



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

**Rapport d'inspection
prévue le Loi de 2007
les foyers de soins de
longue durée**

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Division de la responsabilisation et de la performance du

système de santé

Direction de l'amélioration de la performance et de la
conformité

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Telephone: 519-675-7680
Facsimile: 519-675-7685

Bureau régional de services de London
291, rue King, 4th étage
London ON N6B 1R8

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date of inspection/Date de l'inspection January 26, 2011	Inspection No/ d'inspection 2010_112_9603_26Jan090035	Type of Inspection/Genre d'inspection Critical Incident Log # L00027	
Licensee/Titulaire The Corporation of the County of Elgin Municipal Homes, 1 Bobier Lane, Dutton, ON N0L 1J0			
Long-Term Care Home/Foyer de soins de longue durée Bobier Villa, 1 Bobier Lane, Dutton, ON N0L 1J0			
Name of Inspector/Nom de l'inspecteur Carole Alexander #112			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a critical incident inspection related to medication administration.			
During the course of the inspection, the inspector spoke with: The Director of Care.			
During the course of the inspection, the inspector: Reviewed the home's critical incident, internal investigation, policy and procedure for medication administration, staff education related to medication administration. Reviewed information availability for College of Nurses standards for medication administration practices and pharmacy information.			
The following Inspection Protocols were used in part or in whole during this inspection: Medication Inspection			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:			
# 1 WN # 1 VPC			



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

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référant envoyé

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O. Reg. 79/10, s. 131(2)

Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident.

Findings:

A resident received Hydromorphone Contin 9 mg on January 06, 2011 at 1900 hours which was not a medication prescribed for her.

Inspector ID #: 112

Additional Required Actions: 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 with medication administration requirements, to be implemented voluntarily.

**Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné**

**Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**

Title:

Date:

Date of Report: February 02, 2011