



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

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**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 30, 2013	2013_201167_0022	H-000545- 13, H- 000530-13	Complaint

**Licensee/Titulaire de permis**

1508669 ONTARIO LIMITED  
c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400, TORONTO,  
ON, M5J-2V1

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

WEST PARK HEALTH CENTRE  
103 Pelham Road, St Catharines, ON, L2S-1S9

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

MARILYN TONE (167)

**Inspection Summary/Résumé de l'inspection**



Ministry of Health and Long-Term Care

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

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

This inspection was conducted on the following date(s): August 26, 27 & 28, 2013

During the course of the inspection, the inspector(s) spoke with the Director of Care, Administrator, registered staff and personal support worker staff, the identified resident and the home's Long Term Care Consultant.

During the course of the inspection, the inspector(s) conducted a review of the health file for the identified resident, reviewed relevant policies, procedures and incident reports, minutes of identified meetings conducted at the home and observed medication administration and resident care.

The following Inspection Protocols were used during this inspection:  
Medication

Personal Support Services

Findings of Non-Compliance were found during this inspection.

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Legendé</b>
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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:**

**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 :**



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1. The licensee did not ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was:  
(b) complied with.

A) The Medical Pharmacy Manual at the home that was confirmed by the Director of Care to be the manual that the staff are using related to the medication administration system directs staff under [Ordering and Receiving Medications, Section 4-1] to record the name of the resident, medication name and strength, signature/initial of the person ordering, and the date that the medication was ordered. When receiving medication, it directs staff to record the quantity received, prescription number, signature/initial of the person receiving the order, the date the order was received and an explanation of any cancelled, altered or duplicated entries.

- During a review of the Drug Record Book at the home, it was noted that registered staff at the home are not completing this documentation as required. It was noted that when the admission medications were received for Resident # 001 there was no documentation related to the date the medication was ordered, who ordered it, the date the medication was received, and by whom, the prescription number, the name and strength of the medication received or the quantity of the medication received.

B) The Medical Pharmacy Manual directs staff under [Medication Incident Report section 9-1] to complete fully the "Medication Incident Report" when a medication incident or an adverse drug reaction occurs including a near miss.

- The "Medication Incident Report" directs staff to document actions taken with regards to assessment and maintenance of the resident's health, the effect on the resident, notification of physician, resident and family notification, the type of medication incident, the contributing factors and any follow up done.

- During a review of ten medication incident reports, completed during an identified time frame, it noted that staff at the home are not consistently completing the portions of the incident report that include the effect on the resident, the type of incident, notification of family/resident and physician, contributing factors and follow up.

C) The Medical Pharmacy Manual used for narcotic, controlled or controlled-like medications under [Individual Monitored Medication Record, Section 6-5] directs staff to document monitored medications on the resident's Medication Administration Record (MAR). It also directs staff to sign on the "Individual Monitored Medication Record" each time a dose is administered and include the date, time, amount given, amount wasted, and the new quantity/balance remaining.

- During a review of the "Individual Monitored Medication Record" for resident # 001, it was noted that they received a dose of an injectable narcotic medication on an



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identified day. The administration of this controlled medication was not documented on the resident's MAR as required.

It was also noted that the amount wasted for the medication was not being recorded as required. The balance of the medication remaining did not accurately reflect the amount administered to the resident.

D) The Medical Pharmacy Manual under [Medication Reconciliation, Section 7-2] related to admission of new residents directs registered staff to create the best possible medication history with information obtained from the resident, resident's family or responsible party, transferring home or hospital and previous pharmacy. The physician then uses the information gathered to determine the admission orders. The pharmacist then reviews the orders and follows up on any concern with the nurse and/or physician.

- It was noted that when resident # 001 was admitted to the home, the labels on the medication containers brought in to the home by the family indicated that the resident was to receive an identified dose of a narcotic medication. The resident's previous physician had updated the resident's medication history and this information was provided to the home. The physician's updated medication history indicated that the dosage prescribed for the resident's was consistent with the dosage noted on the medication labels that the family provided. The information provided on the Community Care Access Centre (CCAC) assessment indicated that the resident was to receive a different dosage of the narcotic medication. The nurse who admitted the resident provided only the information from the CCAC assessment to the physician. The admitting nurse did not review all sources of information when providing a list of the resident's current medications to the physician and subsequently the physician ordered an incorrect dose of the medication.

***Additional Required Actions:***

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

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**WN #2: 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).**



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**Findings/Faits saillants :**

1. The licensee did not ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber.

A) Resident # 001 had a physician's order to receive 1.5 millilitres (mls) of a injectable narcotic medication.

