

**Home-related – Mandatory**

Home Name:

 Inspection Number: *(hard copy use only)*

Date:

Inspector ID:

| Definition / Description       |   |
|--------------------------------|---|
| <b>Adverse drug reaction:</b>  | A harmful and unintended response by a resident to a drug or combination of drugs which occurs at doses normally used or tested for the diagnosis, treatment or prevention of a disease or the modification of an organic function  |
| <b>Controlled substance:</b>   | A controlled substance within the meaning of the <i>Controlled Drugs and Substances Act</i> (Canada)  |
| <b>Drug:</b>                   | A substance or a preparation containing a substance referred to in clauses (a) through (d) of the definition of drug in subsection 1 (1) of the <i>Drug and Pharmacies Regulation Act</i> , including a substance that would be excluded from that definition by virtue of clauses (f) to (i) of that definition, but does not include a substance referred to in clause (e) of that definition.  |
| <b>Medication incident:</b>    | <p>A preventable event associated with the prescribing, ordering, dispensing, storing, labelling, administering or distributing of a drug, or the transcribing of a prescription, and includes:</p> <ul style="list-style-type: none"> <li>• An act of omission or commission, whether or not it results in harm, injury or death to a resident, or</li> <li>• A near miss event where an incident does not reach a resident but had it done so, harm, injury or death could have resulted</li> </ul> |
| <b>Natural health product:</b> | Natural health product, as that term is defined from time to time by the <i>Natural Health Products Regulations</i> under the <i>Food and Drugs Act</i> (Canada), other than a product that is a substance that has been identified in the regulations made under the <i>Drug and Pharmacies Regulation Act</i> as being a drug for the purposes of that Act despite clause (f) of the definition of 'drug' in subsection 1 (1) of that Act. <i>(this definition for the purposes of r. 132 only)</i> |
| <b>Pharmacist:</b>             | A member of the Ontario College of Pharmacists who holds a certificate of registration as a pharmacist.   |

|                      |  |
|----------------------|--|
| <b>Prescriber:</b>   | A person who is authorized under a health profession Act as defined in the <i>Regulated Health Professions Act, 1991</i> to prescribe a drug within the meaning of that Act.               |
| <b>Prescription:</b> | A direction from a prescriber directing the dispensing of any drug or drugs for a resident.  |
| <b>Topical:</b>      | A drug in the form of a liquid, cream, gel, lotion, ointment, spray or powder that is applied to an area of the skin and is intended to affect only the local area to which it is applied. |

| Use   |
|---|
| <p>This IP is a mandatory task, used to review the home's medication administration and management during the annual inspection of the LTC home.</p> <p>The inspector may also select and complete this IP when concern related to medication administration and management in the home is raised while conducting any type of inspection.</p> <p>The inspection focuses on the licensee's obligations to meet requirements related to:</p> <ul style="list-style-type: none"> <li>• The medication administration and drug storage/ storage</li> <li>• Other medication administration and processes; and</li> <li>• Medication management systems established in the home</li> </ul> <p><b>Note:</b> This IP has a transitional regulation related to 'pharmacy service provider' requirement r. 119 (5).</p> |

| Procedure  |
|--|
| <p>Each section within this IP contains statements that provide guidance to the inspector in the collection of information during an inspection and may not be applicable in every situation. The information collected will be used to determine whether a home is in compliance with the LTCHA.</p> <p>This IP contains three (3) Parts:</p> <ul style="list-style-type: none"> <li>• Part A: Medication Administration and Drug Storage Areas (Mandatory Observations) – <u>All</u> Nursing Inspectors</li> <li>• Part B: Medication Administration – Processes – <u>Assigned</u> Inspector</li> <li>• Part C: Medication Management System – <u>Assigned</u> Inspector</li> </ul> <p><u>During the Annual Inspection:</u></p> <ol style="list-style-type: none"> <li>1. All nurse inspectors on the annual inspection team will complete the following:       <ol style="list-style-type: none"> <li>i. all applicable questions in Part A;</li> <li>ii. observe medication administration at one medication pass for each of three selected residents (on various resident home areas and on various shifts, as appropriate)</li> </ol> </li> </ol> |

**Note:** in the selection of the three residents, include residents identified with high risk conditions and associated medication regimes, such as insulin-dependent diabetes, pain management, dialysis treatment, anticoagulant therapy, psychotropic therapy, etc. (the residents selected may be from the Census Sample, but it is not required.)

