



**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**

Health System Accountability and
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Performance Improvement and
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Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 7, 2014	2014_287548_0005	O-000041- 14	Critical Incident System

Licensee/Titulaire de permis

SHERWOOD PARK MANOR
1814 County Road #2 East, BROCKVILLE, ON, K6V-5T1

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

SHERWOOD PARK MANOR
1814 County Road #2 East, BROCKVILLE, ON, K6V-5T1

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

RUZICA SUBOTIC-HOWELL (548)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 30 and 31, 2014 and February 19 and 20, 2014.

The inspection was conducted as of the result of Critical Incident: 2640-000006-13, Log# O-000041-14.

During the course of the inspection, the inspector(s) spoke with Director of Nursing, Administrator, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Assistant Director of Nursing

During the course of the inspection, the inspector(s) Conducted a tour of the Resident care areas, reviewed Resident health care record, home policies and procedures, staff work routines and schedules, observed staff to resident interactions and, medication administration.

The following Inspection Protocols were used during this inspection:

Medication

Personal Support Services

Findings of Non-Compliance were found during this inspection.



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>Legendé</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 comply with O. Reg. 79/10 s.8 (1)(b) 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 to be complied with, in that the home failed to ensure compliance with the following policy.

As per O.Reg 79/10, 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).

Review of the home's policy titled Narcotic and Controlled Medication, H-78, Issue Date: December 10, 2012 indicates that "injectable narcotics must be drawn up in the presence of a second registered nursing staff when there is wasting that needs to be witnessed", procedure item #2.

Sometime in May, 2013 the Resident#001 went out on an outing and sustained injuries that required treatment prior to returning to the home the same day.

From the review of the progress notes, during the evening of a specified day in May, 2013 the Resident #001 was complaining of discomfort and an order for medication was obtained for pain management.

During an interview on a specified day in January, 2014 a registered nursing staff member#106 indicated that on the morning of a certain day in May, 2013 another registered nursing staff member #112 presented a pre-loaded syringe filled with an unknown substance to the registered nursing staff member#106 for witnessing prior its administration to the Resident #001. The Registered nursing staff member #112 administering the medication had indicated verbally that the syringe contained a narcotic substance of a certain amount that required witnessing to its wastage.

Review of the form titled: Sherwood Park Manor, Narcotic and Controlled Drug Report for the Resident, indicated that there is no record of a second registered staff member witnessing the wastage of the narcotic substance administered to Resident.



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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 in ensuring that the implementation of policies governing medication administration are complied with, to be implemented voluntarily.

Issued on this 7th day of March, 2014

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

Ruzica Subotic-Houel #548

