



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de sions de longue durée**

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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
Apr 5, 2016	2016_284545_0004	034461-15	Follow up

Licensee/Titulaire de permis

MOHAWK COUNCIL OF AKWESASNE
P.O. Box 579 CORNWALL ON K6H 5T3

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

TSIIIONKWANONHSOTE
70 Kawehnoke Apartments Road Akwesasne ON K6H 5R7

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

ANGELE ALBERT-RITCHIE (545)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): February 24, 2016

This Follow-up Inspection is related to Medication Administration.

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care (DOC), registered nursing staff and several residents.

The inspector also conducted two medication pass observations, including an observation of the narcotic and controlled substance storage area, the medication room, reviewed the home's medication management policy, the Administrator/DOC work schedule, including summary of responsibilities and observed the delivery of Resident care and services.

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

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

3 WN(s)

0 VPC(s)

2 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. 131. Administration of drugs
Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. The licensee failed to comply with compliance order #001, indicating that drugs were administered to residents in accordance with the directions for use specified by the



prescriber.

On November 25, 2015 during a Resident Quality Inspection (2015_200148_0034) an order was issued (C.O. #001) with a compliance date of January 31, 2016 to ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber by:

1. Ensuring that all medications and accessories such as aerochamber for inhalers are available for administration in accordance with the directions for use specified by the prescriber;
2. Reviewing and updating the home's Medication Management, including procedures related to narcotic and controlled substances;
3. Developing and implementing a process to ensure ongoing monitoring of the management of medication administration, including narcotic and controlled substances, and the reordering of medications/accessories, in partnership with the home's pharmacist; and
4. Providing registered staff with training of safe administration of medications, based on the College of Nurses of Ontario Best Practices, and the home's revised & updated Medication Management policies and procedures.

On February 24, 2016 Inspector #545 conducted an observation of morning Medication Pass with RPN #100. Medications were administered to Residents #001, #002, #003 and #007 in accordance with the directions for use specified by the prescriber. All medications and accessories such as aerochamber for inhalers were available for administration in accordance with the directions for use specified by the prescriber.

Re: Training

Upon review of a Memo titled: "Chapter 7. Re-ordering a Medication, MEDelink Medical Pharmacies", posted in the Medication Rooms, it was noted at the top of page 1 of 5 of this memo, to "Please initial when read":

- 2 registered nursing staff initials appeared at the bottom of the Memo (West Med Room)
- 6 registered nursing staff initials appeared at the bottom of the Memo (South Med Room)



During an interview with RPN #100, she indicated that other than reading a memo provided by the pharmacy service provider about one month ago regarding re-ordering of medications, no training on medication was provided to the home's 16 to 17 registered nursing staff.

During an interview with the Administrator/DOC she indicated that the Memo "Chapter 7. Re-ordering a Medication, MEDelink Medical Pharmacies" was posted sometime in January 2016 and she was unaware if all registered nursing staff had read the memo. She indicated that there was 16 part-time/full-time registered nursing staff in the home. She later confirmed that 50% of the registered nursing staff (8 out of 16) had not read the Memo.

Re: Medication Management Policy

The Administration of Medication/Treatment policy (revised March 2008) indicated under the Section Procedure:

8) Initial on the MAR/TAR in the appropriate space. If a dose is not administered, make the appropriate chart notation in the space. Note: if the administered medication is a narcotic, or controlled drug, sign other appropriate forms in addition to MAR/TAR

On February 24, 2016, Inspector #545 conducted an observation of a Narcotic and Controlled Substance storage area with RPN #100. In the Narcotic Binder, in the front pocket, two different "Individual Monitored Medication Record for 7-Day Card" were observed for two different residents, each had a pink sticky note at the top indicating the following instructions:

-Resident #004: "RPN #103, please sign a specified date in February 2016, at a specified time for a dose of a specified narcotic

-Resident #005: "RPN #103, please sign a specified date in February 2016, at a specified time for a dose of a specified controlled substance

During an interview with the Administrator/DOC, she indicated that she had discussed with RPN #103 ongoing issues related to the signing of the Individual Monitored Medication Record for 7-Day Card following each administration of narcotic or controlled substance medication.

It is noted that this area of non-compliance related to narcotic and controlled substance documentation was previously issued as part of a compliance order (C.O.) during the



Resident Quality Inspection (RQI) 2015, and with the same registered nursing staff.

