Ontario

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 17, 2015	2015_347197_0013	O-001380-14, O-001366-14, O-001623-15	Critical Incident System

Licensee/Titulaire de permis

SPECIALTY CARE EAST INC.
400 Applewood Crescent Suite110 VAUGHAN ON L4K 0C3

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

TRILLIUM CENTRE
800 EDGAR STREET KINGSTON ON K7M 8S4

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

JESSICA PATTISON (197), KARYN WOOD (601)

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): March 31 and April 1, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, an Associate Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, a Physiotherapy Assistant, the Human Resources Manager and residents.

The inspectors also reviewed resident health care records, human resources documents, medication policies and meeting attendance regarding Narcotic Drug Destruction and observed resident care.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Medication
Prevention of Abuse, Neglect and Retaliation

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). 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. 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The following finding is related to log O-001380-14.

The licensee has failed to comply with LTCHA 2007, s. 6(7) in that the care set out in a resident's plan of care related to falls risk was not provided to the resident as specified in the plan.

On a specified date, Resident #1 rolled out of bed and was found on the floor. Resident #1 sustained a skin tear as a result. The resident's care plan at the time of the fall, stated "put 2 quarter side rails up at all times when in bed for safety".

A review of Resident #1's post fall assessment and the home's internal investigation notes indicated that the Resident's quarter bed rails had not been in place from the time he/she had gone to bed until the time of the incident when the resident rolled out of bed. The home's investigation concluded that staff did not provide the resident with the assistance required for safety and well-being.

Personal Support Worker (PSW) #S112, who was working the evening shift the day of the incident, was interviewed on April 1, 2015. The PSW stated that the evening of December 1, 2014 was a first full-time shift on the unit and confirmed that the resident's bed rails were not both put into place as per Resident #1's care plan related to falls risk. [s. 6. (7)]

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 the care set out in residents' plans of care related to falls risk is provided to residents as specified in the plan, to be implemented voluntarily.

WN #2: 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 following finding is related to Log# O-001623-15.

The licensee failed to comply with O.Reg. 79/10, s.8 (1)(b) in that the home did not follow the drug destruction and disposal policy of non-monitored and monitored medication.

As per O.Reg. 79/10, s. 136(2) the drug destruction and disposal policy must provide for the following:
2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

As per O.Reg. 79/10, s. 136(6) for the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable.

The Drug Destruction and Disposal policy 5-4, last revised January 2014, states the following:

Page 2 of 6, Procedure: Non-Monitored Medications (Non-Narcotic & Non-Controlled Medication)

5. On a routine basis (monthly at minimum), medications for destruction are transferred from the separate storage area in the medication room to a designated Stericycle box/container by the team of a nurse and another staff member and documentation of the date and unit the medications are from are signed off in a log book by both team members. Destroy medications so that their consumption is rendered impossible or

improbable (i.e. by covering with small amount of liquid or cream).

Page 3 of 6, Procedure: Monitored Medications (including Narcotics, benzodiazepine, Controlled & tramadol Medications)

11. If a "Combined Monitored Individual/Shift Count" form is used in the home:
c)Both nurses complete and double sign Drug Destruction and Disposal form and place the medication into a locked monitored drug storage (i.e. wooden box) until drug destruction takes place

The home submitted a critical incident report on February 6, 2015 related to controlled substances that were unaccounted for and missing.

In an interview with the Director of Care (DOC) on March 31, 2015, it was indicated that on February 6, 2015, the DOC and the Pharmacist were completing drug destruction of controlled substances and discovered five missing medication cards. The drug destruction form showed five medication cards as entered into the locked wooden box used for monitored medications but when it was opened, these five medication cards were not found. In total there were 29 Hydromorophone 1mg (half tablets) and 15 Lorazepam 0.5mg tablets missing. The home's investigation identified that S104 and S106 had presumably destroyed the medication on February 3, 2015. It was identified that S104, RPN had deposited the medication cards into the Stericycle container for non-monitored medication. It is the homes practice to deposit non-narcotic medication in the Stericycle container in the original packaging and cover with a small amount of Iodine. Stericycle had picked up the containers prior to February 6, 2015 and the DOC was not able to verify that the medication had been destroyed. The DOC confirmed that the home's expectation is for both nurses to sign the Drug Destruction and Disposal Form and go together to place the monitored medication into the locked wooden box.

S104, RPN approached S106, RPN to co-sign and dispose of the monitored medication for Resident #3, #4, #5 that was discontinued on February 3, 2015. S106, RPN was working at the nurses' station and signed the form "Drug Destruction and Disposal Monitored Substances" at the desk. S106, RPN did not accompany S104, RPN to the drug destruction room to dispose of the monitored medication as per their policy. S104, RPN indicated the monitored medication was placed in the Stericycle container with the non-monitored medication. S104, RPN was not aware of the homes policy to dispose of the monitored medication in the locked wooden monitored medication box.

Room #125 was observed on March 31, 2015 at approximately 1400hrs. The home refers to this locked room as the drug destruction room and only registered staff have access. Medication had been deposited into the Stericycle container in the original packaging. The Stericycle container in this locked room was open and the medication in this box was not destroyed so that consumption was rendered impossible or improbable. Therefore, the monitored medication that had been placed into this box on February 3, 2015, would have been accessible to anyone who had access to the room.

On February 3, 2015 the home failed to follow their policy 5-4 for Drug Destruction and Disposal. The homes policy indicates that both nurses signing the Drug Destruction and Disposal form are to place the medication into the locked wooden monitored medication box together. S106, RPN was not present at the time that S104, RPN deposited discontinued monitored medication into an open Stericycle container instead of the locked monitored medication box. The home also failed to ensure that the medication deposited into the non-monitored Stericycle container, including the medication that was deposited by S104, RPN on February 3, 2015, was destroyed by altering or denaturing to such an extent that its consumption is rendered impossible or improbable. [s. 8. (1) (b)]

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 the home's drug destruction and disposal policy is complied with, to be implemented voluntarily.

Issued on this 17th day of April, 2015

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

Original report signed by the inspector.