Ontario

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 prévue 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
Sep 26, 2019	2019_505103_0019	011828-19	Critical Incident System

Licensee/Titulaire de permis

County of Prince Edward
603 Highway 49 R.R. #2, Hallowell Township PICTON ON K0K 2T0

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

H.J. McFarland Memorial Home
603 Highway 49, R.R. #2, Hallowell Township PICTON ON K0K 2T0

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): June 17, 18, 19, August 12-16, 19, 2019.

Log #011828-19 (CIS #M556-000024-19)-missing/unaccounted controlled substances.

During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), Human Resources Manager, representative from the College of Nurses of Ontario, the Acting Director of Care (Acting DOC), and the Acting Administrator (AA).

During the course of this inspection, this inspector reviewed resident health care records including medication administration records, individual medication monitored records, progress notes, and plans of care related to pain control, reviewed the licensee's pain management policy, "Pain and Symptom Management, #VII-G-30.10" and drug destruction policy, "Drug Destruction and Disposal, #5-4", reviewed the licensee's investigation into the missing/unaccounted for controlled substances and the licensee's documented record of complaints and related letters of complaint.

The following Inspection Protocols were used during this inspection:
Medication
Pain
Reporting and Complaints

During the course of this inspection, Non-Compliances were issued.
- **4 WN(s)**
- **4 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 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 where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O. Reg 79/10, s. 52 (1) 2, the licensee failed to ensure the written policy to ensure strategies to manage a resident's pain was complied with.

Specifically, staff failed to comply with the licensee's policy regarding "Pain and Symptom Management, #VII-G-30.10", which was last reviewed on April 2018. This policy stated, "the registered staff will conduct a pain assessment electronically when there is a change in condition with pain onset."

Resident #001's health care record was reviewed including the resident's electronic medication administration records for specified months. Resident #001 was receiving an identified controlled substance twice daily for pain management and had another identified controlled substance ordered four times daily "as required" for pain. During the first designated month reviewed, resident #001 required a total of two "as required" doses of the identified controlled substance- one dose during the day shift and one dose during the night shift. During the second identified month, resident #001 required a total of four "as required" doses of the identified controlled substance- one dose during the day shift and three doses during the night shift. During the third identified month, resident #001 required a total of twenty "as required" doses of the identified controlled substance- all twenty of the doses were required during the night shift.

Resident #001's progress notes were reviewed and indicated the resident was complaining of pain in an identified area and they could not sleep because of the level of

pain. There was no evidence that the resident's physician was notified or that a pain assessment had been completed to determine the reason for the increase in resident #001's required pain management medications.

Acting Administrator #100 was interviewed and stated resident #001's physician was never notified of the resident's apparent increased need for "as required" medication and a pain assessment was not completed as required to address the need for an increase in pain management medications.

During the subsequent, identified months reviewed, resident #001 required six or less "as required" doses of the identified controlled substance. According to the staff, there were no changes made to resident #001's plan of care related to pain management and they were unable to account for the increased need for the analgesics during the identified month.

The licensee failed to ensure the Pain and symptom Management policy, #VII-G-30.10' was complied with. [s. 8. (1) (a),s. 8. (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 to ensure the pain management policy is complied with when an increased need for analgesics are required, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).
4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).

Findings/Faits saillants :

1. A person who had reasonable grounds to suspect there was unlawful conduct that resulted in harm or risk of harm to a resident failed to immediately report the information upon which it was based to the Director.

On an identified date, the home submitted a critical incident #M556-000024-19 to report missing/unaccounted controlled substances. The critical incident indicated staff had reported concerns that RN #114 may not have been administering pain medications to identified residents as documented.

Registered and non-registered staff were interviewed separately including RN's #104, #110 and #111, RPN's #106, #107, #108 and #109 and PSW #105. These staff members indicated they had raised concerns related to RN #114 and alleged unlawful conduct related to medication administration practices, some as early as eight months prior to the submission of the critical incident.