- On an identified date, a registered staff documented on the MAR that they administered 1.5 mls of the prescribed medication to resident # 001.
- The documentation on the "Combined Individual Narcotic Medication Record with Shift Count" indicated that this registered staff had administered 1.5 mls. of the prescribed medication and that one vial of the medication was used.
- During an interview with this registered staff, it was confirmed that they administered only one vial of the controlled medication.
- The label on each vial was noted to confirm that each vial contained 1 ml of the controlled medication. During an interview with the Director of Care (DOC), it was confirmed that they had checked unopened vials of the medication and had confirmed that these vials did not contain 1.5 mls of the medication but contained just slightly over 1 ml. It was confirmed that the registered staff did not administer the dosage of the medication as per the directions specified by the prescriber.

B) On the same date at a different time, resident # 001 was scheduled to receive 1.5 mls of the narcotic medication subcutaneously.

- There was no documentation on the MARS to indicate that this medication was administered to the resident during that time frame.
- The documentation by a second registered staff on the "Combined Individual Narcotic Medication Record with Shift Count" indicated that the 1.5 mls of the medication was administered to the resident. This form also indicated that the second registered staff used one vial of the medication.
- During an interview with the second registered staff, they confirmed that they gave less than the prescribed dose of the medication to the resident on the identified day.

It was confirmed that drugs were not administered to resident # 001 as specified by the prescriber on two occasions on an identified date. [s. 131. (2)]

***Additional Required Actions:***

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



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**WN #3: 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. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,**

**(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed; O. Reg. 79/10, s. 135 (2).**

**(b) corrective action is taken as necessary; and O. Reg. 79/10, s. 135 (2).**

**(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).**

**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).**

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**Findings/Faits saillants :**



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1. The licensee did not ensure that:

- (a) all medication incidents and adverse drug reactions were documented, reviewed and analyzed
- (b) corrective action was taken as necessary, and
- (c) a written record was kept of everything required under clauses (a) and (b)?

A) During a review of ten medication incident reports at the home initiated during a specified time frame, it was noted that the documentation on these forms did not include review and analysis of the incidents or any corrective action taken to prevent recurrence.

- During an interview with the Director of Care, it was confirmed that the home is currently not reviewing and analyzing these incidents or documenting steps taken to prevent recurrence. [s. 135. (2)]

2. The licensee did not 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.
- (b) any changes and improvements identified in the review are implemented, and
- (c) a written record is kept of everything provided for in clause (a) and (b).

A) During an interview with the DOC, it was confirmed that the home is not currently conducting a quarterly review of all medications and adverse drug reactions that have occurred at the home.

B) It was noted that there were ten reported medication incidents during an identified time frame.

C) The Professional Advisory Committee (PAC) meeting minutes for meetings held in 2012 and 2013 were provided by the Administrator and Director of Care. A review of these minutes revealed that there was no review of medication incidents during those meetings. The Administrator confirmed that no other quarterly PAC meetings have been held since February 2013. [s. 135. (3)]

***Additional Required Actions:***

***CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 115. Quarterly evaluation**





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Specifically failed to comply with the following:

**s. 115. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 79/10, s. 115 (1).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that the interdisciplinary team met quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

A) During an interview with the Administrator, it was confirmed that the Professional Advisory Committee (PAC) at the home has not been meeting on a quarterly basis.

***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 an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and pharmacy service provider, meet at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend changes., to be implemented voluntarily.***



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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
  - i. persons who may dispense, prescribe or administer drugs in the home, and
  - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

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**Findings/Faits saillants :**

1. The licensee did not ensure that monthly audits were undertaken of the daily count sheets of controlled substances to determine if there were any discrepancies, and that immediate action was taken if any discrepancies were discovered.

A) During a review of an audit completed by the pharmacy during an identified month related to narcotic and controlled medications, it was documented that no monthly audit of shift count sheets for narcotic and controlled medications had been done.

B) During an interview with the DOC, it was confirmed that monthly audits of the daily count sheets of controlled substances are not currently being completed at the home. [s. 130. 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 monthly audit is undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered., to be implemented voluntarily.***

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Issued on this 18th day of September, 2013

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

*Matthew Jones*



Ministry of Health and  
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Ministère de la Santé et  
des Soins de longue durée

Order(s) of the Inspector  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

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

### Public Copy/Copie du public

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MARILYN TONE (167)

Inspection No. /

No de l'inspection : 2013\_201167\_0022

Log No. /

Registre no: H-000545-13, H-000530-13

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Aug 30, 2013

Licensee /

Titulaire de permis : 1508669 ONTARIO LIMITED  
c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield  
Place, Suite 1400, TORONTO, ON, M5J-2V1

LTC Home /

Foyer de SLD : WEST PARK HEALTH CENTRE  
103 Pelham Road, St Catharines, ON, L2S-1S9

Name of Administrator /

Nom de l'administratrice  
ou de l'administrateur : MARJORIE MOSSMAN

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To 1508669 ONTARIO LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:



Ministry of Health and  
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Ministère de la Santé et  
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section 154 of the *Long-Term Care  
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Ordre(s) de l'inspecteur  
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de l'article 154 de la *Loi de 2007 sur les foyers  
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**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**

O.Reg 79/10, 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).

