

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 10, 2020	2020_543561_0012	004412-20, 007325-20	Critical Incident System

Licensee/Titulaire de permis

Mirdem Nursing Homes Ltd.
176 Victoria Avenue North HAMILTON ON L8L 5G1

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

Victoria Gardens Long Term Care
176 Victoria Avenue North HAMILTON ON L8L 5G1

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

DARIA TRZOS (561)

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): October 28, 29, 30, 2020 and November 2, 2020.

The following Critical Incident System (CIS) reports were inspected during this inspection:

**CIS 2806-000004-20, log #004412-20 - related to a missing narcotic,
CIS 2806-000006-20, log #007325-20 - related to a fall with injury.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Physiotherapist, registered staff, personal support workers (PSWs), and residents.

During the course of the inspection, the inspector observed the provision of care, reviewed clinical records, reviewed policies and procedures and any relevant documentation related to the incidents.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Medication**

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

3 WN(s)

2 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>Légende</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. 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. A) The licensee has failed to ensure that the Administering Medications policy was complied with for three residents.

LTCHA s.12 requires that the home has an organized program of medication services for the home.

O. Reg. 79/10 s.114 (2) requires the licensee to have written policies and protocols developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

Specifically, the staff did not comply with the home's "Administering Medications" policy, dated December 13, 2018.

On an identified date in 2020, the home submitted a critical incident system (CIS) report to the Director related to a missing controlled substance in the home. The CIS report indicated that RN #106 administered medications as prescribed for two residents. Clinical record review identified that the medications administered to the two residents were not signed as administered in the Electronic Medication Administration Records (eMARs). Another resident's eMAR was reviewed for an identified date and the medications were not signed as administered for this resident by the same RN. The DOC was interviewed and acknowledged that the home's policy was not complied with when the medications were not signed as administered.

Sources: CIS report; home's "Administering Medications" policy (4.07, Dec 13, 2018); three residents' eMARs; interview with RN #105 and DOC.

B) The licensee has failed to ensure that the Narcotic Ward Drug Count policy was complied with.

LTCHA s.12 requires that the home has an organized program of medication services for the home.

O. Reg. 79/10 s.114 (2) requires the licensee to have written policies and protocols developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

Specifically, staff in the home did not comply with the home's "Narcotic Ward Drug Count" policy, dated June 30, 2017.

The narcotic count sheets were reviewed for the month of March 2020, and indicated that on several days, the nurse leaving the shift did not sign the narcotic count with the incoming nurse. The DOC confirmed that the narcotic count sheets were not signed by two nurses on the dates identified as per the home's policy.

Sources: home's "Narcotic Ward Drug Count" policy (NM-06-07-07, June 30, 2017); narcotic count sheets; interview with DOC.

C) The licensee has failed to ensure that the Medication Incident Reporting policy was complied with related to a medication incident involving two residents.

LTCHA s.12 requires that the home has an organized program of medication services for the home.

O. Reg. 79/10 s.114 (2) requires the licensee to have written policies and protocols developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

Specifically, the staff did not comply with the home's "Medication Incident Reporting" policy dated December 13, 2018.

The home submitted a CIS report to the Director related to a missing narcotic on an

identified date in 2020. The clinical records were reviewed for two residents and there was no documentation of the incident in progress notes. In addition, the medication incident report could not be found. The DOC and the Administrator confirmed that the home did not complete a medication incident report for this incident and the report was not faxed to the pharmacy as per the home's policy.

Sources: CIS report; two residents' progress notes and charts; binder containing documented medication incident reports; home's "Medication Incident Reporting" policy (6.04, December 13, 2018); interview with DOC and Administrator. [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 Administering Medications, Narcotic Ward Drug Count, and Medication Incident Reporting policies are complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident and every adverse drug reaction is,
(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and O. Reg. 79/10, s. 135 (1).
(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider. O. Reg. 79/10, s. 135 (1).

s. 135. (3) Every licensee shall ensure that,
(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; O. Reg. 79/10, s. 135 (3).
(b) any changes and improvements identified in the review are implemented; and O. Reg. 79/10, s. 135 (3).
(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a medication incident that occurred was documented, together with a record of the immediate actions taken and failed to ensure that it was reported to the pharmacy service provider.

A CIS report submitted to the Director, indicated that on an identified date in 2020, a controlled substance was missing. The incident was not documented in a medication incident report with immediate actions taken and was not faxed to the pharmacy as per the home's "Medication Incident Reporting" policy. The Administrator was interviewed and stated that the home did not complete the medication incident report did not document actions taken by the home and it was not reported to the pharmacy service provider.

Sources: CIS report; home's "Medication Incident Reporting" policy (6.04, Dec 13, 2018); interview with Administrator. [s. 135. (1)]

2. The licensee has failed to ensure that a quarterly review was undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions.

The home submitted a CIS report to the Director related to a missing narcotic that occurred on an identified date in 2020. Inspector requested to see the quarterly analysis of the medication incidents in the home for the quarter that included this incident. The DOC stated that the home has not done any quarterly reviews of medications incidents for this year. The home's policy titled "Medication Incident Reporting", stated that a quarterly review is to be undertaken of all medication incidents that have occurred in the home since the time of the last review.

Not reviewing and analyzing medication incidents on quarterly basis places the home at greater risk for recurrence of these incidents.

Sources: CIS report; home's "Medication Incident Reporting" policy (NM-05-02-02A, Oct 2, 2019); interview with DOC. [s. 135. (3)]

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 a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions, to be implemented voluntarily.

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 a controlled substance was stored in a separate locked area within the locked medication cart.

On an identified date in 2020, RN #106 dispensed a controlled substance to be administered to a resident into a medication cup and left it on top of the medication cart in a locked medication room while they responded to a call in a home area. When the RN returned to the medication room, the medication was missing. The controlled substance was never found.

The home's policy titled "Administering Narcotics Controlled Substances", stated that all narcotics were to be kept double locked at all times.

The DOC and the Administrator acknowledged that the controlled substance was not double locked at all times.

Sources: CIS report; home's "Administering Narcotics Controlled Substances" policy (NM-05-2-12, June 30, 2019); interview with DOC and Administrator. [s. 129. (1) (b)]

Issued on this 13th day of November, 2020

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

Original report signed by the inspector.