

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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report	
Report Issue Date: October 24, 2023	
Inspection Number: 2023-1472-0003	
Inspection Type: Proactive Compliance Inspection	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Timmins, Timmins	
Lead Inspector Sylvie Byrnes (627)	Inspector Digital Signature
Additional Inspector(s) Oraldeen Brown (698) Karen Hill (704609)	

INSPECTION SUMMARY
<p>The inspection occurred on September 11-15, 2023. Offsite activities occurred on September 21-22, 2023.</p> <p>The following intake was inspected:</p> <ul style="list-style-type: none"> One intake related to a Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect

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Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

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)

FLTCA, 2021, s. 85 (3) (p)

The licensee has failed to ensure that the most recent minutes of Residents' Council (RC) meetings were posted in the home.

Rationale and Summary

During an initial tour of the home, the most recent minutes of the RC meeting were not posted. The Director of Care (DOC) and a Program Manager (PM) acknowledged that the minutes of the last RC meeting were not posted in the home.

Prior to the completion of the inspection, the minutes of the RC meeting were observed posted on the main RC bulletin board.

There was minimal impact or risk to the residents when the licensee failed to ensure that the most recent minutes of the RC meeting were posted in the home.

Sources: Observations of information boards located in the main lobby and on resident home areas; review of Residents' Council meeting minutes; and interviews with a PM and the DOC. [704609]

Date Remedy Implemented: September 14, 2023

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WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that care was provided to a resident as specified in their plan of care, specifically related to toileting.

Rationale and Summary

A resident's plan of care included a specific intervention regarding the resident's continence care. PSWs shared that they were not following the specific intervention identified in the care plan. An RPN indicated that the resident's plan of care regarding continence care was to be followed to ensure the resident's safety.

Failing to ensure that the resident's continence plan of care placed the resident at risk.

Sources: Observations of a resident; review of a resident's clinical health record and the home's Continence Program; and interviews with the DOC and other staff members. [704609]

WRITTEN NOTIFICATION: Obtaining and Keeping Drugs

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

Non-compliance with: O. Reg. 246/22, s. 148 (2) 1.

The licensee has failed to implement their drug destruction and disposal policy related to safe and secure storage of medications until the destruction and disposal occurred.

In accordance with Ontario Regulations (O. Reg.) 246/22, s. 11. (1) (b), the licensee is required to ensure that the MediSystem Pharmacy Policy and Procedures: Section E - Medication Handling, section 21., Drug Destruction, is complied with as a part of the Medication Management System in the home.

Specifically, the home did not comply with the section 21.4.1 and 21.4.2 of the licensee's drug destruction and disposal policy, "Destruction of discontinued/expired medications", to ensure drugs that were to be destroyed and disposed of were stored safely and securely within the home.

Rationale and Summary

At the time of the inspection, various resident specific medication packages were observed stored on

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the counter of a medication room; the storage area and medications were not marked "for destruction". Additionally, a medication with personal health information still evident on it, was lying on top of the medication destruction bin, located in an unlocked cupboard, beneath the counter.

Two registered staff members indicated that the medications should not have been there; the medications were to be destroyed, lifted the lid to the pharmaceutical destruction bin, disposed of the medications, and closed the lid; the lid to the bin was not sealed.

The home's MediSystem Pharmacy Policy and Procedure for Drug Destruction, was not followed. The Consultant pharmacist and the DOC stated that the staff were expected to follow the home's policy; that the medications should have been clearly marked for destruction, immediately destroyed, and the lid of the destruction bin sealed.

There was low risk to residents when the registered staff did not follow the home's policy for medication disposal and storage.

Sources: Observations of a medication destruction area and medication destruction; review of MediSystem Policy and Procedures: Section E - Medication Handling. Drug Destruction and Disposal; and interviews with Consultant Pharmacists, the DOC, and other registered staff members. [704609]

WRITTEN NOTIFICATION: Drug Destruction and Disposal

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

Non-compliance with: O. Reg. 246/22, s. 148 (2) 4.

The licensee has failed to ensure that the drug destruction and disposal policy included direction that when drugs were to be destroyed, they were destroyed in accordance with subsection (3); specifically, clause (b).

Rationale and Summary

The home's drug destruction policy did not include the requirement for two staff members, including one member of the registered nursing staff, to be present during the disposal/destruction of non-controlled substances.

The Consultant Pharmacist acknowledged that the home's policy did not specify that two staff members were required.

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When the home failed to comply with the legislative requirements, there was risk that non-controlled substances would not be disposed of in a manner that was safe or rendered them unusable.

Sources: Observations of a medication destruction; review of MediSystem Policy and Procedures: Section E-Medication Handling. Drug Destruction and Disposal; and interviews with a Consultant Pharmacist and the DOC. [704609]