

Ministry of Long-Term Care

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

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: June 12, 2024	
Inspection Number: 2024-1522-0002	
Inspection Type: Critical Incident	
Licensee: Anson General Hospital	
Long Term Care Home and City: South Centennial Manor, Iroquois Falls	
Lead Inspector Karen Hill (704609)	Inspector Digital Signature

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: June 4-6, 2024.

One intake was inspected related to a medication incident involving a resident.

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

- Medication Management
- Infection Prevention and Control

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Administration of drugs

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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Non-compliance with: O. Reg. 246/22, s. 140 (1)

Administration of drugs

s. 140 (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. 246/22, s. 140 (1).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- a) Ensure that all registered staff who administer medications in the Long-Term Care Home (LTCH), complete education on the home's policies related to its medication management system;
- b) Keep record of the education, including the dates the education was provided and the names of the staff members who participated in the education;
- c) Establish a documented process to ensure there is a regular review of the home's medication management system policies by registered staff;
- d) Develop and implement an auditing process to ensure that medications are being administered to residents as prescribed. This audit is to be conducted three times a week, including but not limited to meal-time administration. Audits must be continued for a minimum of four weeks, or longer if concerns are identified; and
- e) Maintain a record of the audits, including any corrective actions taken.

Grounds

The licensee has failed to ensure that no drug was used by or administered to a resident unless the drug had been prescribed for the resident.

Rationale and Summary

A registered staff member administered medications to several residents and did not follow the home's medication administration policies. As a result, one of the

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residents received the wrong medications causing a change in their health status. In response to the incident, a second registered staff member gave the resident medication that was not appropriate for them.

A review of the home's investigation file revealed that the two registered staff members acknowledged they had failed to ensure the resident did not receive medications that were not intended or indicated for them.

The Executive Lead for Long-term Care (LTC) confirmed that the resident received medications that were not prescribed or indicated, which had a negative impact on the resident.

Failure to ensure that registered staff members followed the home's medication policies and that drugs administered to residents were prescribed for them, resulted in harm to a resident and put other residents in the home at risk of harm due to unsafe medication practices.

Sources: The home's investigation file, residents' electronic health records, Critical Incident Submission (CIS), a human resource (HR) file, training records for a staff member, pharmacy policies; and interviews with the home's Medical Director, Education Lead, Executive Lead for LTC and other staff.

[704609]

This order must be complied with by July 26, 2024

COMPLIANCE ORDER CO #002 Quarterly evaluation

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NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 124 (1)

Quarterly evaluation

s. 124 (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 246/22, s. 124 (1).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

- a) Complete a documented review of the requirements that licensees must follow in respect to quarterly reviews of the medication management systems in Ontario's LTCHs as outlined in section 124, O. Reg. 246/22 (the "Regulation") of the Fixing Long-Term Care Act, 2021 (FLTCA).
- b) Develop and implement a documented plan to ensure that the LTCH complies with the requirements as set out in O. Reg 246/22, s. 124. This plan must identify the processes by which the plan will be implemented, and the person/s responsible for ensuring the implementation of the plan. A record of the plan must be maintained; and
- c) Ensure an interdisciplinary quarterly evaluation of the medication management system, including a review of all medication incidents that occurred during a specific time frame, is conducted by the compliance due date.

Grounds

The licensee has failed to ensure that an interdisciplinary team met quarterly to evaluate the effectiveness of the medication management system in the home.

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Rationale and Summary

A registered staff member was involved in two separate medication incidents over the course of a month. The home was asked to provide a copy of the most recent quarterly medication management system reviews.

The home provided a copy of a review for a specific time frame. No additional documentation was provided by the home to demonstrate that other reviews had been completed.

The Executive Lead for LTC acknowledged that while they were aware of the requirement for the interdisciplinary team to evaluate the medication management system quarterly, including medication incidents, they had not done so.

Failure to ensure that interdisciplinary quarterly evaluations were completed by the home, increased the risk that the medication management system would fail to identify improvements for safe medication administration.

Sources: CIS, the home's HR file for a registered staff member, and pharmacy's policies; and interviews with the consulting Pharmacist, the home's Medical Director, and the Executive Lead for LTC.

[704609]

This order must be complied with by July 26, 2024

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.