

**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
May 10, 2021	2021_704682_0007	002232-21, 003677-21	Critical Incident System

Licensee/Titulaire de permis

Albright Gardens Homes, Incorporated
5050 Hillside Drive Beamsville ON L0R 1B2

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

Albright Gardens Homes, Incorporated
5050 Hillside Drive Beamsville ON L0R 1B2

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

AILEEN GRABA (682)

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, 23, 26, 27, 29, 30, 2021, May 4 and 5, 2021.

This inspection was completed concurrently with complaint inspection 2021_704682_0006.

**The following intakes were completed during this critical incident inspection:
002232-21 (2983-000002-21) related to medications
003677-21 (2983-000004-21) related to medications.**

During the course of the inspection, the inspector(s) spoke with the Chief Nursing Officer (CNO), the Associate Director of Nursing (ADON), Scheduling Coordinator, Housekeeping, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents.

During the course of the inspection, the inspector(s) toured the home; reviewed investigative notes, critical incident submissions, staffing schedules, resident health records, policies and procedures, medication incidents logs, narcotic shift count forms and monthly audits, Critical Incident System (CIS) submissions; observed infection prevention and control (IPAC) practices, medication administration, residents and provision of care.

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

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

2 WN(s)

0 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 failed to ensure that where the Act and 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 S. O. 2007, s. 8 (1) , and in reference to O. Reg. 79/10, s. 114 (2), the licensee was required to have written policies developed for the medication management system to ensure accurate storage, administration and disposal of all drugs used in the home.

Specifically registered staff did not comply with the licensee's policy titled: "Shift Change Monitored Drug Count", which stated:

2. "Two staff (leaving and arriving), together:

a) Count the actual quantity of medications remaining."

The licensee's investigation notes and critical incident system report (CIS) identified that controlled substances/medications were missing and unaccounted. Registered staff were in the process of the medication shift count when they noticed a discrepancy and some medication was missing. The registered staff both stated that when completing the medication count they noticed the discrepancy. The RPN stated they could not confirm the actual quantity of the medication and that shift count was not done by two staff leaving and arriving. The ADON stated that they were not able to reconcile the discrepancy of the missing medications because they did not know exactly when the medication went missing. By staff not counting actual quantity of medications during shift count, discrepancies were not identified when controlled substances/narcotics were missing.

Sources: The licensee's investigation notes, CIS; Shift Change Monitored Drug Count Policy; Combined Monitored Medication with shift count sheets; Interviews with CNO, ADON, and other staff. [s. 8. (1) (b)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

- 1. All areas where drugs are stored shall be kept locked at all times, when not in use.**
- 2. Access to these areas shall be restricted to,**
 - i. persons who may dispense, prescribe or administer drugs in the home, and**
 - ii. the Administrator.**
- 3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

Findings/Faits saillants :

1. The licensee failed to ensure that a monthly audit was undertaken of the daily count sheets of controlled substances to determine if there were any discrepancies, and that immediate action was taken if any discrepancies were discovered.

The licensee's "Shift Change Monitored Drug Count" policy stated the following:

4. "A monthly audit of the narcotic and controlled medications is required by the DOC, manager or delegate in all storage areas to ensure all narcotic and controlled drugs are present in the right quantities. The DOC/delegate and a witness will audit monthly the count sheets comparing the count to the quantity of medication remaining. "

A review of the home's "Narcotic/Controlled Drugs Monthly Audit" forms indicated the audits were not completed monthly. The Chief Nursing Officer (CNO) confirmed that they did not complete the monthly audit of narcotic and controlled medications. By not completing monthly narcotic/controlled substance audits the home was not able to identify and track for discrepancies within their controlled substances/medication management system.

Sources: Shift Change Monitored Drug Count Policy; Narcotic/Controlled Drugs Monthly Audit forms and Interviews with the CNO, ADON. [s. 130. 3.]

Issued on this 19th day of May, 2021

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

Original report signed by the inspector.