**Note:** if the resident receives a number of medications/treatments at one pass -- observe all medication/treatment administration for that resident at that pass;

and

iii. inspect two drug storage areas.

2. Each inspector will complete the assigned task using one (1) IP only.
3. Following completion of the mandatory observation task, nurse inspector(s) will communicate any identified non-compliance during the team meeting.
4. The assigned inspector will complete the applicable portions of Part B and Part C related to the non-compliances identified in Part A.
5. The inspector must document evidence to support non-compliance in the 'Notes' section when answering 'No'.

## PART A: Mandatory Task

### Medication Administration and Drug Storage

#### Observations:

##### The Medication Administration

Observe the administration of medications during medication passes by registered nursing staff on various resident home areas and on various shifts, as appropriate, to determine:

- Compliance with principles for the safe and timely administration of medications practices and in accordance with the directions specified by the prescriber.
- Where non-registered nursing staff administers a topical, determine that the staff member has been trained by a member of the registered nursing staff and is supervised by a member of the registered nursing staff.
- Where a resident is permitted to administer a drug to himself or herself, that a physician or registered nurse in the extended class or other prescriber who attends the resident has authorized this and it is consistent with the home's written policies to ensure that the resident understands the requirements specified in the regulations.
- Whether drugs are in the original labelled container, or as packaged by pharmacy service provider or Ontario Government Supply.

##### Drug Storage Observations

Nurse inspector(s) will access various locations where drugs are stored in the home. Inspectors are to make observations and determine whether drugs and biologicals stored in medication rooms, medication carts, narcotic and controlled substances storage areas, emergency drug box, refrigerator in the medication room, and any other drug storage area as determined by the home, are maintained in keeping with the following conditions:

- Secured (locked) locations, accessible only to designated staff, including those who dispense, prescribe and administer drugs to residents

- Clean and sanitary conditions
- Areas protected from heat, light, and humidity, to maintain efficacy as per manufacturer's instructions, such as refrigerated drugs, etc.
- No more than a 3-month supply is kept in the home at one time for resident use (excluding emergency drug supply)
- A separate key (in possession of staff) for controlled substances, including narcotics and controlled drugs stored in separate double-locked cupboards in locked areas or in separate locked area in locked medication cart
- Appropriate cautionary instructions where applicable, and expiration dates
- Drugs kept in the emergency drug supply are drugs used for emergency purposes only. The drugs in emergency drug supply are those approved by the Medical Director, pharmacy service provider, DONPC and Administrator.

**Information Gathering**
**Observations**

Notes

**Administration of Drugs**

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|-------|--------------------------|--------------------------|--------------------------|--|-------------------|
| 1.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident? | <b>r. 131 (1)</b> |
| Notes |                          |                          |                          |  |                   |

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|-------|--------------------------|--------------------------|--------------------------|--|-------------------|
| 2.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber? | <b>r. 131 (2)</b> |
| Notes |                          |                          |                          |  |                   |

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.          |
|-------|--------------------------|--------------------------|--------------------------|---|-------------------|
| 3.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs? | <b>r. 134 (a)</b> |
| Notes |                          |                          |                          |   |                   |

| No. | Yes                      | No                       | N/A                      | Question   | Act/Reg.                   |
|-----|--------------------------|--------------------------|--------------------------|--|----------------------------|
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does a member of the registered nursing staff permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical only if:<br><br>(a) The staff member has been trained by a member of the | <b>r. 131 (4)(a)(b)(c)</b> |

|              |  |  |  |  |  |
|--------------|--|--|--|--|--|
|              |  |  |  | registered nursing staff in the administration of topicals<br>(b) The member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical, and<br>(c) The staff member who administers the topical does so under the supervision of the member of the registered nursing staff? |  |
| <b>Notes</b> |  |  |  |  |  |

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.          |
|--------------|--------------------------|--------------------------|--------------------------|---|-------------------|
| 5.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident? | <b>r. 131 (5)</b> |
| <b>Notes</b> |                          |                          |                          |   |                   |

| No.          | Yes                      | No                       | N/A                      | Question   | Act/Reg.                     |
|--------------|--------------------------|--------------------------|--------------------------|--|------------------------------|
| 6.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that no resident who is permitted to administer a drug to himself or herself, keeps the drug on his or her person or in his or her room except,<br>(a) As authorized by a physician, registered nurse in the extended class or other prescriber who attends the resident, and<br>(b) In accordance with any conditions that are imposed by the physician, the registered nurse in the extended class or other prescriber?<br><br><i><b>Note:</b> "dentist" means a member of the Royal College of Dental Surgeons of Ontario r. 131 (8)</i> | <b>r. 131 (7)<br/>(a)(b)</b> |
| <b>Notes</b> |                          |                          |                          |  |                              |

