



**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 # / Registre no	Type of Inspection / Genre d'inspection
Jun 30, 2016	2016_288549_0018	032861-15, 001901-16, 001903-16	Critical Incident System

Licensee/Titulaire de permis

MARIANHILL INC.
600 CECELIA STREET PEMBROKE ON K8A 7Z3

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

MARIANHILL NURSING HOME
600 CECELIA STREET PEMBROKE ON K8A 7Z3

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

RENA BOWEN (549)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): June 20, 21, 21, 24, 27, 28, 29, 2016

During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurse Unit Managers, Registered Nurses (RN), the Director of Care (DOC) and the Chief Executive Officer.

At the time of the inspection the inspector reviewed resident health care records including electronic medication administration records and physician orders, the home's Medication Incident Reports, investigation documentation, Drug Administration policy revised 06-2015, Medication systems policy number 3-012, Medication Incident /Near Incident Program policy number 6-001, Narcotic Patch Verification policy revised 2-2016, Narcotics Controlled Medication policy revised 11-2015, Intravenous Medication Administration policy revised 07-2015 and the home's IV Antibiotic Administration Protocol.

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

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).



Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

In accordance with 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 accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

1. On January 20, 2016 the home submitted a Critical Incident Report (CIR) indicating that resident #006 required an antibiotic. On a specific day in January 2016 resident #006's physician ordered an IV antibiotic. The home received the prescribed IV antibiotic from the pharmacy on a specific day in January 2016 as indicated in the resident's progress notes and confirmed by the Director of Care (DOC).

Resident #006's Electronic Medication Administration Record (eMAR) sheet was reviewed by Inspector #549 and the DOC which indicated the IV antibiotic was scheduled to be given at a specific time on a specific day in January 2016.

Inspector #549 reviewed resident #006's progress notes which indicated that RN #122 administered the first dose of IV antibiotic at a specific time on a specific day in January which was the day after the home received the IV antibiotics.

On the same date, in January 2016, the home submitted another CIR indicating that resident #007 was prescribed an IV antibiotic on a specific day in January 2016. The home received the prescribed antibiotic from the pharmacy on a specific day in January 2016 at a specific time.

Resident #007's eMAR sheet was reviewed by Inspector #549 and the DOC which indicated that the IV antibiotic was scheduled to be given at specific time on a specific day in January 2016. The first dose of the IV antibiotic was given on a specific day in January 2016 by RN #122 which was the day after the home received the IV antibiotics..

The home's policy titled Administering Medications #3-012 indicates on page 2: Non-Time –Critical Scheduled Medications – Daily, weekly, monthly are to be administered within 2 hours before or after the scheduled time.

On June 29, 2016 during a telephone interview with RN #121 who worked the night shift on a specific day in January 2016 indicated that resident #006 and resident #007 did not receive the IV antibiotic until a specific day in January 2016 as she was unaware of the home's expectation that the night RN's were to initiate IV therapy as required. RN #121 indicated during the same interview that she is now aware of the home's expectation and policy related to Administering Medications. RN #121 also indicated that she is aware of the home's IV antibiotic administration protocol.

On June 29, 2016 during an interview the DOC indicated to Inspector #549 that resident #006 and resident #007 did not receive the first dose of IV antibiotic until a day after the home received it on a specific day in January 2016. The DOC indicated that the administration of the first dose of the antibiotic on a specific day in January 2016 to resident #006 and #007 does not comply with the home's Administering Medication policy #3-012 or the home's IV antibiotic administration protocol.

2. The home's policy titled Drug Administration last revised 06-2015 indicates: Record all medications on eMAR as soon as it has been administered.

On June 29, 2016 Inspector #549 and the DOC reviewed resident #006's progress notes for a specific day in January 2016 which indicated that resident #006 was administered the first dose of IV antibiotic signed by RN #122. Resident #006's eMAR sheet was also reviewed by the DOC and Inspector #549. The eMAR sheet does not contain RN #122's electronic signature indicating the administration of the IV antibiotic on a specific day in January 2016 at a specific time to resident #006.

On June 29, 2016 during an interview the DOC indicated that the home's expectation is that all registered staff record in the resident's eMAR as soon as the medication is administered as indicated in the home's Drug Administration policy.

In summary the licensee failed to ensure the home's Administering Medications #3-012 policy and Drug Administration policy last reviewed 06-2015 and IV antibiotic administration protocol were complied with. [s. 8. (1) (a)]



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Issued on this 30th day of June, 2016

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

Original report signed by the inspector.