



**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**

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119 rue King Ouest 11<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 1, 2017	2017_323130_0014	009189-17	Resident Quality Inspection

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**Licensee/Titulaire de permis**

THE REGIONAL MUNICIPALITY OF NIAGARA  
2201 ST. DAVID'S ROAD THOROLD ON L2V 4T7

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

THE MEADOWS OF DORCHESTER  
6623 Kalar Road NIAGARA FALLS ON L2H 2T3

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

GILLIAN TRACEY (130), KELLY CHUCKRY (611)

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**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): May 15, 16, 17, 18, 23, 2017.**

**The following onsite inquiries were conducted concurrently with this RQI: 032298-16 and 006254-17.**

**During this RQI, the home was toured, residents and staff were interviewed, clinical records were reviewed, including, relevant policies, procedures and investigation notes.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DRC), Associate Director of Care (ADRC), Food Services Manager (FSM), Clinical Documentation Informatics (CDI) Coordinator, Medical Director, registered staff, personal support workers (PSWs), President of Residents' Council, residents and families.**

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

**Falls Prevention**

**Family Council**

**Hospitalization and Change in Condition**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Prevention of Abuse, Neglect and Retaliation**

**Residents' Council**

**Skin and Wound Care**

**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)**



**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:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #002	2016_248214_0022		130
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #003	2016_248214_0022		130



**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 failed to ensure that, (a) drugs were stored in an area or a medication cart, (i) that was used exclusively for drugs and drug-related supplies, (ii) that was secure and locked, (iii) that protected the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy.

On an identified date in 2017, while conducting a resident interview with resident #016, prescribed items were noted to be on their bedside table. These items had been prescribed by the Doctor for this identified resident and were not stored in an area of the medication cart. Resident #030 acknowledged they did not self administer.

Staff #103 and registered staff #104, acknowledged in an interview, that the prescribed items should not have been left at the bedside.

In an interview conducted with the DRC, it was acknowledged that the prescribed items were not stored in an area or a medication cart, (i) that was used exclusively for drugs and drug-related supplies, (ii) that was secure and locked and (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy.  
[s. 129. (1) (a)]

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**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. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,**

**(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed; O. Reg. 79/10, s. 135 (2).**

**(b) corrective action is taken as necessary; and O. Reg. 79/10, s. 135 (2).**

**(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that (a) all medication incidents and adverse drug reactions were documented, reviewed and analyzed; (b) corrective action was taken as necessary; and (c) a written record was kept of everything required under clauses (a) and (b).

The home conducted quarterly Professional Advisory Committee (PAC) meetings that included a quarterly report from the Pharmacist. The minutes from the meetings held on November 29, 2016, and May 17, 2017, have a notation to see report from the medication safety meeting about medication incidences. The minutes from the PAC meeting held on February 15, 2017, included an overview of the medication incidences. A review of the agendas from the medication safety meeting also took place, and did not reveal an analysis of medication incidences conducted in the home.

In an interview conducted with the DRC it was acknowledged that the home did not analyze medication incidences and did not keep a written records of this analysis. [s. 135. (2)]

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**Issued on this 6th day of June, 2017**

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

**Original report signed by the inspector.**