



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

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

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

**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 # / No de registre	Type of Inspection / Genre d'inspection
Apr 17, 2018	2018_624196_0010	005242-18	Resident Quality Inspection

Licensee/Titulaire de permis

Lady Dunn Health Centre
17 Government Road Box 179 Wawa ON P0S 1K0

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

Lady Dunn Health Centre (Wawa)
17 Government Road P.O. Box 179 Wawa ON P0S 1K0

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

LAUREN TENHUNEN (196), SHEILA CLARK (617)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): April 9-12, 2018.

The following intakes were inspected during this Resident Quality Inspection:

**Follow-up to Compliance Order #001, from inspection #2017_703625_0015, pursuant to s.6 (1) (c) Plan of Care - providing clear direction and;
Follow-up to Compliance Order #002, from inspection #2017_703625_0015, pursuant to s. 6 (7) Plan of Care - care set out in the plan of care is provided to the resident as specified in the plan.**

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care, the Long-Term Care Team Lead/RPN, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a Registered Dietitian (RD), the Recreation Lead, residents and family members.

The Inspectors also conducted a daily walk through of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed relevant health care records, and licensee policies and procedures.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Residents' Council**

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

**2 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #001	2017_703625_0015		196
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #002	2017_703625_0015		196



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs



Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
- and O. Reg. 79/10, s. 129 (1).**
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

1. 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.

During the inspection, Inspector #196 observed RPN #105 retrieve pharma cards that contained controlled substances out of a double locked safe, within the locked medication room. The RPN proceeded to put the controlled substances into the top drawer of the medication cart. The medication cart was then pushed around the unit and the controlled substances were administered to those residents that had them ordered to be given at that time. The RPN confirmed to the Inspector that the medication cart was locked with a single lock.

A review of the home's policy titled "Drug Storage Area Inspections" indicated that "Narcotics, controlled and targeted drugs are stored in double-locked areas."

During an interview with the LTC (Long-Term Care) Lead RPN, they reported that the process for the administration of narcotic and controlled substances was to take the pharma cards from the double locked safe within the locked medication room and put them into the top drawer of the med cart. They further confirmed to the Inspector that the medication cart had a single lock. [s. 129. (1) (b)]



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 that ensures controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (3) Every licensee shall ensure that,

(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; O. Reg. 79/10, s. 135 (3).

(b) any changes and improvements identified in the review are implemented; and O. Reg. 79/10, s. 135 (3).

(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that, (a) a quarterly review was undertaken of all medication incidents and adverse drug reactions that had occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; (b) any changes and improvements identified in the review were implemented; and (c) a written record was kept of everything provided for in clauses (a) and (b).

A review of the home's medication incident reports over a period of approximately five months time in 2017, and 2018, revealed that there were a total of nine medication errors reported, documented and follow up actions were taken. The medication errors were identified as errors in administration, storage, and dispensing.

Quarterly reviews regarding these nine medication incidents to reduce and prevent medication errors were missing.

In an interview with the DOC they reported to the Inspector that the last date a quarterly review was undertaken of all medication incidents was in June 2017, with the Medical Director, Administrator/DOC, Nursing Staff and the Pharmacy in attendance. The DOC confirmed to the Inspector that since June of 2017, quarterly reviews were not undertaken of the medication incidents and adverse reactions that had occurred in the home in order to reduce and prevent medication incidents and adverse drug reactions. [s. 135. (3)]

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 that ensures ensure that, (a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; (b) any changes and improvements identified in the review were implemented; and a written record was kept of everything provided for in clauses (a) and (b), to be implemented voluntarily.



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Issued on this 17th day of April, 2018

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

Original report signed by the inspector.