**Drug supply**

| No.          | Yes                      | No                       | N/A                      | Question   | Act/Reg.      |
|--------------|--------------------------|--------------------------|--------------------------|--|---------------|
| 7.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that drugs obtained for use in the home, except drugs obtained for any emergency drug supply, are obtained based on resident usage, and that no more than a three-month supply is kept in the home at any time? | <b>r. 124</b> |
| <b>Notes</b> |                          |                          |                          |  |               |

**Packaging of drugs**

| No.          | Yes                      | No                       | N/A                      | Question   | Act/Reg.      |
|--------------|--------------------------|--------------------------|--------------------------|--|---------------|
| 8.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed? | <b>r. 126</b> |
| <b>Notes</b> |                          |                          |                          |  |               |

**Safe storage of drugs**

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.  |
|-------|--------------------------|--------------------------|--------------------------|---|---|
| 9.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that drugs are stored in an area or a medication cart, <ul style="list-style-type: none"> <li>i. that is used exclusively for drugs and drug-related supplies,</li> <li>ii. that is secure and locked,</li> <li>iii. that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and</li> <li>iv. that complies with manufacturer's instructions for the storage of the drugs (i.e. expiration dates, refrigeration, lighting)?</li> </ul> <p><i>Note: This subsection does not apply with respect to drugs that a resident is permitted to keep on his or her person or in his or her room in accordance with subsection 131 (7).</i></p> | <b>r. 129 (1) (a)</b><br><b>(i) (ii) (iii) (iv)</b> |
| Notes |                          |                          |                          |   |   |

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.              |
|-------|--------------------------|--------------------------|--------------------------|---|-----------------------|
| 10.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee 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? | <b>r. 129 (1) (b)</b> |
| Notes |                          |                          |                          |   |                       |

**Security of drug supply**

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.         |
|-------|--------------------------|--------------------------|--------------------------|---|------------------|
| 11.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that all areas where drugs are stored are kept locked at all times, when not in use? | <b>r. 130. 1</b> |
| Notes |                          |                          |                          |   |                  |

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.         |
|-------|--------------------------|--------------------------|--------------------------|---|------------------|
| 12.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator? | <b>r. 130. 2</b> |
| Notes |                          |                          |                          |   |                  |

**PART B: Medication Administration/Processes**
**Record Review / Interview**

Review policies and protocols for safe administration of medication processes to determine:

- Whether procedures are in place for safe medication administration
- Whether monitored dosage system for drug administration is used in the home

- Whether proper packaging of drugs is maintained
- Whether drugs are stored safely – for instance, medication cart which is secured and locked, for controlled substances and all other drugs
- Whether there are records for drug ordering and receiving
- Whether there are policies and procedures for medication incidents and adverse reactions
- Whether there are policies and procedures that address home's responsibility for drug destruction and disposal.

Determine the Medical Director involvement with the:

- Coordination of medical care, which includes, advising on the home's clinical policies and procedures
- Review and evaluation of medication incidents involving adverse drug reactions that are identified or reported.

Review contract with pharmacy service provider outlining responsibilities and requirements, including:

- Provision of drugs to the home on a 24-hour basis, seven days per week, or arrangements for this provision
- Evaluation of therapeutic outcomes of drugs for residents
- Risk management and quality improvement activities, including review of medication incidents, adverse drug reactions and drug utilization
- Educational support to the staff of the home in relation to drugs
- Drug destruction and disposal (*under r. 136 (3) (a) if required by the home's policy*)

Review the home's policy related to emergency drug supply to ensure that it addresses:

- The location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply, tracking and documentation of drugs maintained in the emergency supply, including that no more than a three-month supply is kept in the home at one time (excluding emergency drugs used by the home)
- Evaluation process of the utilization of drugs needed and kept
- Implementation of changes made resulting from the evaluation.

|              |  |  |   |
|--------------|--|--|---|
|              |  |  | <b>Information Gathering</b>            |
|              |  |  | <b>Observations / Provision of Care</b> |
| <b>Notes</b> |  |  |   |

