



**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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## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 11, 2018	2018_505103_0036	009266-18, 012599-18, 013759-18, 023857-18, 027478-18, 027546-18, 027636-18, 027657-18, 027875-18, 028049-18, 028143-18, 028599-18, 029438-18	Critical Incident System

### **Licensee/Titulaire de permis**

The Perley and Rideau Veterans' Health Centre  
1750 Russell Road OTTAWA ON K1G 5Z6

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

The Perley and Rideau Veterans' Health Centre  
1750 Russell Road OTTAWA ON K1G 5Z6

### **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): December 3, 4, 5, 2018.**

**Log #009266-18 (CIS #C595-000031-18), Log #012599-18 (CIS #C595-000042-18), Log #013759-18 (CIS #C595-000044-18), Log #023857-18 (CIS #C595-000062-18), Log #027478-18 (CIS #C595-000072-18), Log #027546-18 (CIS #C595-000071-18), Log #027636-18 (CIS #C595-000078-18), Log #027657-18 (CIS #C595-000077-18), Log #027875-18 (CIS #C595-000076-18), Log #028049-18 (CIS #C595-000079-18), Log #028143-18 (CIS #C595-000080-18), Log #028599-18 (CIS #C595-000084-18) and Log #029438-18 (CIS #C595-000087-18)- intakes all related to missing controlled substances.**

**During the course of the inspection, the inspector(s) spoke with Registered Practical Nurses (RPN), Registered Nurses (RN), Managers of Resident Care (MRC), Pharmacy Consultant, Administrative Assistants (AA) and the Director of Care (DOC).**

**During the course of the inspection, the inspector reviewed resident health care records, the critical incidents submitted by the home, documentation of medication incidents and the home's policy related to Emergency starter box.**

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

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

**3 WN(s)  
0 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Légende
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. 8. Policies, etc., to be followed, and records**



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**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. 114 (2), the licensee failed to ensure the written policy to ensure the accurate dispensing of all drugs used in the home was complied with.

Specifically, staff failed to comply with the licensee's policy from Medical Pharmacies, Policy #2-4, "Emergency Starter Box" which indicated:

Notify pharmacy that you have used medication from the Emergency Starter Box by writing the resident's name on the medication label and on the peel off label. Place the peel-off label on the ESB Drug Record book page and fax immediately to pharmacy.

On October 12, 2018, the home submitted a critical incident #C595-000076-18 to report missing controlled substances. According to the report, the controlled substances were discovered missing during a weekly audit of the emergency starter box (ESB) that had been conducted on October 4, 2018.

MRC #100 was interviewed and stated the ESB was to be used by staff when a new medication order was received from the prescriber and was to be started before the next scheduled pharmacy delivery. The ESB contains both controlled substances and non-controlled substances. The incident was investigated by the home, but because the staff had not followed the ESB policy, the missing controlled substance could not be tracked. MRC #100 stated it was likely the medication had been required by a resident in the home, but because the policy was not followed, the resident was unidentifiable.

As a result of incidents involving the ESB and staff failure to follow the policy, the home reduced the number of ESB's available in the home from three to one and two staff were now required to sign out all medication from the ESB. In addition, all registered staff were re-educated on the ESB policy and according to MRC #100, there have been no reoccurrences.

The licensee failed to ensure the policy related to the use of the Emergency Starter Box was complied with. [s. 8. (1) (a)]

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents**

**Specifically failed to comply with the following:**

**s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):**

- 1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition. O. Reg. 79/10, s. 107 (3).**
- 2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,
  - i. a breakdown or failure of the security system,**
  - ii. a breakdown of major equipment or a system in the home,**
  - iii. a loss of essential services, or**
  - iv. flooding.**O. Reg. 79/10, s. 107 (3).**
- 3. A missing or unaccounted for controlled substance. O. Reg. 79/10, s. 107 (3).**
- 4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3).**
- 5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure a missing or unaccounted for controlled substance was reported to the Director no later than one business day after the occurrence of the incident.

As outlined in WN #1, missing controlled substances from the ESB were discovered on October 4, 2018 during a weekly audit of the ESB. The home submitted critical incident #C595-000076-18 for the first time on October 12, 2018.

MRC#100 was interviewed and indicated the critical incident was the means by which the MOHLTC was notified of the missing controlled substances. They stated the critical incident had been submitted late as they had been awaiting information related to the police report number.

The home failed to report a missing controlled substance no later than one business day after the occurrence of the incident. [s. 107. (3)]

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### **WN #3: 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 :**



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1. The licensee has failed to ensure all medication incidents were documented, reviewed and analyzed.

As outlined in WN #1, missing controlled substances were identified during an audit of the ESB on October 4, 2018. The inspector requested a copy of the medication incident report and was advised by MRC #100 and AA #108 that there was no medication incident completed.

MRC #100 was interviewed and stated all medication incidents are to be documented and was unsure of the reason for this omission.

The licensee failed to ensure all medication incidents were documented. [s. 135. (2)]

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**Issued on this 11th day of December, 2018**

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

**Original report signed by the inspector.**