

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

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

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

**Division des opérations relatives aux
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
Feb 19, 2021	2021_664602_0002	020008-20, 000352-21	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

WENDY BROWN (602)

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): February 9 - 12, 2021

Log #020008-20/CIS #M556-000042-20 - regarding a missing controlled substance

Log #000352-21/CIS #M556-000004-21 - regarding a missing controlled substance

During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the Director of Care/Infection Prevention & Control Lead (DOC/IPAC), the environmental services manager, housekeeping staff and the Administrator.

In addition, the inspector reviewed resident health care records; including plans of care, medication administration records & progress notes, relevant policies & procedures, investigation documentation, medication incident reports, and made medication storage, count, drug destruction and IPAC practice observations.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Medication**

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

2 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>Légende</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 failed to ensure the medication management system policies and procedures were complied with:
O. Reg. 79/10, s. 114 (1). requires that an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents.

Specifically, staff did not comply with the home's policy and procedure 6-6 "Shift Change Monitored Drug Count" revised November 2018.

A Registered Nurse (RN) noted that a resident was missing a dose of a controlled medication; the subsequent search for the medication was unsuccessful. An investigation commenced and it was determined that a Registered Practical Nurse (RPN) failed to visualize the entire medication blister pack during their previous medication count; the resulting delay in discovering the missing medication may have contributed to the inability to locate the medication. The medication was re-ordered and replaced prior to when it was to be administered, and thus, there was no impact on the resident.

Sources: Long-Term Care (LTC) Critical Incident System, Shift Change Monitored Drug Count Policy 6-6 (revised November 2018), and interview(s) with an RN, the Director of Care (DOC) and other staff. [s. 8. (1) (b)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee failed to participate in the infection prevention and control (IPAC) program by not posting signage specific to the type of additional precautions required for at the entrance a resident's room.

COVID-19 Directive #3 for LTC Homes states that residents returning from hospital must remain in isolation under droplet and contact precautions for a fourteen day period following their transfer. A resident returned from hospital and was placed on isolation as outlined in the Directive. IPAC specific observations conducted on the resident's unit found that there was no precaution signage posted at the entrance to the resident's room.

Sources: COVID-19 Directive #3 (re-issued December 7, 2020), the IPAC Checklist A2, IPAC observations on resident home units and interview(s) with the DOC, the Environmental Services Manager, PSWs and other staff. [s. 229. (4)]

Issued on this 3rd day of March, 2021

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

Original report signed by the inspector.