



**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
performance et de la conformité**

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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
Dec 20, 2012	2012_214146_0004	H-002231- 12	Complaint

Licensee/Titulaire de permis

1508669 ONTARIO LIMITED

c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400, TORONTO, ON, M5J-2V1

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

WEST PARK HEALTH CENTRE

103 Pelham Road, St Catharines, ON, L2S-1S9

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

BARBARA NAYKALYK-HUNT (146)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 13, 14, 17, 18, 2012

This inspection was conducted with Gillian Tracey (130) concurrent with 3 other complaint inspections H-002037-12, H-002509-11 and H-001523-12.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), registered staff and a resident's family member.

During the course of the inspection, the inspector(s) reviewed health records, a medication policy and procedure, Medical Administration Records (MAR) and observed medication administration to residents.

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	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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.)

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

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. 131.

Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :



1. The licensee did not ensure that drugs are administered to residents in accordance with the directions for use.

Resident 072 had a physician's order that directed staff to administer an extended release capsule which, according to directions for use and the policy and procedure 5-3 Crushing Medications, is not to be crushed.

A medication nurse was pulling apart the extended release capsules for Resident 072 as witnessed by the Substitute Decision Maker(SDM) in December 2012 and giving the medication to the resident in apple sauce. This information was confirmed by the medication nurse, the Administrator and the Director of Care. Medical Pharmacies, the provider, Policy 5-3 Crushing Medications, as obtained from the online site by the DOC, states that Pharmacy will print 'Do Not Crush' on the MAR alongside medications not to be crushed. Resident 072 had the "Do Not Crush" on the MAR alongside the specific medication's name. The same policy also lists the specific medication on an attached list of medications that must not be crushed. [s. 131. (2)]

2. In December 2012 the inspector observed a medication nurse administer noon medications to resident 022. The nurse crushed all the resident's noon medications including a specific medication that was clearly labelled on the MAR as "Do Not Crush". The nurse confirmed that the specific medication had been crushed. [s. 131. (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 that drugs are administered to residents in accordance with the directions for use, to be implemented voluntarily.

WN #2: 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).



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Findings/Faits saillants :

1. The Administrator and two nurses confirmed that there are no Medical Pharmacies policy and procedure manuals accessible to staff or in the Home . The Administrator states that staff do not have passwords or log-ins for the Pharmacies virtual site where online manuals are available. [s. 114. (2)]

Issued on this 20th day of December, 2012

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