

Original Public Report

Report Issue Date June 27, 2022
Inspection Number 2022_1367_0001
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

Long-Term Care Home and City
Garden Terrace Kanata

Lead Inspector
Susan Lui (178)

Inspector Digital Signature

Additional Inspector(s)
Mark McGill (733)
Marko Punzalan (742406) was also present during this inspection.

INSPECTION SUMMARY

The inspection occurred on the following date(s): June 6-10, 13-16, 2022

The following intake(s) were inspected:

- Intake #001980-22 (CIS #2882-000010-22) was related to medications.
- Intake #006320-22 and Intake #006414-22 (Complaints) were related to skin and wound care.

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

- Infection Prevention and Control (IPAC)
- Medication Management
- Skin and Wound Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION DRUGS**NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1****Non-compliance with s. 136 (1)(a) of O. Reg. 79/10 under the Long-Term Care Homes Act, 2007 and s. 148 (1)(a) of O. Reg. 246/22 under the Fixing Long-Term Care Act, 2021**

The licensee failed to comply with the system that provides for the ongoing identification, destruction and disposal of residents' expired drugs.

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s. 136 (1)(a) of O. Reg. 79/10/LTCHA. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s. 148 (1)(a) of O. Reg. 246/22 under the FLTCA.

In accordance with O. Reg 79/10, s. 8 (1)(b), and O. Reg 246/22, s. 11 (1)(b), the licensee is required to ensure that there is as part of the medication management system, a written policy that provides for the ongoing identification, destruction and disposal of all expired drugs, and must be complied with.

Specifically, staff did not comply with the policy "Expiry and Dating of Medications", which was captured in the licensee's medication management system.

Rationale and Summary:

The licensee's written policy indicates that the expiry dates of all medications are to be examined monthly and any expired medications are to be removed. The policy also indicates that insulin must be dated when opened and a sticker applied indicating the date opened and the date after which the insulin is to be discarded, commonly between 28 days and eight weeks.

1. In February 2022, the insulin pen that was being used for a resident was discovered to have expired six months prior. A "Date Opened/Discard After" sticker was not present on the insulin pen, and the manufacturer's expiry date had lapsed six months prior.

2. In June 2022, Inspector #178 observed an insulin pen in the medication drawer for a resident. The insulin pen contained a "Date Opened/Discard After" sticker which indicated the insulin pen should have been discarded three days prior. An RPN and the resident's electronic Medication Administration Record (eMAR) indicated that the resident received two doses from the insulin pen the day after it was to have been discarded.

This non-compliance posed potential risk of harm to the residents because expired insulin could provide less than optimal treatment of the residents' diabetes.

Sources: Observations of a medication cart; a Medication Incident Report; Policies “Expiry and Dating of Medications”, and “Recommended Expiry Dates Once Product is Open”; eMARs for two residents; Interviews with the DOC, an RPN, and other staff.