### Resident / Substitute Decision-Maker Interview

Interview the resident or SDM, if any, as appropriate to identify:

- Whether the resident/SDM was advised about the resident's medical condition, and involved in the development of his or her medication regime
- Whether resident/SDM was provided information on the risks and benefits of medications, has an understanding of this information, and is allowed to exercise their right to consent or refuse consent to treatment
- Whether the home staff provided information about the risks and benefits, and offered alternative

|  |  |  |                                 |
|--|--|--|---------------------------------|
| approaches where interventions were declined or refused  |  |  |                                 |
| <ul style="list-style-type: none"> <li>• Whether staff administer medications as appropriate</li> <li>• Whether staff assess and monitor the resident for effectiveness of medications given.</li> </ul> |  |  |                                 |
|  |  |  | <b>Information Gathering</b>    |
|  |  |  | <b>Resident / SDM Interview</b> |
| <b>Notes</b>   |  |  |                                 |

|  |  |  |                              |
|--|--|--|------------------------------|
| <b>Staff Interviews / Observations</b>   |  |  |                              |
| Interview registered staff located in various resident home areas on various shifts where appropriate, to determine their awareness of the home's medication policies and protocols.   |  |  |                              |
| Carry out a record review of physician orders, progress notes, MAR and TAR to determine whether registered staff:  |  |  |                              |
| <ul style="list-style-type: none"> <li>• Administer drugs as ordered</li> <li>• Identify, respond to and evaluate changes in residents' conditions, as appropriate</li> <li>• Document the monitoring and evaluation of PRN drugs administered</li> <li>• Notify the physician if the resident had a significant change of condition or has not responded to the drug regime in accordance with the goals of therapy.</li> </ul> |  |  |                              |
|  |  |  | <b>Information Gathering</b> |
|  |  |  | <b>Staff Interviews</b>      |
| <b>Notes</b>   |  |  |                              |

**Medical directives and orders – drugs**

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.          |
|--------------|--------------------------|--------------------------|--------------------------|---|-------------------|
| 13.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care? | <b>r. 117 (a)</b> |
| <b>Notes</b> |                          |                          |                          |   |                   |

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.          |
|--------------|--------------------------|--------------------------|--------------------------|---|-------------------|
| 14.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs? | <b>r. 117 (b)</b> |
| <b>Notes</b> |                          |                          |                          |   |                   |

**Information in every resident home area or unit**

| No. | Yes                      | No                       | N/A                      | Question   | Act/Reg.                    |
|-----|--------------------------|--------------------------|--------------------------|--|-----------------------------|
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that the following are available in every resident home area or unit in the home: | <b>r. 118 paras 1, 2, 3</b> |

|       |  |  |  |   |  |
|-------|--|--|--|---|--|
|       |  |  |  | 1. Recent and relevant drug reference materials<br>2. The pharmacy service provider's contact information, and<br>3. The contact information of at least one poison control centre or similar body? |  |
| Notes |  |  |  |   |  |

**Retaining of pharmacy service provider**

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.               |
|-------|--------------------------|--------------------------|--------------------------|--|------------------------|
| 16.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee retain a pharmacy service provider for the home? | <b>r. 119 (1), (2)</b> |
| Notes |                          |                          |                          |  |                        |

**Responsibilities of pharmacy service provider**

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.         |
|-------|--------------------------|--------------------------|--------------------------|--|------------------|
| 17.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | For each resident of the home, does the licensee ensure that the pharmacy service provider participates in the following activities: <ul style="list-style-type: none"> <li>• the development of medication assessments</li> <li>• medication administration records</li> <li>• records for medication reassessment, and</li> <li>• maintenance of medication profiles?</li> </ul> | <b>r. 120. 1</b> |
| Notes |                          |                          |                          |  |                  |

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.         |
|-------|--------------------------|--------------------------|--------------------------|--|------------------|
| 18.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that the pharmacy service provider participates in the evaluation of therapeutic outcomes of drugs for residents? | <b>r. 120. 2</b> |
| Notes |                          |                          |                          |  |                  |

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.         |
|-------|--------------------------|--------------------------|--------------------------|--|------------------|
| 19.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that the pharmacy service provider participates in risk management and quality improvement activities, including review of medication incidents, adverse drug reactions and drug utilization? | <b>r. 120. 3</b> |
| Notes |                          |                          |                          |  |                  |

