

**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****Sudbury Service Area Office  
159 Cedar Street Suite 403  
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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>
Dec 29, 2021	2021_822613_0029	019268-21	Other

**Licensee/Titulaire de permis****Espanola General Hospital  
825 Mckinnon Drive Espanola ON P5E 1R4****Long-Term Care Home/Foyer de soins de longue durée****Espanola General Hospital (operating as Espanola Nursing Home-LTC)  
825 Mckinnon Drive Espanola ON P5E 1R4****Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs****LISA MOORE (613)****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): December 13-16, 2021.**

**This inspection was a Sudbury Service Area Office initiated inspection.**

**This inspection addresses both the Espanola General Hospital Long Term Care Unit #2932 and the ELDCAP Unit #2755. A concurrent Sudbury Service Area Office initiated inspection #2021\_822613\_0030 was also conducted during this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Chief Operating Officer (COO), Director of Care (DOC), Assistant Director of Care (ADOC), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeeping staff and residents.**

**The Inspector(s) also conducted daily tours of resident care areas, observed the provision of care and services to residents, infection prevention and control (IPAC practices), staff to resident interactions, reviewed health care records, and various licensee's policies, procedures and programs.**

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

**Dining Observation  
Falls Prevention  
Infection Prevention and Control  
Medication  
Reporting and Complaints  
Residents' Council  
Skin and Wound Care**

**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)**

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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Légende

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
  - i. persons who may dispense, prescribe or administer drugs in the home, and
  - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

**Findings/Faits saillants :**

1. The licensee has failed to ensure that steps were taken to ensure the security of the drug supply, including all areas where the drugs were stored was kept locked at all times, when not in use.

On different dates, the Inspector observed two RPNs leave the medication cart unattended and unlocked with the keys remaining in the key slot of the medication cart. Both RPNs were out of sight of the medication cart and keys.

The RPNs acknowledged that they should have locked the medication cart and taken the keys with them when they left the medication cart unattended in the hallway.

Sources: Observations; Medication Management policy; Interviews with RPNs and DOC. [s. 130. 1.]

***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 steps are taken to ensure the security of the drug supply, including all areas where the drugs are stored is kept locked at all times, when not in use, to be implemented voluntarily.***

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**Issued on this    29th    day of December, 2021**

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

**Original report signed by the inspector.**