Later the Administrator/DOC indicated to the Inspector that in reviewing the Ministry RQI Report of November 2015, she had not noticed the compliance order, therefore had not:

- reviewed and updated the home's Medication Management, including procedures related to narcotic and controlled substances;
- developed and implemented a process to ensure ongoing monitoring of the management of medication administration, including narcotic and controlled substances, in partnership with the home's pharmacist; or
- provided registered staff with training of safe administration of medications, based on the College of Nurses of Ontario Best Practices, and the home's revised & updated Medication Management policies and procedures. [s. 131. (2)]

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. 212. Administrator Specifically failed to comply with the following:

s. 212. (1) Every licensee of a long-term care home shall ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week:

- 1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week. O. Reg. 79/10, s. 212 (1).**
- 2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week. O. Reg. 79/10, s. 212 (1).**
- 3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (1).**

Findings/Faits saillants :



1. The licensee failed to ensure that the home's Administrator worked regularly in that position on site at the home for the following amount of time per week:
- in a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week

The TSIONKWANONHSOTE Long Term Care Home consists of 50 beds; therefore the Administrator is required to work regular hours in that position on site for 16 hours per week.

During an interview with the Administrator/DOC, she indicated that she started employment mid-December 2015, and worked on average three days per week assuming both the administrator and director of care role and responsibilities.

Based on the "Summary of Administrator/DOC Responsibilities" documents reviewed by the Inspector, it was indicated that between December 14 and February 19, 2016, the Administrator/DOC worked on average 24 hours per week, as followed:

- week of December 14; worked Dec 14-15-17 for a total of 24 hours
- week of December 21; worked Dec 21-23-24 for a total of 24 hours
- week of December 28; worked Dec 28-30-31 for a total 24 hours
- week of January 4, 2016; worked Jan 4-6-8 for a total of 24 hours
- week of January 11; worked Jan 11, 13, 15 for a total of 24 hours
- week of January 18; worked Jan 18-20-22 for a total of 24 hours
- week of January 25; worked Jan 25-27-29 for a total of 24 hours
- week of February 1; worked Feb 1-3-5 for a total of 24 hours
- week of February 8; worked Feb 8-10-12-13 for a total of 32 hours
- week of February 15; worked Feb 17-19 for a total of 16 hours

The Administrator/DOC later indicated that 24 hours per week were focused on Director of Care responsibilities and 8 hours or less was spent on Administrator responsibilities.

Therefore, the Administrator/DOC worked a total of 8 hours out of 160 required hours as Administrator between December 14 and February 19, 2016. [s. 212. (1) 1.]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

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 O. Reg. 79/10, s. 129 (1).
(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 saillants :

1. The licensee has failed to ensure that drugs were stored in an area or a medication cart that was secure and locked.

On February 24, 2016 the Inspector observed a morning Medication Pass with RPN #100 from 0908 to 0943. At the following times the Medication Cart was not secure and locked. The Med Cart was unattended in the hallway, outside the resident rooms, while the RPN was administering medications to residents inside their bedrooms:

-at 0908, in front of room 125: Resident #001 was in bed by the window and the RPN was behind the curtain, unable to view the Med Cart

-at 0913, in front of room 112: Resident #002 and Resident #003 were in their beds with a curtain between both residents, therefore when the RPN was with Resident #003, she was unable to view the Med Cart. [s. 129. (1) (a)]



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Issued on this 6th day of April, 2016

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

Original report signed by the inspector.



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- developed and implemented a process to ensure ongoing monitoring of the management of medication administration, including narcotic and controlled substances, in partnership with the home's pharmacist; or
- provided registered staff with training of safe administration of medications, based on the College of Nurses of Ontario Best Practices, and the home's revised & updated Medication Management policies and procedures. [s. 131. (2)]

Additional Required Actions:

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

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- 1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week. O. Reg. 79/10, s. 212 (1).**
- 2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week. O. Reg. 79/10, s. 212 (1).**
- 3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (1).**

Findings/Faits saillants :



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- week of February 15; worked Feb 17-19 for a total of 16 hours

The Administrator/DOC later indicated that 24 hours per week were focused on Director of Care responsibilities and 8 hours or less was spent on Administrator responsibilities.

Therefore, the Administrator/DOC worked a total of 8 hours out of 160 required hours as Administrator between December 14 and February 19, 2016. [s. 212. (1) 1.]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

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(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 O. Reg. 79/10, s. 129 (1).

(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 saillants :

1. The licensee has failed to ensure that drugs were stored in an area or a medication cart that was secure and locked.

On February 24, 2016 the Inspector observed a morning Medication Pass with RPN #100 from 0908 to 0943. At the following times the Medication Cart was not secure and locked. The Med Cart was unattended in the hallway, outside the resident rooms, while the RPN was administering medications to residents inside their bedrooms:

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Original report signed by the inspector.