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.         |
|-------|--------------------------|--------------------------|--------------------------|--|------------------|
| 20.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that the pharmacy service provider participates in developing audit protocols for the pharmacy service provider to evaluate the medication management system? | <b>r. 120. 4</b> |
| Notes |                          |                          |                          |  |                  |

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.         |
|-------|--------------------------|--------------------------|--------------------------|--|------------------|
| 21.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that the pharmacy service provider participates in educational support to the staff of the home in relation to drugs? | <b>r. 120. 5</b> |
| Notes |                          |                          |                          |  |                  |

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.         |
|-------|--------------------------|--------------------------|--------------------------|---|------------------|
| 22.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that the pharmacy service provider participates in drug destruction and disposal if required by the licensee's policy? | <b>r. 120. 6</b> |
| Notes |                          |                          |                          |   |                  |

**System for notifying pharmacy service provider**

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.      |
|-------|--------------------------|--------------------------|--------------------------|--|---------------|
| 23.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that a system is in place for notifying the pharmacy service provider within 24 hours of the admission, medical absence, psychiatric absence, discharge, and death of a resident? | <b>r. 121</b> |
| Notes |                          |                          |                          |  |               |

**Purchasing and handling of drugs**

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.                        |
|-------|--------------------------|--------------------------|--------------------------|---|---------------------------------|
| 24.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that no drug is acquired, received or stored by or in the home or kept by a resident unless the drug: <ul style="list-style-type: none"> <li>a) has been prescribed for a resident or obtained for the purposes of the emergency drug supply, and</li> <li>b) has been provided by, or through an arrangement made by, the pharmacy service provider or the Government of Ontario?</li> </ul> <p><i>Note: This subsection does not apply where exceptional circumstance exist such that a drug prescribed for a resident cannot be provided by, or through an arrangement made by, the pharmacy service provider- r. 122 (2)</i></p> | <b>r. 122 (1)<br/>(a)and(b)</b> |
| Notes |                          |                          |                          |   |                                 |

**Monitored dosage system**

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|-------|--------------------------|--------------------------|--------------------------|--|-------------------|
| 25.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that a monitored dosage system is used in the home for the administration of drugs? | <b>r. 125 (1)</b> |
| Notes |                          |                          |                          |  |                   |

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.          |
|-------|--------------------------|--------------------------|--------------------------|---|-------------------|
| 26.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the monitored dosage system promote the ease and accuracy of the administration of drugs to residents and support monitoring and drug verification activities? | <b>r. 125 (2)</b> |
| Notes |                          |                          |                          |   |                   |

**Administration of drugs**

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|-------|--------------------------|--------------------------|--------------------------|--|-------------------|
| 27.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse? | <b>r. 131 (3)</b> |
| Notes |                          |                          |                          |  |                   |

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.                           |
|-------|--------------------------|--------------------------|--------------------------|---|------------------------------------|
| 28.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Where a resident is permitted to administer a drug to himself or herself, does the licensee ensure that there are written policies to ensure that the residents who do so understand: <ul style="list-style-type: none"> <li>(a) The use of the drug</li> <li>(b) The need for the drug</li> <li>(c) The need for monitoring and documentation of the use of the drug, and</li> <li>(d) The necessity for safekeeping of the drug by the resident where the resident is permitted to keep the drug on his or her person or in his or her room?</li> </ul> | <b>r. 131 (6)<br/>(a)(b)(c)(d)</b> |
| Notes |                          |                          |                          |   |                                    |

**Drug record (ordering and receiving)**

| No. | Yes                      | No                       | N/A                      | Question   | Act/Reg.            |
|-----|--------------------------|--------------------------|--------------------------|--|---------------------|
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that a drug record is established, maintained and kept in the home for at least two years, in which is recorded the following information, in respect of every drug that is ordered and received in the home: <ol style="list-style-type: none"> <li>1. The date the drug is ordered</li> <li>2. The signature of the person placing the order</li> <li>3. The name, strength and quantity of the drug</li> <li>4. The name of the place from which the drug is ordered</li> <li>5. The name of the resident for whom the drug is prescribed, where applicable</li> <li>6. The prescription number, where applicable</li> <li>7. The date the drug is received in the home</li> </ol> | <b>r. 133 (1-9)</b> |

|              |  |  |  |   |  |
|--------------|--|--|--|---|--|
|              |  |  |  | 8. The signature of the person acknowledging receipt of the drug on behalf of the home<br><br>9. Where a controlled substance is destroyed, including documentation as per section 136 (4)? |  |
| <b>Notes</b> |  |  |  |   |  |

