

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Central East Service Area Office
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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
Nov 30, 2020	2020_814501_0014	022792-20	Other

Licensee/Titulaire de permisRevera Long Term Care Inc.
5015 Spectrum Way, Suite 600 Mississauga ON L4W 0E4**Long-Term Care Home/Foyer de soins de longue durée**Eagle Terrace
329 Eagle Street Newmarket ON L3Y 1K3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

SUSAN SEMEREDY (501), JACK SHI (760)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): November 25, 26, 2020.

This inspection is a Central East Service Area Office initiated inspection (Log #022792-20).

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Nutrition Manager, registered nurses (RNs), registered practical nurses (RPNs), food service worker, and residents including the Residents' Council President.

During the course of the inspection, the inspectors observed resident and staff interactions, medication administration and dining and reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Medication

Reporting and Complaints

Residents' Council

Skin and Wound Care

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
- and O. Reg. 79/10, s. 129 (1).**
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that controlled substances were stored in a separate locked area within the locked medication cart.

It was observed that a Registered Practical Nurse (RPN) was inside a resident's room and the medication cart was unlocked and placed in the hallway. A call bell rang and the RPN walked out of the room and attended the call bell in another room. The medication cart was unlocked and unattended at the time. The RPN then came back and pushed the medication cart back to the medication room. When asked, the RPN opened the last drawer of the medication cart, but immediately pushed down the narcotic drawer. The RPN said that the narcotic bin was supposed to be closed at all times.

The DOC confirmed that it is against the home's policy and procedures related to narcotic storage to have the narcotic bin opened while the medication cart was left unattended. There was potential risk to residents as a medication cart was unattended by a registered staff and was unlocked at the time including the narcotic bin, which residents can open.

Sources: An observation and interviews with an RPN and DOC.
[s. 129. (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 that controlled substances are stored in a separate locked area within the locked medication cart, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following:**

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that a planned menu item was offered and available at a meal.

The posted lunch menu indicated that one of the entrees being offered was perogies and stewed tomatoes with whole wheat bread. Observation indicated whole wheat bread was not offered or available with the perogy option. An interview with the Nutrition Manager confirmed this was an oversight and should have been available.

Planned menu items are approved by a registered dietitian to ensure the menu provides adequate nutrition and variety in keeping with Canada's Food Guide.

Sources: Dining observation, posted menu and interview with the Nutrition Manager and other staff. [s. 71. (4)]

Issued on this 3rd day of December, 2020

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

Original report signed by the inspector.