



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

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

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

**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
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 12, 2013	2013_229213_0032	L-000648-13	Complaint

Licensee/Titulaire de permis

CRAIGWIEL GARDENS

221 MAIN STREET, R. R. #1, AILSA CRAIG, ON, N0M-1A0

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

CRAIGHOLME

221 MAIN STREET, R. R. #1, AILSA CRAIG, ON, N0M-1A0

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

RHONDA KUKOLY (213)

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): September 6 & 10, 2013

During the course of the inspection, the inspector(s) spoke with the Director of Care, the Administrator, 2 Residents, 3 Personal Support Workers and 3 Registered Nurses

During the course of the inspection, the inspector(s) made observations; reviewed health records, policies and other relevant documentation

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

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.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs



Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
 - (i) that is used exclusively for drugs and drug-related supplies,
 - (ii) that is secure and locked,
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).
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Findings/Faits saillants :

1. The home failed to ensure that controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart as evidenced by:
 1. A resident was found with a partially full vial of a controlled substance. This resident does not have a prescription for this controlled substance.
 2. The Director of Care confirmed that this resident does not have a prescription for this controlled substance and that there are two residents in the same home area that do use this medication.
 3. The home's current process for disposing of controlled substances does not include procedures for destruction or securing of wastage (ie. partially full vials), which would allow for access to controlled substances. [s. 129. (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 that controlled substances are stored in a separate, double locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart, to be implemented voluntarily.



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WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The home failed to ensure that a post-fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designated for falls as evidenced by:

1. There was no post-fall assessment completed for a resident following a fall.
2. The Director of Care confirmed that it is an expectation that a post fall assessment is completed following a fall and that one had not been completed for this resident. [s. 49. (2)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system

Specifically failed to comply with the following:

s. 114. (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home. O. Reg. 79/10, s. 114 (2).

Findings/Faits saillants :



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1. The licensee ensured that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home as evidenced by:

1. The home's policy and procedure regarding narcotic control indicates the objective: To comply with the Narcotic Control Act which is not the current act and does not include the current Long Term Care Homes Act.
2. The home's policy and procedure regarding narcotic control does not include directions to staff regarding the handling, storage and documentation of wastage and destruction of controlled substances.
3. The home's policy and procedure regarding medication administration has not been updated in accordance with evidence-based practices including the Eight Rights of medication administration.
4. The Director of Care confirmed that these policies are the current policies in place at the home for staff to adhere to. [s. 114. (2)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable. O. Reg. 79/10, s. 136 (6).

Findings/Faits saillants :



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1. The home does not ensure that when a drug is destroyed, the drug is altered or denatured to such an extent that its consumption is rendered impossible or improbable as evidenced by:

1. Registered staff place discontinued and unused medications in their original packaging or other containers in a pail in the medication room.

2. The Director of Care confirmed that medications are not altered or rendered denatured prior to the removal of the pail from the home.

3. The home's pharmacy provider's policy regarding medication destruction indicates: For other medications (non-narcotic), one member of the registered nursing staff appointed by the Director of Care and one other staff member will act as a team to destroy the medications in nursing homes. They will render the discarded medications unusable and seal the medication in the destruction containers provided by the bio-hazardous waste company that is selected by the pharmacy. [s. 136. (6)]

Issued on this 12th day of September, 2013

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

Rhonda Kuboly