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
Mar 3, 2021	2021_792659_0004	024640-20	Critical Incident System

Licensee/Titulaire de permis

Tri-County Mennonite Homes
200 Boullee Street New Hamburg ON N3A 2K4

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

Nithview Home
200 Boullee Street New Hamburg ON N3A 2K4

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

JANETM EVANS (659)

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 11 and 12, 2021.

The following intake was completed during this inspection: Log #024640-20, related to medication incidents for two residents.

During the course of the inspection, the inspector(s) spoke with the Administrator, interim Director of Care (DOC), Assistant Director of Care (ADOC), Registered Practical Nurses (RPN), a Personal Support Workers (PSW), a Housekeeper, a screener and a resident.

A tour of the home was completed. Observations of medication administration, dining, staff to resident interactions, and IPAC measures including but not limited to social distancing, hand sanitizing and PPE use were made. A review of relevant clinical documentation, narcotic and controlled substance count forms, medication incidents and policies and procedures was completed.

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)
2 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 that staff complied with the policies and procedures included under the Medication Management System, for two residents. Specifically staff failed to follow procedures for Controlled Substances, Narcotic and Cannabis Counts.

O. Reg. 79/10, s. 114 (1) requires an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents.

O. Reg. 79/10, s. 114 (2) requires that the written policies and protocols be developed to ensure the accurate administration of all drugs used in the home.

The home’s policies for Controlled Substances, Narcotic and Cannabis, summarized the process for counting and monitoring narcotics. The oncoming and departing nurse were required to count narcotic medications together. The count was to be reconciled against each resident’s individual narcotic count sheet. Any discrepancies were to be immediately reported to the DOC or their designate. Entries on the count sheet were to be made at the time the drug was removed from the container.

A) In December 2020, two registered staff completed a narcotic count. They failed to identify that the following morning’s dose of a narcotic was missing for two residents. One staff had questions about the narcotic count, but did not pursue it at that time.

B) A written statement, submitted to the home by a registered staff member, said they did not count the narcotics correctly with their co-worker. The statement said that the staff member had administered an additional dose of narcotic to the two residents.

The administration of these additional doses of narcotics to the two residents, was not recorded on the residents' electronic Medication Administration Record (eMAR) nor was it documented on the Narcotic and Controlled Substances Administration/Count sheet.

The staff member had not followed the proper routines and practices for the home. They did not immediately document medication administered to the residents and they did not document in the individualized narcotic and controlled drug record when they removed the medication from the blister pack.

Staff failing to follow the home's medication policy had the potential to harm the two residents.

Sources: December eMAR, medication incident, Narcotic and Controlled Drug Administration Record, Policies: Controlled Substances, Narcotic and Cannabis Counts, policy VIII-F-10.50, dated December 2020, MediSystem Policies and Procedures (undated) 17. Medication Administration ; and MediSystem Policy and Procedure (undated) s. 22 Narcotics, controlled and targeted substances (tracking) [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 that all registered staff comply with the home's policies and procedures related to medication administration, documentation and narcotic counts, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits saillants :

The licensee has failed to ensure that no drug was administered to a resident unless it was prescribed for them.

In December 2020, a registered staff administered an additional dose of a narcotic to two residents between supper and bedtime. The administration of these additional doses of narcotic were not recorded on the residents' eMAR, nor was it documented on the Narcotic and Controlled Substances Administration/Count sheet.

These extra doses of narcotic were not prescribed for the residents.

There was potential risk of adverse effects to the residents from receiving medications that they were not prescribed.

Sources: CIS #3004-000027-20, eMAR, medication incident reports, Narcotic and Controlled Drug Administration Record for residents #001 and #002, a written statement by RPN #107, interview with RPN #107 . [s. 131. (1)]

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 residents are not administered a drug unless it was prescribed for them, to be implemented voluntarily.

Issued on this 4th day of March, 2021

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

Original report signed by the inspector.