



Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Includes handwritten dates and inspection number 2011\_030150\_0015.

Licensee/Titulaire de permis

ST. PATRICK'S HOME OF OTTAWA INC.
2865 Riverside Dr., OTTAWA, ON, K1V-8N5

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

ST PATRICK'S HOME
2865 RIVERSIDE DRIVE, OTTAWA, ON, K1V-8N5

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

CAROLE BARIL (150)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the home's Vice President of Resident Care, Director of Care, Head Pharmacist the home's pharmacy service provider, Registered Nurse, several Registered Practical Nurse, the treating physician on call, Nutritional Food Supervisor.

During the course of the inspection, the inspector(s) reviewed the health care record and observed identified residents. Reviewed the home's following policies: Medication Administration #PRO-N34 date of revision 2010-01-28, Emergency Medication Box Protocol and Storage, #PRO-N191 date issued 2010-01-27, Narcotics, Administration and Control #PRO-N36 date of revision 2008-03-32, Short Term Symptom Management orders #PRO-N142 date of revision 2008-03-31, Drug Disposal and Destruction #PM0216-07 date of revision 2011-07-15. Reviewed the narcotics control count sheets, reviewed the home's investigation report, e-mail communication, interviewed staff listed above and observed medication carts and the medication rooms.

The following Inspection Protocols were used in part or in whole during this inspection:

Medication

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

|  |   |
|--|---|
| <b>Definitions</b><br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order  | <b>Définitions</b><br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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.)<br><br>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.<br><br>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 subsections:

**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**  
**(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 sayants :**

1. In June, 2011, the home reported to MOHLTC a cluster of residents who required transfer to the hospital.
2. The results of the diagnostic test, indicates that the specified medication classified as a benzodiazepine was detected for two residents.
3. The medication administration records of both residents indicates that there was no doctors orders for the specified medication classified as a benzodiazepine.
4. The VP of Resident Care, states that a utilization review was done with the Head Pharmacist and a total of 15 of the specified medication classified as a benzodiazepine was un accounted for.
5. The home's investigation report states that the RN found the specified medication classified as a benzodiazepine on the shelf in the medication room.
6. The specified medication is classified as a benzodiazepine, a controlled substance as per the Controlled Drugs and Substances Act.
7. On July 26, 2011, the specified medication classified as a benzodiazepine was observed by the inspector stored in the medication cart resident's drawer.
8. On July 26, 2011, two RPN confirmed that the specified medication classified as a benzodiazepine are not double locked.

**Additional Required Actions:**

**CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

**WN #2: 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 subsections:

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  
(b) is complied with. O. Reg. 79/10, s. 8 (1).

**Findings/Faits sayants :**

1. Under O. Regulation 79/10 s. 114 (2), the licensee is required to ensure that there is a medication management system that provides safe medication management to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

(3)The written policies and protocols must be developed, (a)implemented, evaluated and update in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices

1. The home's policy #PRO-N34 Medication Administration states the following "Sign on the MAR sheet for any medication which was given to, and taken by, the resident immediately after the meds have been administered to the resident".

2. The home's policy #PRO-N34 Medication Administration revision date of 2010/01/28 confirmed by the head pharmacist that it was approved at the Pharmacy and Therapeutic committee.

3. A RPN was interviewed by the VP of Resident Care and stated that she gave an identified resident Tylenol in the morning of June 22, 2011.

4. On June 23, 2011, an identified resident's progress note indicates "late entry nursing Tylenol 325 2 given at 09h00 for comfort" entry done by a RPN.

5. The medication administration record has no entry of Tylenol administered from June 18 to 23, 2011.

6. The medical order was acetaminophen 650 mg po for headache, minor pain.

7. The home's policy #PM0216-07 Drug Disposal and Distruction states "When medications are no longer needed by the resident, or have passed the expriy date, the Discarded/Surplus Prescription Form shall be completed, and the medication for destruction is stored until the next medication disposal visit by the pharmacy".

8. On July 26, 2011, three RPN confirmed that the medications that are no longer needed by the resident are discarded in the designated open box in the medication room and are not documented on the surplus prescription form.

9. The home's policy was not complied with.

Issued on this 1st day of September, 2011

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



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division  
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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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| <b>Name of Inspector (ID #) /<br/>Nom de l'inspecteur (No) :</b>                         | CAROLE BARIL (150)   |
| <b>Inspection No. /<br/>No de l'inspection :</b>   | 2011_030150_0015   |
| <b>Type of Inspection /<br/>Genre d'inspection:</b>                                      | Critical Incident  |
| <b>Date of Inspection /<br/>Date de l'inspection :</b>                                   | Jun 24, 27, Aug 5, 2011  |
| <b>Licensee /<br/>Titulaire de permis :</b>  | ST. PATRICK'S HOME OF OTTAWA INC.<br>2865 Riverside Dr., OTTAWA, ON, K1V-8N5 |
| <b>LTC Home /<br/>Foyer de SLD :</b>   | ST PATRICK'S HOME<br>2865 RIVERSIDE DRIVE, OTTAWA, ON, K1V-8N5               |
| <b>Name of Administrator /<br/>Nom de l'administratrice<br/>ou de l'administrateur :</b> | LINDA CHAPLIN  |

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To ST. PATRICK'S HOME OF OTTAWA INC., you are hereby required to comply with the following order(s) by the date (s) set out below:



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, 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  
(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).

**Order / Ordre :**

The licensee will ensure that all controlled substances within the meaning of Controlled Drugs and Substances Act 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.

**Grounds / Motifs :**

1. In June, 2011, the home reported to MOHLTC a cluster of residents who required transfer to the hospital.
2. The results of the diagnostic test, indicates that the specified medication classified as a benzodiazepine was detected for two residents.
3. The medication administration records of both residents indicates that there was no doctors orders for the specified medication classified as a benzodiazepine.
4. The VP of Resident Care, states that a utilization review was done with the Head Pharmacist and a total of 15 of the specified medication classified as a benzodiazepine was un accounted for.
5. The home's investigation report states that the RN found the specified medication classified as a benzodiazepine on the shelf in the medication room.
6. The specified medication is classified as a benzodiazepine, a controlled substance as per the Controlled Drugs and Substances Act.
7. On July 26, 2011, the specified medication classified as a benzodiazepine was observed by the inspector stored in the medication cart resident's drawer.
8. On July 26, 2011, two RPN confirmed that the specified medication classified as a benzodiazepine are not double locked. (150)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Sep 12, 2011

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Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

Order(s) of the Inspector  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**REVIEW/APEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Ave. West  
Suite 800, 8th floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-760

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON  
M5S 2T5

c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
55 St. Clair Avenue, West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

Issued on this **1st** day of **September, 2011**

Signature of Inspector /  
Signature de l'inspecteur :

Name of Inspector /  
Nom de l'inspecteur :

CAROLE BARIL

Service Area Office /  
Bureau régional de services :

Ottawa Service Area Office