Acting Administrator (AA) #100 was interviewed and stated both themselves and the previous Administrator #112 had received an email from RN #104 on an identified date which outlined concerns related to alleged unlawful conduct of RN #114's medication practices. AA #100 was the Director of Care (DOC) in the home at that time. AA #100 indicated they had discussed the concerns with the previous Administrator #112 that same day. AA#100 stated they believed the suspicions should have been reported to the Ministry of Long-Term Care (MLTC) but was discouraged from doing so by the previous Administrator.

AA #100 stated the previous Administrator indicated without witnessed accounts, they felt there was not enough proof and indicated to monitor the situation. AA #100 stated they began investigating the allegations by reviewing resident medication administration records. Subsequent complaints on identified dates were brought forward by staff members regarding RN #114's alleged unlawful conduct related to medication practices.

A person who had reasonable grounds to suspect there was unlawful conduct that resulted in harm or risk of harm to a resident failed to immediately report the information upon which it was based to the Director (MLTC). [s. 24. (1) 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 to ensure suspicions of unlawful conduct that result in the harm or risk of harm to a resident is immediately reported to the Director, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).
(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).
(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).
(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).
(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee shall ensure a documented record is kept in the home that includes the nature of each verbal and written complaint, the date the complaint was received, the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required, the final resolution, if any, every date on which any response was provided to the complainant and a description of the response and any response made in turn by the complainant.

On six identified dates, complaints were submitted in writing by staff members regarding RN #114's medication practices. The licensee's documented record of complaints was reviewed. None of the identified complaints were included in this documented record.

The licensee failed to ensure a documented record was kept regarding each verbal and written complaint received. [s. 101. (2)]

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 a documented record is kept in the home that includes the nature of each verbal and written complaint, the date the complaint was received, the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required, the final resolution, if any, every date on which any response was provided to the complainant and a description of the response and any response made in turn by the complainant, to be implemented voluntarily.

WN #4: 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. (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. O. Reg. 79/10, s. 114 (2).

Findings/Faits saillants :

1. The licensee failed to ensure written policies and protocols were developed for the medication management system to ensure the accurate destruction and disposal of all drugs used in the home.

RN #104, RPN #108 and RPN #109 were interviewed separately regarding the usual practice of wasting unused portions of an ampoule containing a controlled substance. All indicated only one registered staff member works in the home on nights. As a result, any unused portion was held overnight in the medication cart and would be witnessed by the registered staff coming onto the following day shift.

RN #104 stated the registered staff would usually leave the unused portion in the ampoule, stand the open ampoule in a medication cup and leave the cup in the medication cart under double lock until witnessed by the second registered staff member at the start of the day shift. RN #104 stated RN #114 would draw any unused portion into a syringe for the oncoming registered staff to check.

RN #104, RPN #108 and RPN #109 stated when two registered staff are working in the home, the second registered staff member would observe the unused portion of an ampoule and co-sign for the wasted amount. The registered staff indicated some would observe the process from the removal of the ampoule from the medication cart until the prescribed dose was drawn up into a syringe in front of the second registered staff member. Others indicated the second registered staff would only check the unused portion of the ampoule after the dosage had been administered. All agreed the process could vary depending on the availability of the second registered staff. All indicated they had raised concerns about RN #114's practices and felt uneasy being witness to the destruction of these controlled substances.

The licensee's policy, "Drug Destruction and Disposal, #5-4" was reviewed regarding the practice of wasting unused portions of controlled substances. The policy did not address the practice to be followed when there was only one registered staff member in the home or when there were more than one registered staff member in the home.

Acting Administration #100 reviewed policies under the medication management system and was unable to find a policy that addressed the disposal of the unused portion in an ampoule containing a controlled substance. [s. 114. (2)]

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 the "Drug Destruction and Disposal, #5-4" policy includes the practice of wasting unused portions of controlled substances when there is only one registered nurse working in the home or multiple registered staff working in the home, to be implemented voluntarily.

Issued on this 1st day of October, 2019

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

Original report signed by the inspector.