



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 prévue
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
Dec 20, 2018	2018_772691_0001	007613-18, 018014- 18, 018193-18, 027503-18, 027976-18	Critical Incident System

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 KITCHENER ON N2E 4H5

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

Coleman Care Centre
140 Cundles Road West BARRIE ON L4N 9X8

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

JENNIFER NICHOLLS (691), MICHELLE BERARDI (679)

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): December 10-14, 2018.

**The following intakes were inspected upon during this Critical Incident Inspection:
-One intake submitted to the Director for disease outbreaks in the home; and
-Four intakes; submitted to the Director for missing and controlled substances.**

Critical Incident System inspection #2018_771734_0001 was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Infection Prevention and Control (IPAC) Lead, Registered Nurses (RNs), Registered Practical Nurse (RPNs), Personal Support Workers (PSWs), and Housekeeping staff.

The Inspectors also conducted a daily tour of resident care areas, observed the provision of care and services to residents, and staff to resident interactions, reviewed relevant health care records, internal investigation notes, staff education records, as well as relevant policies and procedures.

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

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 has failed to ensure that where the Act or the 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 Ontario Regulation 79/10, s.136.(1), the licensee was to ensure that as part of the medication management system, a written policy was developed in the home that provided for ongoing identification, destruction and disposal of, all expired drugs. Section 136.(2) identified that the drug destruction and disposal policy also provided that drugs that were to be destroyed and disposed of were to be stored safely and securely within the home, separate from drugs, that were available for administration to a resident, until the destruction and disposal occurred.

Specifically, staff did not comply with the licensee's policy regarding "Disposal of discontinued/expired drug, narcotics and controlled substances, last revised on January 17, 2017, which was a part of the licensee's medication management program.

A review of the policy titled " Nursing Section-Disposal of Drugs, Narcotics and Controlled Substances" last revised January 17, 2017, identified that drugs which were to be destroyed and disposed of were to be stored safely and securely.

A Critical Incident (CI) report was submitted to the Director for a missing or unaccounted for controlled substance. The CI report identified that during the drug destruction, RN # 100 and Pharmacist # 122 had noted that there was a missing medication card containing a specified number of tablets of an identified medication.

In an interview with Inspector #691, RN #100 identified that while they were completing



the drug destruction, they observed that the drug destruction record was in the drug destruction box; however the medication card containing the identified medication was not present.

In an interview with Inspector #691, RN #117 identified that the previous drug destruction box was “like a mailbox, so [the medication card] could possibly sit on the ledge of the box and not fall in”.

Inspector #691 and Inspector #679 observed the previous drug destruction box and noted that the box had a large opening in which staff would put the medication card to be disposed of, in. With the DOC present, Inspector #679 was able to put their hand up to their mid forearm in the large opening of the previous drug destruction box.

In an interview with the Director of Care (DOC), they identified that they felt the previous destruction box was safe and secure at the time of the incident. The DOC further identified that they felt an individual could not put their hand in the destruction box unless it was overfilled. The DOC said since this incident, they have replaced the destruction box. [s. 8. (1) (b)]

Issued on this 21st day of December, 2018

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

Original report signed by the inspector.