Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: April 16, 2025
Inspection Number: 2025-1192-0003
Inspection Type: Critical Incident
Licensee: Omni Quality Living (East) Limited Partnership by its general partner, Omni Quality Living (East) GP Ltd.
Long Term Care Home and City: Almonte Country Haven, Almonte

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 9-11, 2025.

The following intakes were completed in this Critical Incident (CI) inspection:

- Intake: #00136566 and #00143140 - Related to controlled substance missing/unaccounted for multiple residents involving same Registered Practical Nurse (RPN)

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

Medication Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)
Medication management system
s. 123 (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

The licensee has failed to ensure that the written policies and protocols developed for the interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents were implemented.

Specifically, the following policies were not implemented by an RPN on four specific days in December 2024, two days in January and two days in March 2025.

1. Policy 5.2: Medication Administration Times states "Procedure: 6. Medications are to be given within an acceptable 'window' of time around the scheduled administration time as defined by the Home (e.g., within 1 hour before or after the scheduled administration time for medications prescribed more frequently than daily but no more frequently than every 4 hours)."

In January 2025, DOC completed an audit of an RPN's medication pass by reviewing the electronic Medication Administration Record (MAR) documentation and found that four residents received 0800 hour medication greater than one hour after the scheduled time.

In March 2025, the DOC completed an audit of the RPN's medication pass by reviewing the electronic MAR documentation and found that more than 16 residents received medication greater than one hour after the scheduled time.

2. Policy 5.3: Medication Administration Record (MAR) states: "Complete and accurate charting on the MAR/TAR must be maintained for all active medications.

Failure to document a medication that has been given or not given on the MAR is considered a medication incident. Procedure - 4. Medication administration or treatment application must be documented on the MAR/TAR immediately after administration/application by the healthcare staff."

On a specific date in December 2024 and in March 2025, the RPN did not sign on the MAR for two residents on each of these medication passes.

In January 2025, blister packs were found for an RPN's day shift and documented in error that medication was given for five different residents.

3. Policy 5.6: The Medication Pass states ""1. Pre-pouring of medications is not permitted."

DOC completed an audit on the RPN for January 2025's medication administration and found that narcotic count record indicated that a resident's PRN "as needed" medication was taken out at 0930 hours and administered at 1215 hours as documented in resident's MAR.

In March 2025, an RN found two different medication cups in the RPN's medication cart with more than 16 medications combined, resident(s) are unknown as they were out of resident blister packs, and two other loose medications in resident slots.

4.Policy 5.7: PRN Medication Administration and Documentation states “Procedure: 6. Observe the resident’s response to the PRN medications (i.e., effectiveness of administered medication).7. Document nursing assessment and follow-up on progress notes and PRN Assessment form or equivalent according to the Home’s practice. Documentation to include: Initial assessment, Administered PRN medication dose and time of administration, Reason for administration as applicable to prescriber’s order, Effect of the administered medications and; Where an additional PRN dose is required during the same reporting period, the reason for the

subsequent administration, Nurse's initials."

In March 2025, DOC completed an audit of the RPN's medication pass and found that three PRN medications involving two different residents did not have documentation for the effectiveness of administered medication.

5. Policy 7.5: Documentation of Narcotic and Controlled Medication Counts states "2. Two nursing staff (outgoing and incoming), together: count the actual quantity of medications on hand; confirm quantity on hand is the same as the amount recorded on the Resident Narcotic/Controlled Medication Count Record and packaging/product integrity is intact. Record the details as outlined in the form including: date, time, quantity of medication and sign in the appropriate spaces on the Shift Change Narcotic/Controlled Medication Count Record. 5. When administering the Narcotic/Controlled medication, nurse documents for the administration of the medication on the resident's MAR and on the Combined Narcotic/Controlled Medication Count Record. 6. Sign on the Combined Narcotic/Controlled Medication Count Record each time a dose is administered. Include the date, time, amount given, amount wasted, and quantity remaining on hand. Another nurse is required to witness and sign for wasted amounts of Narcotic/Controlled medications when applicable."

On two dates in December 2025, the RPN did not sign in a resident's MAR for medication given as per narcotic count sheet.

In January 2025, RPN did not sign on the narcotic sheet for medication given to two residents as per resident's MAR.

