

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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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection

Inspection No/ No de l'inspection

Type of Inspection/Genre d'inspection

May 7, 8, 10, 11, 15, 2012

2012 031194 0019

Critical Incident

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC. Schelgel Villages Inc. 325 Max Becker Drive Suite 201 KITCHENED ON THE PROPERTY OF THE PRO

325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

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

THE VILLAGE OF TAUNTON MILLS

3800 Brock Street North, WHITBY, ON, L1R-3A5

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

CHANTAL LAFRENIERE (194)

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 Director of Care (DOC) and two Registered **Practical Nurses (RPN)**

During the course of the inspection, the inspector(s) Observed Resident #001, reviewed identified clinical health records, observed the medication cart, storage area and drug destruction area. Reviewed drug destruction records, monthly drug record audits, investigation related to medication incident and reviewed licensee's policy on Medication and Abuse. Reviewed three Critical Incidents.

The Inspector conducted 2 Critical Incident Inspection Log #O-001951-11 and Log #O-002835-11. No areas of non compliance with Log #O-002835-11 Areas of non compliance with Log#O-001951-11

The following Inspection Protocols were used during this inspection: Medication

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.



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Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 saillants:

1. The licensee failed to comply with O.Reg 79/10,S.129(1)(b) by ensuring that 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.

The following residents were noted to have controlled substances ordered. The controlled substances were not stored in a separate locked area within the locked medication cart.

Resident #004 is receiving Ativan 1mg P.O. routinely Resident #005 is receiving Ativan 1mg P.O. routinely Resident #006 is receiving Ativan 0.5mg P.O. routinely Resident #007 is receiving Ativan 0.5mg P.O. routinely

The RPN has stated that as needed Benzodiazepines are kept in the locked cupboard in the medication cart, but that routinely ordered Benzodiazepines are not.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal



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Specifically failed to comply with the following subsections:

- s. 136. (3) The drugs must be destroyed by a team acting together and composed of,
- (a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada),
- (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
- (ii) a physician or a pharmacist; and
- (b) in every other case,
- (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
- (ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 79/10, s. 136 (3).

Findings/Faits saillants:

1. The licensee failed to comply with O.Reg 79/10, s.136.(3)(a) by ensuring that controlled substances, must be destroyed by a team acting together and composed of, one member of the Registered Nursing staff appointed by the Director of Nursing and Personal Care and a physician or a pharmacist.

Resident #004 is receiving Ativan 1mg P.O. routinely Resident #005 is receiving Ativan 1mg P.O. routinely Resident #006 is receiving Ativan 0.5mg P.O. routinely Resident #007 is receiving Ativan 0.5mg P.O. routinely

The RPN and DOC have confirmed that routinely ordered Benzodiazapines at the facility are kept in the regular strip pack, and disposed of in the same manner as non controlled substances.

Issued on this 15th day of May, 2012

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

Chartal Safrenere (194)