



**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**

**Division de la responsabilisation et de la  
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## **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>
Nov 20, 2014	2014_228172_0019	004324-14	Complaint

### **Licensee/Titulaire de permis**

ST. JOSEPH'S HEALTH CARE, LONDON  
268 Grosvenor Street, P.O. Box 5777, LONDON, ON, N6A-4V2

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

ST. JOSEPH'S HEALTH CARE, LONDON - MOUNT HOPE CENTRE FOR LONG  
TERM CARE - MARIAN VILLA  
200 COLLEGE AVENUE, P.O. BOX 5777, LONDON, ON, N6A-1Y1

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

JOAN WOODLEY (172)

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

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

**This inspection was conducted on the following date(s): November 13, 14, and 18th, 2014**

**During the course of the inspection, the inspector(s) spoke with the Director of Long Term Care, 2 Directors of Resident Care, 2 Registered Nurses, 5 Registered Practical Nurses, 14 Primary Care Providers (PCP), 2 Housekeeping Aides, and 1 Housekeeping Supervisor.**

**During the course of the inspection, the inspector(s) toured the home, made observations, reviewed records, policies and other relevant documents.**

**The following Inspection Protocols were used during this inspection:**



**Dignity, Choice and Privacy  
Medication**

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

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

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.



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**WN #1: 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 has failed to ensure that all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator.

Observations made on a Resident Home Area revealed:

- a) 2 PCP's in the medication room with no registered staff present
- b) later the Medication room door was wide open and unattended .

A PCP confirmed the medication room door was wide open with access to the medication room and no registered staff was present.

Interview with the 2 PCP's confirmed they had been in the medication room with no registered staff present.

Interview with the Director of Resident Care confirmed the home's expectation is that the medication room should not be left open and access to the medication room is to be restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator. [s. 130. 2.]



***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 all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator, to be implemented voluntarily.***

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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. (4) A member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,**

**(a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals; O. Reg. 79/10, s. 131 (4).**

**(b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and O. Reg. 79/10, s. 131 (4).**

**(c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff. O. Reg. 79/10, s. 131 (4).**

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**Findings/Faits saillants :**



1. The licensee has failed to ensure that a member of the registered nursing staff permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical only if:
  - (a) The staff member has been trained by a member of the registered nursing staff in the administration of topicals
  - (b) The member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and
  - (c) The staff member who administers the topical does so under the supervision of the member of the registered nursing staff?

Observations revealed:

A PCP returned a prescription cream and set it on the desk part of the nurses' station.

Interview with the PCP confirmed he/she had applied the cream to a specific resident and left the prescription cream on the desk top/ counter in the nurses' station by just reaching over and leaving it there.

Interview with a member of the registered staff confirmed he/she had given the prescription cream to the PCP to apply. The expectation was that the PCP would return the prescription cream back to the member of the registered staff when the treatment was completed.

Interview with the Director of Resident Care confirmed some PCP's may apply creams such as those that can be purchased over the counter but not those that require a physician's order. It is the home's expectation that the registered staff are to complete those treatments that require a physician's order. [s. 131. (4)]

***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 member of the registered nursing staff permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical only if certain criteria have been met, to be implemented voluntarily.***



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**Issued on this 20th day of November, 2014**

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