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan to ensure that staff at the home comply with the home's policies and procedures related to medication management, including the ordering and transcribing, administration, documentation and record keeping related to all narcotic and controlled substances within the home, management of medication incidents and follow up actions. The plan shall include training of staff, strategies to monitor compliance and evaluation of the program.

The plan shall be submitted electronically to Marilyn.Tone@ontario.ca by September 13, 2013.

**Grounds / Motifs :**



**Ministry of Health and  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

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1. The licensee did not ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was:  
(b) complied with.

The "Medical Pharmacy Manual" at the home, that was confirmed by the Director of Care as being the manual that staff are using related to the medication administration system provides specific directions related to the transcribing, ordering and receiving of medications, administration of medications, management of medication incidents, completion of the incident reports, reconciliation of medications, including receipt of orders for newly admitted residents and recording and auditing of narcotic/medication use. A review of the home's Drug Record Book, Medication Administration Records, resident health files, the Individual Monitored Medication Record, Medication Incident Reports and interviews with registered staff and the Director of Care, it was confirmed that not all registered staff at the home are following the policies and procedures related to medication management as identified in the "Medical Pharmacy Manual".

(167)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Sep 27, 2013**



**Ministry of Health and  
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Pursuant to section 153 and/or  
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Aux termes de l'article 153 et/ou  
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<b>Order # /</b> <b>Ordre no :</b> 002	<b>Order Type /</b> <b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
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**Pursuant to / Aux termes de :**

O.Reg 79/10, 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).

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan to ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. The plan shall include education and training of staff, monitoring activities and evaluation protocols.

The plan shall be submitted electronically to Marilyn.Tone@ontario.ca by September 13, 2013

**Grounds / Motifs :**



**Ministry of Health and  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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de l'article 154 de la *Loi de 2007 sur les foyers  
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1. [LTCHA, 2007, O.Reg 70/10 s. 131(2)} previously issued December 20, 2012 as a WN and VPC]

The licensee did not ensure that drugs were administered to resident # 001 in accordance with the directions for use specified by the prescriber.

Resident # 001 was admitted to the home on an identified date.

A physician's order was received for a controlled medication for the resident's pain. The physician's order directed staff to administer a prescribed amount of the medication every four hours subcutaneously.

- On an identified date, documentation on the "Combined Individual Narcotic Medication Record with Shift Count" indicated that two registered staff administered doses of 1.5 millilitres (ml) to resident # 001 on the identified date. Both registered staff confirmed that they used just one vial of the controlled medication for each dose. The vials of the medication were noted to contain only 1 ml of the medication. On both occasions the resident received an incorrect dose.

It was confirmed that resident # 001 did not receive drugs as specified by the prescriber on two occasions on an identified date.

(167)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Sep 27, 2013**





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Ministère de la Santé et  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
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**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
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<b>Order # /</b> <b>Ordre no :</b> 003	<b>Order Type /</b> <b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
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**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 135. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,  
(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed;  
(b) corrective action is taken as necessary; and  
(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).

**Order / Ordre :**

The licensee shall develop a plan to ensure that all medication incidents and adverse drug reactions are documented, reviewed, analyzed and that corrective action is taken as necessary and a written record is kept of all of these activities. The plan shall be submitted to Marilyn.Tone@ ontario.ca by September 13, 2013.

**Grounds / Motifs :**



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

1. The licensee did not ensure that:

(a) all medication incidents and adverse drug reactions were documented, reviewed and analyzed

(b) corrective action was taken as necessary, and

(c) a written record was kept of everything required under clauses (a) and (b)?

A) During a review of ten medication incident reports at the home initiated during an identified time frame, it was noted that the documentation on these forms did not include review and analysis of the incident or any corrective action taken to prevent recurrence.

- During an interview with the Director of Care, it was confirmed that the home is currently not reviewing and analyzing these incidents or documenting steps taken to prevent recurrence. (167)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Sep 27, 2013**



**Ministry of Health and  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
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### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



Ministry of Health and  
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Ministère de la Santé et  
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Ordre(s) de l'inspecteur  
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de soins de longue durée*, L.O. 2007, chap. 8

## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 30th day of August, 2013**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :**

MARILYN TONE

**Service Area Office /**

**Bureau régional de services :** Hamilton Service Area Office