

Original Public Report

Report Issue Date September 1, 2022

Inspection Number 2022_1416_0001

Inspection Type

- | | | | |
|--|--|------------------------------------|---|
| <input type="checkbox"/> Critical Incident System | <input type="checkbox"/> Complaint | <input type="checkbox"/> Follow-Up | <input type="checkbox"/> Director Order Follow-up |
| <input checked="" type="checkbox"/> Proactive Inspection | <input type="checkbox"/> SAO Initiated | | <input type="checkbox"/> Post-occupancy |
| <input type="checkbox"/> Other _____ | | | |

Licensee

Espanola General Hospital

Long-Term Care Home and City

Espanola Nursing Home, Espanola

Lead Inspector

Chad Camps (609)

Inspector Digital Signature

Additional Inspector(s)

Amy Geauvreau (642)

INSPECTION SUMMARY

The inspection occurred on the following date(s): August 15-16, 18-19, 22-24, 2022.

This inspection report addresses both the Espanola General Hospital Nursing Home #2932 as well as the Elderly Capital Assistance Program (ELDCAP) #2755 portion of the home, identified in inspection report #2022_1248_0001.

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

- Falls Prevention and Management
- Food, Nutrition and Hydration
- Infection Prevention and Control (IPAC)
- Medication Management
- Pain Management
- Prevention of Abuse and Neglect
- Quality Improvement
- Resident Care and Support Services
- Residents' and Family Councils
- Residents' Rights and Choices
- Safe and Secure Home
- Skin and Wound Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: GENERAL REQUIREMENTS FOR PROGRAMS

NC#01 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

The licensee has failed to ensure that a written record was kept of the Skin and Wound Care Program evaluation that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Rationale and Summary

The Skin and Wound Care Program Lead outlined to the Inspector how the Program was constantly being evaluated but that they had not kept a written record of the 2021 evaluation, nor any evaluation of the Program since they became Lead over a year and a half ago.

A review of the home's policy indicated that the Skin and Wound Care Program was to be evaluated at a minimum yearly but failed to mention a written record of the evaluation was to be kept.

The Director of Care (DOC) clarified that a written record of the evaluation of the Program should have been kept.

The home's lack of a written record of the 2021 Skin and Wound Care Program evaluation presented no risk to residents.

Sources: The home's policy titled "Wound Care Committee Terms of Reference" last reviewed June 23, 2021, and interviews with the Skin and Wound Program Lead and the DOC.

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WRITTEN NOTIFICATION OBTAINING AND KEEPING DRUGS

NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 138. 1 (b)

The licensee has failed to ensure that controlled substances were stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

Rationale and Summary

The Inspector observed the North Wing medication room and found:

- Controlled substances in a locked box within an unlocked medication cart,
- Controlled substances in a locked box within an unlocked refrigerator,
- Controlled substances within a locked box within an unlocked cupboard, and
- Controlled substances within a locked bin for disposal fastened to the wall.

None of the controlled substances were triple locked. The home's policy and Acting Assistant Director of Care (ADOC) verified that controlled substances in the home were currently double-locked.

The home's lack of a third lock on controlled substances presented no risk to residents.

Sources: Observations of the North Wing medication room, the home's policy titled "Narcotics and Controlled Substance in LTC" last reviewed July 19, 2022, and interviews with registered staff and the ADOC.

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