



**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 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**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 6, 2016	2016_277538_0028	027193-16	Critical Incident System

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**Licensee/Titulaire de permis**

REGIONAL MUNICIPALITY OF WATERLOO  
150 Frederick Street KITCHENER ON N2A 4J3

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

SUNNYSIDE HOME  
247 FRANKLIN STREET NORTH KITCHENER ON N2A 1Y5

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

NANCY JOHNSON (538)

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**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): October 25, 26, 27, 2016.**

**This Critical Inspection Systems Report (CIS) #M578-000053-16 was related to reporting certain matters to the Director, Pain Management and Duty to Protect.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care, the Administrator, the Director, two Resident Care Coordinators, one Behavioral Services Ontario registered staff, one Police Detective, one Social Worker, one Pharmacist, one Personal Support Worker, three Registered Nurses, three Registered Practical Nurses and one Resident.**

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

**Medication  
Pain**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**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. 136. Drug destruction and disposal**

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

**s. 136. (2) The drug destruction and disposal policy must also provide for the following:**

**3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 136 (2).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that the drug destruction and disposal policy provided for the following: that drugs were destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices.

Review of the Critical Incident Systems Report (CIS) #M578-000053-16 submitted to the Ministry of Health and Long Term Care (MOHLTC), revealed that identified staff were not destroying and disposing of drugs in accordance with evidence base practices.

Record review on October 26, 2016, of the homes Policy No. 4.9, "Documentation of Narcotic and Controlled Medication" revealed;

5. "As each dose is administered to the resident, record administration and remaining supply on the Resident Count Card. Documentation of the administration of all narcotic or controlled medication must also be recorded by the registered staff administering the medication on the MAR/eMAR."

6. "During each shift change, the outgoing and oncoming registered staff shall count all narcotics and sign on Form 10.8 Shift Change narcotic/Controlled Drug Count Record."

The policy did not include documentation that would indicate that two registered staff must witness the wastage of narcotics as per best practices.

During a staff Interview with a Clinical Pharmacist, the pharmacist acknowledged that the policy did not include the best practice process for proper disposal for narcotic wastage.

During interviews with the Director of Care and Administrator both confirmed that the home's policy did not include best practice for wasting of narcotics, and that it was the home's expectation that two registered staff must witness the wasting of narcotics as per best practice.

The scope of this area of non-compliance was isolated, there was previous non related non-compliance and the severity was determined to be a level 2, minimum harm. [s. 136. (2) 3.]



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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 to ensure that drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.***

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**Issued on this 7th day of December, 2016**

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

**Original report signed by the inspector.**