Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District
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Original Public Report

Report Issue Date: April 27, 2023	
Inspection Number: 2023-1497-0003	
Inspection Type: Critical Incident System	
Licensee: Maxville Manor	
Long Term Care Home and City: Maxville Manor, Maxville	
Lead Inspector Lisa Cummings (756)	**Inspector Digital Signature** Lisa Cummings Digitally signed by Lisa Cummings Date: 2023.05.02 11:49:03 -04'00'
Additional Inspector(s) Gabriella Kuilder (000726) – Present as an observer Jessica Nguyen (000729) – Present as an observer	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 13, 14, 15, 16, 20, 21, 2023
The inspection occurred offsite on the following date(s): March 22, 2023

The following intake(s) were inspected:

- Intake #00015961: (CIS #3000-000014-22) related to a missing controlled substance.

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

Medication Management
Infection Prevention and Control
Reporting and Complaints

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the IPAC Standard regarding point-of-care signage was in place for a resident room.

The IPAC Standard for Long-Term Care Homes April 2022, section 9.1, indicates that additional precautions shall include point-of-care signage indicating that enhanced IPAC control measures are in place.

A resident room was observed to have a PPE donning station but additional precaution signage was not in place. The IPAC Lead was interviewed and confirmed the room had contact precautions in place for specific procedures. Contact precaution signage was put in place prior to the end of the inspection.

Sources: Observations of resident rooms, interview with the IPAC Lead.
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Date Remedy Implemented: March 20, 2023

WRITTEN NOTIFICATION: Reporting to the Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee has failed to ensure an allegation of resident abuse was reported to the Director.

Rationale and Summary
A resident's family member spoke with an RPN and informed them of an alleged incident on a prior shift. The RPN confirmed they spoke with the family member about this allegation and stated they did not

document this conversation or report the allegation to anyone.

Further, the family member sent an email to a manager of the home detailing the same alleged incident and wrote that the resident was upset and uncomfortable with the encounter. The DOC stated the manager did complete an investigation when the email was received but this allegation of resident abuse was not reported to the Director.

Sources: Resident healthcare record, Email, interviews with an RPN and the DOC.

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WRITTEN NOTIFICATION: Directives by the Minister

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to comply with the Minister's Directive, COVID-19 Response Measures for Long-Term Care Homes, effective August 2022, regarding masking.

Rationale and Summary
The Minister's Directive issued in August 2022 indicated that licensees are required to ensure the masking requirements set out in the COVID-19 guidance document for Long-Term Care Homes in Ontario are followed. The guidance document described that staff must remain two meters away from others at all times when a mask is removed during their break and that masks must not be removed in designated resident areas.

Three staff members were observed in the family room of a resident home area hallway with their masks removed and there was a resident in the room completing an activity. On the same day, two other staff members were observed in the town square area of the home seated at separate round tables behind residents taking part in an activity. The two staff members had their masks removed and the resident's wheelchairs were directly against the tables. The Infection Prevention and Control (IPAC) Lead stated the family room is a resident space unless the unit is declared in an outbreak. They stated staff members should not be removing their masks and taking their break in that room as the unit was not currently on outbreak precautions. The IPAC Lead also stated that the tables in the town square are not 2 meters long and staff should be pushing the tables back when a resident activity is taking place to ensure proper distancing.

The removal of masks in the family room and in the town square when within 2 meters of a resident increased the risk of disease transmission.

Sources: Observations of the family room and town square, interview with the IPAC Lead.

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WRITTEN NOTIFICATION: Medication Management System

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (2)

The licensee has failed to ensure that the medication management policy for controlled substances was complied with.

Rationale and Summary
The licensees Narcotic Control Policy indicated that two registered staff must be present and sign the Narcotic Control Record when a controlled substance is wasted and when a controlled substance is counted at shift change. In addition, the policy stated that waste from an open ampoule be kept in a syringe labeled with the name of the patient, the name of the drug, the quantity to waste and the initials of the nurse preparing the syringe. In accordance with O. Reg. s. 11 (1) (b), the Narcotic Control Policy must be complied with.

Two RPN's described that the licensees policy required two registered staff to be present and sign for the count at shift change and for wasting a controlled substance. The count at shift change documented on the Narcotic Control Records for a controlled substance for six residents showed one registered staff signature on shifts on thirteen dates. In addition, entries on the Narcotic Control Records for wasting the same controlled substance for five residents showed one registered staff signature on shifts on eight dates.

The DOC confirmed the Narcotic Control Policy required registered staff to label the waste from a vial of a controlled substance with the resident's name, the drug, the amount to be wasted, and the initials of the registered staff preparing the syringe. There were four syringes observed to be wasted during the a shift count of controlled substances. The syringes were labeled with the residents first names and the name of the drug.

Failure to comply with the Narcotic Control Policy increased the risk of errors with the count of

controlled substances.

Sources: Observation of count at shift change and wasting of a controlled substance, Narcotic Control Records, Narcotic Control Policy, interviews with RPNs, and the DOC.

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WRITTEN NOTIFICATION: Packaging of Dugs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 135

The licensee has failed to ensure that a controlled substance remained in the original labelled container provided by the pharmacy service provider until administered to residents.

Rationale and Summary
The licensee's Narcotic Control Policy stated that if more than one regular dose of a controlled substance was to be given on the same shift, the registered staff member could draw up two or more doses from the same vial, label the syringes, and then store the pre-drawn syringes in the locked narcotic box in the medication cart until the time of administration. Two RPNs stated they regularly administer a medication that is a controlled substance to residents and follow the licensee's policy for controlled substances regarding drawing up multiple doses into separate syringes and storing these syringes in the locked narcotic box until the time of administration.

The DOC stated the decision to use multiple doses of a controlled substance from one vial and store the syringes until the time of administration was to reduce waste as there have been shortages of these medications. A Pharmacist confirmed there have been shortages of certain controlled substances at specific times. The Pharmacist stated they were aware of the licensee's practice to draw multiple doses of a controlled substance from the same ampoule but this was an internal decision made by the licensee and they conceded this could be done. However, the Pharmacist stated that best practice indicates the use one ampoule of a controlled substance for each dose administered.

There is an increased risk of errors in administration of a controlled substance when it is removed from the original labelled container provided by the pharmacy prior to the time of administration.

Sources: Narcotic Control policy, interviews with RPN, the DOC, and a Pharmacist.

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