



**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 19, 2016	2016_263524_0029	027435-16	Resident Quality Inspection

Licensee/Titulaire de permis

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP
302 Town Centre Blvd., Suite #200 TORONTO ON L3R 0E8

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

Barnswallow Place Care Community
120 Barnswallow Drive Elmira ON N3B 2Y9

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

INA REYNOLDS (524), SHERRI GROULX (519)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): September 12, 13, 14, 15, 16, 2016.

The following intakes were completed within the RQI:

019607-16 CI 2830-000007-16 - critical incident related to a fall with fracture

024801-16 CI 2830-000008-16 - critical incident related to a fall with fracture

026763-16 CI 2830-000009-16 - critical incident related to a fall with fracture

027132-16 CI 2830-000011-16 - critical incident related to a medication error.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Associate Director of Care, Resident Assessment Instrument (RAI) Coordinator, Registered Dietitian, seven Registered Practical Nurses, six Personal Support Workers, one Cook, one Dietary Aide, one Physiotherapist Assistant, residents and families.

The inspector(s) also conducted a tour of the home, observed care and activities provided to residents, medication administration, medication storage area, resident/staff interactions, infection prevention and control practices, reviewed clinical records and plans of care for identified residents, postings of required information, minutes of meetings related to the inspection, reviewed relevant policies and procedures of the home, and observed the general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Falls Prevention

Family Council

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Residents' Council

Skin and Wound Care



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

1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

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. 114. Medication management system

Specifically failed to comply with the following:

s. 114. (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 114 (3).
(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the written policies and protocols were developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

According to a Critical Incident submitted by the home, a resident was administered an incorrect dose of an identified medication by a Registered Practical Nurse (RPN) at a specific time and date.

This medication error was discovered by a RPN on the evening shift when the RPN went to administer the medication and none was available. Pharmacy was contacted and confirmed that the medication was sent to the home on a specific dated.

Upon interview with the Director of Care (DOC) on September 14, 2016, it was stated that the RPN involved did administer an incorrect dose of medication to the resident. The DOC stated that the home organized education sessions for all Registered Staff regarding this incident which included a Root Cause Analysis. This took place at the home with the Quality Improvement Nurse from the Pharmacy and the Pharmacist Consultant on a specific dated.

Upon review of the educational materials supplied by Medi-System under "Problem Analysis" it stated: Pharmacy - More than one dose of a high alert medication was dispensed, Nursing - Medication should have been double checked against what was ordered by the Physician to determine that drug product was the right product, Nursing -



Direction for use of the drug product should have been double checked and a quick calculated estimate done to ensure that direction is accurate, Facility - A second check of what was dispensed by another nurse to ensure accuracy (ISMP recommends this).

The Institute for Safe Medication Practices Canada (ISMP) has listed the identified medication as a high-alert medication. Due to the heightened risk of this medication it has been recommended that specific doses of medications are not sent to patient care areas. It also has recommended that double checks of the dosing is done as well as stating what the optimal product format would be to use for administration. This was the evidence based document referred to by Medi-System.

The home's policy did not contain the ISMP evidence - based recommendations for the administration of the identified medication.

Upon interview with the DOC on September 15, 2016, it was stated that the home's policy did not contain the ISMP recommendations for the administration of this medication even though the home's policy had been developed in consultation with the Pharmacy provider. The DOC stated that the Pharmacy provider is changing their policy to include these recommendations and that the home will adopt the Pharmacy's policy to use in their practice as soon as it is completed.

The licensee failed to ensure that the written policies and protocols were developed, implemented, evaluated and updated in accordance with evidence-based practices (ISMP recommendations). [s. 114. (3) (a)]

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 to ensure that written policies and protocols are developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices, to be implemented voluntarily.



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Issued on this 19th day of September, 2016

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

Original report signed by the inspector.