



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**Rapport d'inspection 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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 1, 2018	2018_505103_0020	015702-17, 021462-17, 009902-18, 010706-18	Complaint

Licensee/Titulaire de permis

City of Ottawa
Community and Social Services, Long Term Care Branch 200 Island Lodge Road
OTTAWA ON K1N 5M2

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

Peter D. Clark Centre
9 Meridian Place OTTAWA ON K2G 6P8

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

DARLENE MURPHY (103)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): July 10-13, July 17, 2018.

**Log #015702-17-complaint letter related to medication incident,
Log #021462-17-complaint letter related to resident care,
Log #009902-18 and Log #010706-18-complaints related to medication
administration and medication management.**

**During the course of the inspection, the inspector(s) spoke with Family members,
Registered Practical Nurses (RPN), Registered Nurses (RN), Program Managers,
Physician, Administrative Assistant and the Administrator.**

**During the course of the inspection, the inspector made resident observations,
reviewed resident health care records including progress notes, medication
administration records, physician orders, lab reports, documentation related to
home's investigation into an alleged specified incident, reviewed the home's
complaint process, letters of complaints/response letters from the home and
documented record of complaints, applicable medication policies, and reviewed
the home's medication management system related to a specified medication
including the dispensing, storage, administration practices and on-site emergency
supply associated with a specified medication.**

The following Inspection Protocols were used during this inspection:

Medication

Reporting and Complaints

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

3 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>Legendé</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 following non-compliance relates to Logs #015702-17 and #010706-18:

The licensee has failed to ensure where the Act or this 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 failed to ensure the written policy to ensure the accurate administration of all drugs kept in the home was complied with.

Specifically, staff failed to comply with the licensee's policy from MediSystem "Medication Pass", which was last reviewed on January 17, 2017. This policy states, staff to "administer the medications and initial the MAR sheet."

Resident #001's medication administration record (MAR) and physician's orders were reviewed for a specified month and year. The inspector noted the resident was ordered to receive an identified medication by mouth every morning and every evening. On an identified date, resident #001 was given two doses, in error, of the identified medication.

RPN #107 administered resident #001's morning dose on the identified date on or about 0730 hour. RPN #107 failed to sign the MAR to indicate the medication had been given. As a result, RN #106, who had been assisting with the morning medication pass, administered a second dose to resident #001 believing the medication had not yet been administered.

Resident #002's medication administration record was reviewed for specified months/year. The resident was ordered to receive prescribed doses of an identified medication daily. The inspector noted on three identified dates, the resident MAR indicated the word "review" was hand written in these slots and there were no initials to reflect the administration of the identified medication on those dates.

RPN #103 was identified as the staff member working and responsible for the administration of the resident's medications on those dates. The RPN was interviewed and stated the word "review" indicated the resident was to have an identified test completed on that date. RPN #103 stated they did administer the prescribed dose of the identified medication on those dates, but had been unable to sign off for the



administration of the medication as the word “review” took up the area where a signature would normally go.

Program Manager #100 provided this inspector with the MediSystem policy and indicated all staff are to promptly sign for medications after they are administered. They further indicated the home is preparing for the use of electronic medication administration records that will ensure medications are signed as given at the time of the administration.

The licensee failed to ensure the written policy regarding the requirement to sign on the MAR following the administration of the medications was complied with. [s. 8. (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 policies related to the signing of medications after they are administered are complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).

(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).

(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure the documented records of complaints is reviewed and analyzed for trends at least quarterly.

The inspector reviewed the home's documented report of complaints for 2017 and 2018. The Programs Manager and the Administrator were interviewed in regards to the home's process for managing the complaints and indicated complaints are discussed at the monthly Home Quality meetings. At the time of this inspection, the home was not reviewing and analyzing the complaints for trends at least quarterly as required by the legislation. [s. 101. (3)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :



1. The following non-compliance relates to Log #015702-17:

The licensee has failed to ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber.

As outlined in WN #1, on an identified date, resident #001 was given two doses, in error, of an identified medication. During the review of the resident's health care record, it was noted the resident's physician and power of attorney (POA) were notified of the error. The resident was assessed following the medication incident and sustained no untoward effects as a result.

The resident's POA requested resident #001's evening dose of the identified medication be held on the identified date as a result of the morning error. The physician was notified and was agreeable with the family member's request.

The licensee failed to ensure drugs were administered to resident #001 in accordance with the directions for use specified by the prescriber. [s. 131. (2)]

Issued on this 1st day of August, 2018

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

Original report signed by the inspector.