



**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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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 19, 2019	2019_683126_0012	011314-19	Critical Incident System

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### **Licensee/Titulaire de permis**

Dundas Manor Limited  
533 Clarence Street P.O. Box 970 WINCHESTER ON K0C 2K0

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

Dundas Manor Nursing Home  
533 Clarence Street P.O. Box 970 WINCHESTER ON K0C 2K0

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

LINDA HARKINS (126)

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## **Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): June 7, 2019**

**The inspection was related to log #011314-19, Critical Incident #2674-000013-19: medication incident/adverse drug reaction**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, three Registered Nurses (RN) and one Registered Practical Nurse.**

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

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

**1 WN(s)**

**1 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 comply with the policy related to a specific medication management.

In Accordance with O. Reg 79/10, 114. (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee does have a High Alert (HA) Medication Safety Policy (PHRM 370), revised July 2018. The policy requires the following:

Step 1: Scheduling of lab testing:

Resident blood work will be scheduled as per physician orders.

Step 2: Tracking:

The RPN administering a specific medication to a resident will ensure this (HA) medication has a recent blood work result documented in eMAR. When in doubt, the RPN (or RN) will check the physician's order and follow up to ensure he/she knows the current lab result value & set range for the resident and the timing of the next blood work.

Step 3: Staff Education:

Refer to the High Alert Medication Policy (PHARM 560) including the info sheets on a specific medication.

The info Sheet for High-Alert Medication: the specific medication requires the following:



Monitoring:

It is critical that blood work be checked routinely while on this HA medication. The blood work is generally measured daily or every other day for the first 3-4 days, then every 3 days for a week, then 1 or 2 times weekly, then every 2-4 weeks once stable.

Resident #001 was admitted to the home with several diagnosis. On a specific date, Registered Practical Nurse (RPN) #100 received an order to change resident #001's HA medication, to a specific daily dose and to repeat the blood work. It was noted that the blood work was not been measured for a specific period.

On a specific date, RPN #100 wrote the HA medication order at the end of the day shift. RN #101 who worked on the evening shift and RN #102, who worked the night shift, do not recall transcribing or completing the lab work requisition for the monitoring of resident #001's specific blood work.

The Registered Nursing staff did not comply with the HA Medication Safety Policy. [s. 8. (1) (b)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure the High Alert medication Safety therapy policy is complied with, to be implemented voluntarily.***

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Issued on this 20th day of June, 2019

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



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**Original report signed by the inspector.**