

Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

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| | <input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public |
| Name of Director: | Wendy Lewis |
| Order Type: | <input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of License Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157 |
| Intake Log # of original inspection (if applicable): | 032992-16, 035115-16, 006404-17, 007557-17, 011971-17, 003311-18, 006198-18 |
| Original Inspection #: | 2018_737640_0011 |
| Licensee: | Collingwood Nursing Home Limited 250 Campbell Street, COLLINGWOOD, ON, L9Y-4J9 |
| LTC Home: | Collingwood Nursing Home 250 Campbell Street, COLLINGWOOD, ON, L9Y-4J9 |
| Name of Administrator: | Peter Zober |

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| Background: | |
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Ministry of Health and Long-Term Care (MOHLTC) Inspector #640 conducted an inspection of Collingwood Nursing Home on the following dates: April 19, 20, 24, 25, 26, 30, May 1 and 2, 2018 (2018_737640_0011). The inspection was a Critical Incident inspection at which time seven critical incident logs (#032992-16, #035115-16, #006404-17, #007557-17, #011971-17, #003311-18 and #006198-18) were inspected.

During the inspection, the Inspector determined that the Licensee, Collingwood Nursing Home Limited (Collingwood Nursing Home or the Licensee) failed to comply with certain requirements (as identified below) of the Long-Term Care Homes Act, 2007 (LTCHA) and Ontario Regulation 79/10 (Regulation) under the LTCHA, and issued Compliance Order #003, which stated the following:

The licensee must be compliant with r. 135 (2) of the LTCHA.

Specifically the licensee must:

- a) Ensure that all medication incidents are reviewed and analyzed.
- b) Complete a review and analysis of medication incidents for January 1, 2018 to March 31, 2018 and subsequently and have the documentation of that analysis readily available.
- c) Document the corrective action taken to ensure the incident does not recur.

This order must be complied by October 26, 2018.

Following the conclusion of a Director's review under section 163 of the LTCHA, the above order has been altered and substituted with the Director's Order below.

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| Order #: | 003 |
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To **Collingwood Nursing Home Limited**, you are hereby required to comply with the following order by the date set out below:

Pursuant To:

LTCHA, 2007, s. 135. (2) A decision of the Director under subsection (1) may be appealed to the Appeal Board, and sections 162 and 164 to 171 apply to such an appeal with necessary modifications. 2007, c. 8, s. 135 (2).

Order:

The licensee must be compliant with s.135 (2) of Ontario Regulation 79/10.
Specifically the licensee must:

- 1) Conduct a review and analysis of all medication incidents beginning January 1, 2018 to present date and continue the process for all medication incidents going forward.
- 2) Document the corrective action taken.
- 3) Share medication incident analysis and corrective action with registered staff.
- 4) Maintain a record of this information, including dates and individuals involved.

Grounds:

The licensee has failed to ensure that all medication incidents were documented, reviewed and analyzed and that a written record was kept of the review and analysis.

An inspection was conducted related to a critical incident report (CI) that was submitted to the Director on March 22, 2018. The CI indicated that there was a misappropriation of controlled substances that was discovered during the process of drug destruction.

The Inspector reviewed the Medication Incident report and noted that there

were sections of the form that were blank.

These sections included:

? Incident Classification

? Pharmacy Follow Up, and

? Severity/outcome.

? Corrective action to prevent further occurrences: the statement "lock replaced on destruction box" is written on the form for one of the medication incidents.

However there is no signature or date for the Pharmacy Manager or the Consultant Pharmacist that is included.

The Inspector reviewed three additional medications incident reports as follows:

1. The medication incident report dated June 14, 2017 identified that a resident received an overdose of a narcotic medication. The resident was given five times the prescribed dose. The resident was sent to hospital for observation. The section "Corrective Action to Prevent Future Occurrences" is blank on the form. In addition, there was no pharmacy follow up documented and no signature by the Pharmacist.

2. The medication incident report dated January 22, 2018 identified that a resident received another resident's medications. The section "Corrective Action to Prevent Future Occurrences" is blank on the form and there was no pharmacy follow up documented and no signature by the Pharmacist.

3. The medication incident report dated February 21, 2018 identified that a tablet (narcotic) was found in a resident's bed linen. The report states that staff were unsure of where it came from. The section "Corrective Action to Prevent Future Occurrences" is blank on the form and there was no pharmacy follow up documented and no signature by the Pharmacist.

The DOC told the Inspector that staff had not completed an incident report form for this incident because they did not feel it was warranted. Following this discussion with the Inspector the form was completed by the DOC with the exception of the pharmacy follow up documentation and the corrective action sections.

During an interview with the Director of Care, they told the Inspector that they do not analyze or investigate medication incidents. They further stated that they believed it was the LTC home's pharmacy service provider that might do the investigation but had no documentation that any analysis or investigation had occurred for the three resident related incidents and the misappropriation of controlled substances.

The LTC home's policy "Medication Errors" policy #8.7 with a revised date of October 2009, stated that the Director of Care (DOC) and the consultant Pharmacist were responsible for investigating any medication error, cause of the error and follow-up action for preventing further errors.

The policy included specific steps for the LTC home to take with respect to a resident medication error that directed that the DOC, in consultation with the Physician, Consultant Pharmacist and nursing staff would investigate all circumstances that resulted in the error and take the required remedial action.

The DOC provided the minutes from two registered staff meetings where they believed medication incidents were reviewed. The LTCH Inspector reviewed the meeting minutes from November 2017 as well as the meeting minutes from March 2018. The minutes nor any documentation support that a review and analysis was completed and shared or that corrective action was taken with respect to the medication incidents.

The application of factors taken into account under section 299(1) of the Regulation requires a Compliance Order to be issued. The severity of the issue is minimal harm or potential for actual harm to residents in the home and relates to the fact that there is no documentation to support that an analysis was done or evidence that corrective action was taken. This may lead to similar medication errors occurring in the future; scope is widespread as there is a potential to affect all residents in the home. The Licensee has a level 2 compliance history as they had previous unrelated non-compliance with this section of the LTCHA.

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| This order must be complied with by: | September 28, 2018 |
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board
 Attention Registrar
 151 Bloor Street West
 9th Floor
 Toronto, ON
 M5S 2T5

and the

Director
 c/o Appeals Clerk
 Long-Term Care Inspections Branch
 1075 Bay St., 11th Floor, Suite 1100
 Toronto ON M5S 2B1
 Fax: 416-327-7603

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

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| Issued on this 17th day of August, 2018 | |
| Signature of Director: | |
| Name of Director: | Wendy Lewis |