

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: October 27, 2023	
Inspection Number: 2023-1030-0003	
Inspection Type: Proactive Compliance Inspection	
Licensee: Dover Cliffs Operating Inc.	
Long Term Care Home and City: Dover Cliffs, Port Dover	
Lead Inspector Henry Otoo (000753)	Inspector Digital Signature
Additional Inspector(s) Peter Hannaberg (721821) Rhonda Kukoly (213)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 18, 19, 20, 23, 24, 2023

The following intake(s) were inspected:

- Intake #00099348 - Proactive Compliance Inspection 2023.

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Residents’ and Family Councils
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents’ Rights and Choices
- Pain Management
- Falls Prevention and Management

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 20 (b)

The licensee failed to ensure that a resident-staff communication and response system (call bell) was on and always functioning.

Rational and Summary

During the initial tour of the home, a call bell was not working. Interview with staff verified that the call bell was not working. Upon inspection again after about an hour on the same day, a new call bell had been installed and was functioning.

Source: Observation and staff interview. [000753]

Date Remedy Implemented: October 18, 2023

WRITTEN NOTIFICATION: Drug destruction and disposal

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 148 (2) 3.

The licensee has failed to ensure that non-controlled drugs were destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices.

In accordance with O. Reg. s. 246/22 s. 11 (1) (b), the licensee was required to ensure that the drug destruction and disposal policy must provide for the following: That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with

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evidence-based practices and, if there are none, in accordance with prevailing practices, and this policy must be complied with.

Specifically, staff did not comply with the policy "Disposal and Destruction of Non-narcotic/controlled Medications", which stated that when medications are placed in the drug disposal container, that tablets and capsules are to be emptied out from their original packages - including any unit dose, multi-doses, or blister packed prescription and non-prescription drugs. This policy requirement aligned with the Ontario Pharmacists Association (OPA) "Best Practice Guidelines for Long-Term Care" (updated November 23, 2023) which stated that "all medications to be destroyed are prepared for disposal by removing any excess packaging (e.g., patches are removed from a box of Nitro-Dur® and the box is destroyed separately by removing all identifying information) and placing these medications in the Drug Destruction Container which is supplied by the pharmacy or a designated medical waste disposal company."

Rationale and Summary

During an observation, the Inspector opened the container which was designated for non-controlled medication destruction/disposal. The container had some loose medications, but also had medications which were in their original bottles and cardboard packaging.

The policy stated that when medications are placed in the drug disposal container, that tablets and capsules are to be emptied out from their original packages - including any unit dose, multi-doses, or blister packed prescription and non-prescription drugs.

The Director of Care (DOC) confirmed that the process was for the medications to be placed in the medication disposal bin, and that any medications should be removed from their original packaging to be destroyed. The DOC confirmed when looking at the photo taken of the non-controlled medications for destruction, that some were still in their original packaging which would interfere with the destruction process.

Sources: Observation, review of the pharmacy provider's policy, and interview with DOC.

[721821]

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WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (1)

The licensee failed to prepare a report on the Continuous Quality Improvement (CQI) initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, published a copy of each report on its website.

Rationale and Summary

On March 31, 2023, the fiscal year came to an end and the licensee was required to prepare and publish a report on the CQI initiative for the home.

There was no report completed on the CQI initiative for the home for each fiscal year no later than three months after the end of the fiscal year dated July 2023. Executive Director verified there was no CQI report prepared for the fiscal year ending March 31, 2023, and not published.

Sources: Interview with Executive Director, and record review. [000753]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (5)

The licensee has failed to within three months of the coming into force of this section, prepare a Continuous Quality Improvement (CQI) interim report for the 2022-2023 fiscal year.

Rationale and Summary

On April 11, 2022, the Fixing Long-Term Care Act came into effect. Three months after the legislation came into effect, the licensee was required to prepare an interim report for the 2022-2023 fiscal year.

Executive Director confirmed that they were not aware of the legislative requirement, the report was not completed and not published on the home's website.

Sources: Interview with Executive Director, and record review. [000753]