



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**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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<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>
Apr 9, 2014	2014_198117_0009	O-000530- 13	Critical Incident System

**Licensee/Titulaire de permis**

OMNI HEALTH CARE LIMITED PARTNERSHIP  
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

WOODLAND VILLA  
30 Milles Roches Road, R. R. #1, Long Sault, ON, K0C-1P0

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

LYNE DUCHESNE (117)

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



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): March 19 and 20, 2014**

**During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care (DOC), RAI Coordinator, Resident Care Coordinator, several Registered Practical Nurses (RPNs), several Personal Support Workers (PSW), and a pharmacy consultant.**

**During the course of the inspection, the inspector(s) reviewed several residents health care records, reviewed a critical incident report, reviewed staff training for 2013-2014, reviewed the home's Pharmacy Policy and Procedure: Policy #8-4 PRN Administration and Documentation, dated 01/14 and Policy #CS-23.6 Application of Ointments, dated January 2013.**

**The following Inspection Protocols were used during this inspection:  
Medication  
Skin and Wound Care**

**Findings of Non-Compliance were found during this inspection.**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Legendé

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:**

**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. The licensee failed to comply with O.Reg. 79/10 s. 8 (1) b) in that any plan, policy,



protocol, procedure, strategy or system instituted or otherwise put in place is (b) complied with.

Under the 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.

The home's Pharmacy Policy and Procedure Manual identifies in their documentation and record keeping section, Policy #8-4: PRN Administration and Documentation that staff are " To ensure that PRN (as needed) Medications are administered appropriately and all documentation is completed".

The home also has a Policy #CS-23.6 Application of Ointments dated January 2013, subsection 4 that identifies the following directions to staff: "Apply ointment to specific area as per physician order. Apply the least amount of ointment to affected area necessary for successful treatment".

The Director received a critical incident report (CIS), on an identified day in June 2013, in which Resident #1 was identified as having had an adverse drug reaction. A review of Resident #1's health care record showed that Resident #1 had a medical order for the application of an analgesic rub to sore muscles, knees and lower back.

As per the resident's chart and CIS, on an identified day in June 2013, after his/her shower, Resident #1 complained of pain to the knees, lower back and shoulders. PSW #S108 applied analgesic rub to these areas as per medical orders. The resident was dressed and brought back to his/her room, where family were waiting for the resident. Within a few minutes, a strong smell of analgesic rub was perceived by the family. The resident started complaining of a strong burning sensation, became very uncomfortable, vomited and had chills. The resident's family helped to wipe off the rub from the resident's skin. Registered staff #S109 came and assessed the resident. The resident was taken to the shower by another staff member #S110 and a family member, to wash off all of the analgesic rub. It was noted by the PSW #S110 and family member that the resident had copious amount of analgesic rub cream on the shoulder, axilla, back and legs. These events were also confirmed in a letter to the home from the resident's family member who was present at the time of the incident.

Chart documentation indicates that the attending physician was immediately notified of



the incident. Resident #1 received an antiemetic medication for nausea. A skin assessment was completed, no injuries were noted. Documentation indicates that the resident was closely monitored over the next 48 hours. No further issues were noted at that time.

On March 19, 2014, the home's DOC stated to Inspector #117 that the home did immediately investigate the incident. She confirmed that staff member #S108 had applied large quantity of analgesic rub cream on the resident's skin. She confirmed that the staff member had not followed the home's Policy #CS-23.6 related to the application of ointments, which indicates "Apply the least amount of ointment to affected area necessary for successful treatment".

A review of the resident's Treatment Administration Records (TAR) and health care record for the months of April to July 2013, show that although there is an order for the application of analgesic rub cream as needed (prn), there is no documentation in the TAR or record that analgesic rub cream was applied to Resident #1, other than on that identified day in June 2013.

A review of three other residents charts, which also have a medical orders for analgesic rubs prn, was conducted for the same period of time. No information was noted in the chart and TARS for Residents #2, #3 and #4 regarding the application of analgesic rubs on prn basis.

On March 20, 2014, staff members #S104, #S105 and #S106 stated to Inspector #117 that all PSW staff receive training on the application of medicated creams. They also stated that in the past, PSW staff did not regularly document the application of analgesic rubs in the resident TAR or elsewhere in the residents health care records. They confirmed that Residents #2, #3 and #4 had received in the past and currently do receive analgesic rubs on an as needed basis. They report that during the summer of 2013, they did receive re-education on how and where to document the application of medicated creams, including analgesic rubs.

On March 20, 2014, staff member #S103 and the DOC stated to Inspector #117 that it was noted, during the home's investigation into the June 2013 incident with Resident #1, that PSW staff were not documenting the application of analgesic rubs in the residents health care record. They report that during the summer of 2013, they did receive re-education on how and where to document the application of medicated creams, including analgesic rubs.





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Therefore, staff did not comply with the home's Policy #8-4: PRN Administration and Documentation when they failed to document the administration / application of prn medications, which includes analgesic rubs. [s. 8. (1)]

***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 non-registered nursing staff apply prescribed medicated ointments, analgesic rub, as per the home's policy and that the application of such ointments be documented in the residents health care record, as per the home's policy, to be implemented voluntarily.***

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Issued on this 9th day of April, 2014

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

*Lyne Duchesne*