In January 2025, a narcotic medication dose for a resident was missing at end of day shift as found by DOC and RPN. MAR and narcotic count sheet for a resident confirms that medication count was wrong and Critical Incident Report confirms narcotic medication incident of missing medication.

In January 2025, the RPN did not sign in a resident's MAR for medication given as per narcotic count sheet.

In January 2025, the RPN did not sign on the narcotic sheet for medications given to three different residents, as per their MARs.

In March 2025, the narcotic sheet was not signed by oncoming RPN.

Sources: Resident record reviews, review of home's medication management program policies, internal investigation documentation, Critical Incident Report, and interview with DOC.

COMPLIANCE ORDER CO #001 Medication incidents and adverse drug reactions

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 147 (1)
Medication incidents and adverse drug reactions
s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,
(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and
(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the resident's attending physician or the registered nurse in the extended class attending the resident and, if applicable, the prescriber of the drug and the pharmacy service provider. O. Reg. 66/23, s. 30.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1) Re-educate all registered staff and any other required staff, on the home's policies and procedures related to medication incidents.
2) Maintain a record of education; including who attended the education, time and date, who conducted the education, topics and policies covered in the education.
3) The Director of Care and or Executive Director must ensure that all medication incidents involving a resident are documented, together with a record of the immediate actions taken to assess and maintain the resident's health.
4) The Director of Care and or Executive Director must ensure that all medication incidents involving a resident are reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider.
5) Conduct audits for a period of four weeks for each medication incident, to ensure compliance with O. Reg. 246/22, s. 147 (1).
6) Maintain a record of audits; including who conducted the audit, time and date, resident and staff audited, any discrepancies noted, and any actions taken in response to the audit finding.

Grounds

The licensee has failed to ensure that medication incidents that occurred on a specific date in January and two dates in March 2025 involving multiple residents, was documented, the resident's health assessed, and the incident reported to the resident's substitute decision-maker, the prescriber of the drug, and the pharmacy service provider.

As a result of an audit completed by the DOC on a staff member's medication passes, the following medication incidents were found:

In January 2025, medication for five residents were not administered on the day shift in March 2025, medication was found in the medication cart not administered to a resident on the day shift and on a specific date in March 2025, there were nine residents who did not receive their pain medications and five residents who did not receive their blister packs of medication.

Critical Incident reports were submitted for these incidents, however, there was no documentation found in resident charts related to an assessment of resident's health after the incidents.

DOC and Executive Director confirmed that there was no documented follow up on these residents or reports to the interdisciplinary team completed as a result of medication incidents occurring on these dates.

Sources: Resident's health care records, Critical Incident Report, internal investigation documentation, and interviews with DOC and ED.

This order must be complied with by May 23, 2025

COMPLIANCE ORDER CO #002 Administration of drugs

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1) Re-educate all registered staff on the home's policies and procedures related to safe medication administration practices.
2) Maintain a record of education from step 1; including who attended the education, time and date, who conducted the education, topics and policies covered in the education.
3) Conduct random audits twice per week for four weeks of medication administration of two or more residents including residents with narcotic medication, to ensure that they are receiving medications in accordance with the directions for use specified by the prescriber. The audit should capture morning, afternoon and nights shifts.
4) Maintain a record of audits; including who conducted the audit, time and date, resident and staff audited, any discrepancies noted, and any actions taken in response to the audit findings.

Grounds

The licensee has failed to ensure that drugs for multiple residents were administered on a specific date in December 2024, and two dates in March 2025 as prescribed.

In December 2024, an RPN found blister packs containing medication for four residents that were not given by an RPN on their day shift.
In March 2025, a resident's 0800 hour medication was found in the medication cart after the RPN's medication pass.
In March 2025, RN and DOC completed an audit of the RPN's medication pass. Nine different residents did not receive their narcotic medications and three residents did not receive their 0800 hour medications.
In January 2025, an RPN found more than 10 medication blister packs not administered to residents during the RPN's day shift. The DOC completed an audit and found that the RPN falsely documented that these medications were administered.

Sources: Resident's record review, audit documentation by the DOC, internal investigation documentation, Critical Incident reports, and interviews with RN and DOC.

This order must be complied with by May 23, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.