



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
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jul 19, 20, 21, 22, Aug 5, 9, 10, 12, 2011; 2011\_044161\_0010; Complaint

Licensee/Titulaire de permis

DEEM MANAGEMENT LIMITED
2 QUEEN STREET EAST, SUITE 1500, TORONTO, ON, M5C-3G5

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

WELLINGTON HOUSE NURSING HOME
990 EDWARD STREET NORTH, P.O. BOX 1510, PRESCOTT, ON, K0E-1T0

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

KATHLEEN SMID (161)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director Care, Registered Practical Nurse and a Personal Support Worker.

During the course of the inspection, the inspector(s) reviewed the health records of two identified residents, the home's Procedure # 05-01-04 "Fluid and Electrolyte Balance", Policy # 4.2 "Administering Routine Medications", Policy # 4.3 "Administering and Documenting Narcotic Medications" and 08-08-01 "Residents who Wander."

The following Inspection Protocols were used in part or in whole during this inspection:

- Dining Observation
Medication
Personal Support Services
Responsive Behaviours
Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

<b>Definitions</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Définitions</b>  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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**  
**Specifically failed to comply with the following subsections:**

**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**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits sayants :**

1. Under O. Reg 79/10 s. 114 (2), the licensee shall ensure that written policies and protocols are 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.
2. The home's Pharmacy Policy # 4.2, revised March 2009 titled "Administering Routine Medications" was reviewed. The Policy states that (a) "medications are administered to the resident as ordered", (b) "each individual medication is initialled as administered, on the MAR, in the correct boxes, immediately after administration and before the next resident is medicated", (c) "the dose of the narcotic medication is documented, recording the remaining quantity."
3. The home's Pharmacy Policy # 4.2 was not complied with.
4. An identified resident prescribed five medications to be administered at 08:00.
5. On July 20, 2011 @ 10:40 the resident's MAR was reviewed. The medications to be administered at 08:00 had not been initialled as administered.
6. On July 20, 2011 @ 11:08 an RPN stated she "administered these medications but had not documented the administration."
7. On July 20, 2011 an RPN stated she "administered these medications between 09:30 and 09:45."
8. On July 20, 2011 @ 11:08 the resident's was reviewed. The RPN initialled the 08:00 medications indicating that she administered these medications at 08:00 despite her statement that she "administered these medications between 09:30 and 09:45."
9. The resident is prescribed a medication to be administered at 12:00.
10. On July 20, 2011 @ 11:08 the resident's MAR was reviewed. The RPN initialled that she administered the medication at 12:00.
11. The home's Pharmacy Policy # 4.3, revised March 2009 titled "Administering and Documenting Narcotic Medications" was reviewed. The Policy states "Two registered staff members are present and sign for any wasting of unused portions of injectable narcotic products."
12. The home's Pharmacy Policy # 4.3 was not complied with.
13. Seven of the resident's Individual Narcotic and Controlled Drug Count Sheets were reviewed.
14. Two registered staff members did not sign for wasting of unused portion of Morphine on June 21, 2011 @ 04:00, 15:31, 20:00, June 22, 2011 @ 04:00, June 24, 2011 @ 14:50, June 26, 2011 @ 04:00, July 2, 2011 @ 08:00 and July 11, 2011 @ 11:30.
15. Two registered staff members signed that they were present for wasting of unused portion of Morphine @ 04:00 on June 20, 21, 23, 24, 25, and July 20, 2011. One of these staff members, an RPN was not working at 04:00 on these dates.
16. The remaining quantity of Morphine was incorrectly documented on June 19, 20, 21, 22, 23, 24, 26, 27, 28, 29, 30, July 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 2011.
17. The remaining quantity of Morphine was not documented on June 19 @ 24:00, June 20 @ 24:00, June 21 @ 08:00, 12:00, 16:00, 24:00, June 22 @ 18:00, June 23 @ 08:00, 16:00, 18:00, 20:30, June 24 @ 24:00, July 5 @ 08:00 and July 11, 2011 @ 11:55, 16:00.
18. Under O. Reg 79/10 s. 53(1)(3) the licensee shall ensure that resident monitoring and internal reporting protocols are developed to meet the needs of resident with responsive behaviours.
19. The home's Policy # 08-08-01 titled "Residents who Wander" was reviewed. The Policy states that the resident is "to be

checked every half hour and to be signed that it has been done. Please be specific where you find the resident."

20. The home's Policy # 08-08-01 was not complied with.

21. On July 18, 2011 an identified resident's Elopement Monitoring record indicates that the resident was in his room at the time he was found in the home's parking lot. The resident was a previously identified wanderer and elopement risk.

22. On July 22, 2011 @ 11:25 the resident's Elopement Monitoring record had not been initiated. The resident was to be monitored 24 hours/day.

23. On July 22, 2011 @ 11:25 a PSW stated she "had not documented today" on the resident's Elopement Monitoring record and "would do so immediately."

**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 licensee's policies and Pharmacy policies are complied with., to be implemented voluntarily.*

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**WN #2: 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).**
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**Findings/Faits sayants :**

1. The licensee failed to comply with s. 129 (a) (iv) to ensure that drugs are stored in a manner that complies with manufacturer's instructions for the storage of the drugs.
  2. The Manufacturer's product information for morphine sulphate states that each vial is intended for single use only. When the dosing requirement is completed, the unused portion should be discarded in an appropriate manner.
  3. An identified resident is prescribed Morphine 7.5 mg subcutaneously every four hours.
  4. The resident's morphine is supplied by the home's Pharmacy as 15mg/1 ml in single use glass ampules. The prescribed dose of Morphine 7.5 mg is 0.5 ml thus 0.5ml of Morphine remaining in single use glass ampule.
  5. On July 20, 2011 an RPN stated that "the morphine is 15 mg/1 ml, she administers prescribed dose of 7.5 mg (0.5ml) and saves the remaining morphine in the open glass ampule sitting upright in a medicine cup. That way it saves the resident money."
  6. Seven of the resident's Individual Narcotic and Controlled Drug Count Sheets were reviewed.
  7. Morphine Sulphate 0.5 ml was not discarded as per manufacturer's instructions on June 19, 20, 21, 22, 23, 24, 26, 27, 28, 29, 30, July 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 2011.
  8. The licensee did not follow the manufacturers instructions related to single use only for each vial of Morphine Sulphate. When the dosing requirement is completed, the unused portion should be discarded in an appropriate manner.
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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 staff comply with manufacturer's instructions for the storage of drugs, to be implemented voluntarily.*

Issued on this 12th day of August, 2011

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

*Kathleen Snid*