 2021***

**London Service Area Office**  
130 Dufferin Ave, 4<sup>th</sup> Floor  
London ON N6A 5R2  
Telephone: 1-800-663-3775  
[LondonSAO.moh@ontario.ca](mailto:LondonSAO.moh@ontario.ca)

