



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 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: Jun 19, 20, Jul 16, 18, 2012; 2012_069170_0018; Critical Incident

Licensee/Titulaire de permis

COUNTY OF OXFORD
325 Thames Street South, INGERSOLL, ON, N5C-2T8

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

WOODINGFORD LODGE - TILLSONBURG
52 VENISON STREET WEST, TILLSONBURG, ON, N4G-1V1

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

DIANNE WILBEE (170)

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 Assistant Manager of Operations/Resident Services, Registered Nurses, Pharmacist and Personal Support Worker.

During the course of the inspection, the inspector(s) reviewed applicable policies and procedures including Pharmacy provider protocols, reviewed resident clinical records, observed medication rooms, observed drug destruction drop box for controlled drugs, reviewed applicable Surplus Medication records and reviewed Narcotic and Controlled Drug Record Sheets.

The following Inspection Protocols were used during this inspection:

Medication

Findings of Non-Compliance were found during this inspection.

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>Legendé</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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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 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 saillants :

1. The licensee did not ensure the home's Drug Destruction Policy and Procedure Number 6.645, Date revised April 2007 was complied with as follows:

i) The policy requires a Registered Nurse to double check and co-sign with another Registered Nurse any unused narcotics and to leave the medication in its original packaging wrapped with the drug dispensing record and to retain the narcotic under locked conditions. Protocols established by the pharmacy are to be followed and require that "all Narcotics MUST be recorded on a Surplus Medication Record sheet".

May 9, 2012 Drug Destruction was completed and the following was noted:

a) the Narcotic and Controlled Drug Record sheet for an identified resident was located in the locked surplus narcotic box however narcotic tablets were missing and the narcotic Surplus Medications sheet was not completed.

b) A second resident's discontinued narcotic tablets and drug dispensing record were missing. The narcotic Surplus Medications sheet was not completed.

c) Eleven surplus narcotics were located in the narcotic drop box without entry on the narcotic Surplus Medications record.

[Reference: O.Reg. 79/10, 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 the home's policy and procedure related to Drug Destruction is complied with, to be implemented voluntarily.

WN #2: 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.

Findings/Faits saillants :

1. The licensee did not ensure that steps were taken to ensure the security of the drug supply related to access to the areas where the drug supply is stored as follows:
 - a) June 20, 2012 a set of keys including keys to access the medication room was observed unattended on a nursing desk. Persons with restricted access to the medication room had potential access to the keys.
 - b) A registered staff member indicated they could not recall receiving the keys at shift change and that there was not a specific practice for transfer of medication room keys at change of shift.
[Reference: O.Reg. 79/10, s.130(2)i, ii]

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 the security of the drug supply and that access to these areas is restricted to persons identified in the regulation, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal
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 did not ensure that the drug destruction for controlled substances was completed by a team acting together and composed of,
 - (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
 - (ii) a physician or a pharmacist
- a) May 9, 2012 Drug Destruction for controlled drugs was not completed by the required team members. This was confirmed by the Assistant Manager of Operations/Resident Services and Pharmacist.
[Reference: O.Reg. 79/10, s.(3)(a)(i),(ii)]



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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 drug destruction of controlled drugs is completed by team members identified in the regulations and acting together, to be implemented voluntarily.

Issued on this 18th day of July, 2012

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

Dianna Skelbee #170