

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: February 2, 2024	
Inspection Number: 2024-1373-0001	
Inspection Type: Critical Incident Proactive Compliance Inspection	
Licensee: Regency LTC Operating Limited Partnership, by its general partners, Regency Operator GP Inc. and AgeCare Iris Management Ltd.	
Long Term Care Home and City: AgeCare Woodhaven, Markham	
Lead Inspector Asal Fouladgar (751)	Inspector Digital Signature
Additional Inspector(s) Eric Tang (529)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): January 23-26, 29-30, 2024.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • An intake related to IPAC • An intake related to Proactive Compliance Inspection
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The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Skin and Wound Prevention and Management

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Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection prevention and control program.

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure that on every shift the symptoms were recorded, and that immediate action was taken to reduce transmission for resident #011.

Rationale and Summary

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An infection prevention and control (IPAC) checklist was completed as part of this Proactive Compliance Inspection (PCI).

Resident #011 was admitted to the home with a suspected infection and a course of medical treatment was prescribed to treat the condition. Days later, the resident's condition did not improve and the medical treatment was changed.

The home's policy on daily infection surveillance indicated that the registered staff was to complete ongoing documentation during the course of the infection in the resident's progress note.

Resident #011's electronic progress notes did not document resident's infection status on several shifts within a specific time period.

As per the IPAC Lead, the registered staff were expected to document resident's infection status on every shift in resident's progress notes until recovered.

The lack of documentation between the specified time period might have affected the interprofessional team's understanding of resident #011's response to their medical treatment.

Sources: resident #011's electronic progress notes, home's policy on daily infection surveillance, and interview with the IPAC Lead.

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WRITTEN NOTIFICATION: Drug destruction and disposal.

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 148 (2) 2.

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the

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following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

The licensee has failed to ensure that any controlled substance that was to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that was available for administration to a resident, until the destruction and disposal occurred.

Rationale and Summary

A PCI was conducted at the Long-Term Care Home (LTCH).

An observation of a medication cart located on a Resident Home Area (RHA) was made with the presence of Registered Practical Nurse (RPN) #110. Couple of blister packs containing controlled substances for resident #012 were marked for destruction and were stored together with other active blister packs within a locked container placed at the bottom of the medication cart. RPN #110 also confirmed the noted blister packs were for destruction.

The home's pharmacy policy titled, "Destruction and Disposal of Narcotics and Controlled Medications", stated that controlled substances to be destroyed and disposed were to be kept separate from active medications and any controlled substance that was available for administration to a resident, until the medication destruction and disposal occurred.

The Director of Care (DOC) asserted that discontinued controlled substances were to be placed separately from active medications until destruction occurred. The DOC further stated there would be a risk for medication error when discontinued

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controlled substances were stored together with active substances in the same storage area.

There was a potential risk and impact to the residents in that RHA as the discontinued substances could be mistakenly administered to the residents, and therefore, leading to medication error.

Sources: Observations, the home's policy titled, "Destruction and Disposal of Narcotics and Controlled Medications", and staff interview with the DOC.

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