



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 7, 2016	2016_505103_0033	017638-16, 017962-16, 018647-16, 020865-16, 021091-16, 021633-16, 025193-16	Critical Incident System

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF HASTINGS
1M Manor Lane Box #758 BANCROFT ON K0L 1C0

Long-Term Care Home/Foyer de soins de longue durée

HASTINGS CENTENNIAL MANOR
1 MANOR LANE P.O. BOX 758 BANCROFT ON K0L 1C0

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

DARLENE MURPHY (103)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): August 17-19, September 6, 2016

The following intakes were included in this inspection: 017638-16 (alleged resident to resident abuse), 0179620-16 (alleged resident to resident abuse), 018647-16 (alleged resident to resident abuse), 020865-16 (alleged resident to resident abuse), 021633-16 (alleged resident to resident abuse), 021091-16 (alleged resident to resident abuse), 025193-16 (Missing/unaccounted for controlled substance).

During the course of the inspection, the inspector(s) spoke with Personal support workers, a Registered Practical Nurse (RPN), the Acting Assistant Director of Care (ADOC), the Director of Care (DOC), and the Administrator.

During the course of the inspection, the inspector reviewed resident health care records, and medication administration policies.

The following Inspection Protocols were used during this inspection:

Medication

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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

1 WN(s)

0 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>Legendé</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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).



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Findings/Faits saillants :



1. The following finding relates to log #025193-16:

The licensee has failed to ensure that the system in place for drug destruction/disposal was complied with.

As required under O. Reg 79/10, s. 114 (2), the licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The Director of Care (DOC) was interviewed in regards to the home's practice for the discarding of unused narcotics. The DOC stated where an amount of narcotic is expected to be discarded due to the resident requiring a lower dosage than the amount provided in the vial, the registered staff are expected to have a second registered staff member present to witness the opening, drawing up of and destroying of the excess drug. The DOC stated the only exception to this would be during the night shift when there is only one registered staff member on site. The DOC stated in this case, the registered staff were required to ask a Personal support worker (PSW) to witness the discarding of the unused portion of the drug. The DOC indicated she had noted during an audit of this process that not all staff were adhering to this practice and she circulated a memo dated June 27, 2016 to reinforce/clarify the practice as the home's policy, "Narcotic and controlled medication destruction" #8.2 indicated two signatures were required on the resident count card for all wasted doses but did not specify at time of wastage.

During another audit, the DOC stated she noted RN #109 was still non compliant with the practice on four separate occasions (July 4, 29, August 1, 2, 2016) as the RN had asked the oncoming night shift registered nurse to cosign for the discarding of a narcotic. The administration of the drug in all four of these instances had occurred some three to four hours prior to the arrival of the night nurse and the evening registered staff had not been asked to witness the discarding of the unused portion of the drug.

Both the DOC and the Administrator indicated it was their expectation that following the circulation of the memo on June 27, 2016 that all registered staff were required to ensure the process of discarding unused portions of narcotics/controlled drugs were done in accordance with this memo. The home took disciplinary action against the RN for failing to follow the home's practice of discarding unused narcotics. [s. 8. (1) (b)]



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Issued on this 7th day of September, 2016

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

Original report signed by the inspector.