**Resident's drug regimes**

| No.          | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|--------------|--------------------------|--------------------------|--------------------------|--|-------------------|
| 30.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs? | <b>r. 134 (b)</b> |
| <b>Notes</b> |                          |                          |                          |  |                   |

| No.          | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|--------------|--------------------------|--------------------------|--------------------------|--|-------------------|
| 31.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | At least quarterly, does the licensee ensure that there is a documented reassessment of each resident's drug regime? | <b>r. 134 (c)</b> |
| <b>Notes</b> |                          |                          |                          |  |                   |

**Medication incidents and adverse drug reactions**

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.                      |
|--------------|--------------------------|--------------------------|--------------------------|---|-------------------------------|
| 32.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that every medication incident involving a resident and every adverse drug reaction is: <ul style="list-style-type: none"> <li>(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health, and</li> <li>(b) reported to the resident, the resident's SDM, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider?</li> </ul> | <b>r. 135 (1) (a)<br/>(b)</b> |
| <b>Notes</b> |                          |                          |                          |   |                               |

| No.          | Yes                      | No                       | N/A                      | Question   | Act/Reg.                          |
|--------------|--------------------------|--------------------------|--------------------------|--|-----------------------------------|
| 33.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that: <ul style="list-style-type: none"> <li>(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed</li> <li>(b) corrective action is taken as necessary, and</li> <li>(c) a written record is kept of everything required under clauses (a) and (b)?</li> </ul> | <b>r. 135 (2) (a)<br/>(b) (c)</b> |
| <b>Notes</b> |                          |                          |                          |  |                                   |

**Drug destruction and disposal**

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.                         |
|--------------|--------------------------|--------------------------|--------------------------|---|----------------------------------|
| 34.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that when a drug that is to be destroyed is a controlled substance, it will be done by a team acting together and composed of: <ol style="list-style-type: none"> <li>i. one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and</li> <li>ii. a physician or a pharmacist?</li> </ol> | <b>r. 136 (3)<br/>(a)(i)(ii)</b> |
| <b>Notes</b> |                          |                          |                          |   |                                  |

| No.          | Yes                      | No                       | N/A                      | Question   | Act/Reg.                        |
|--------------|--------------------------|--------------------------|--------------------------|--|---------------------------------|
| 35.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that where a drug that is to be destroyed is not a controlled substance, it will be done by a team acting together and composed of: <ol style="list-style-type: none"> <li>i. one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and</li> <li>ii. one other staff member appointed by the Director of Nursing?</li> </ol> | <b>r. 136<br/>(3)(b)(i)(ii)</b> |
| <b>Notes</b> |                          |                          |                          |  |                                 |

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.          |
|--------------|--------------------------|--------------------------|--------------------------|---|-------------------|
| 36.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee 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? | <b>r. 136 (6)</b> |
| <b>Notes</b> |                          |                          |                          |   |                   |

**Restraining by administration of drug, etc., under common law duty**

| No. | Yes                      | No                       | N/A                      | Question   | Act/Reg.                    |
|-----|--------------------------|--------------------------|--------------------------|--|-----------------------------|
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that every administration of a drug to restrain a resident when immediate action is necessary to prevent serious bodily harm to the resident or to others pursuant to the common law duty, is documented, and does the licensee ensure that the following are documented: <ol style="list-style-type: none"> <li>1. Circumstances precipitating the administration of the drug</li> <li>2. Who made the order, what drug was administered, the dosage given, by what means the drug was administered, the time or times when the drug was administered and who administered the drug</li> <li>3. The resident's response to the drug</li> <li>4. All assessments, reassessments and monitoring of the resident</li> <li>5. Discussions with the resident or where the resident is incapable, the resident's substitute decision-maker, following the</li> </ol> | <b>r. 137 (2)<br/>(1-5)</b> |

|              |  |  |  |  |  |
|--------------|--|--|--|--|--|
|              |  |  |  | administration of the drug to explain the reasons for the use of the drug? |  |
| <b>Notes</b> |  |  |  |  |  |

**PART C – Medication Management System**

| No.          | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|--------------|--------------------------|--------------------------|--------------------------|--|-------------------|
| 38.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has the licensee developed an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents? | <b>r. 114 (1)</b> |
| <b>Notes</b> |                          |                          |                          |  |                   |

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.          |
|--------------|--------------------------|--------------------------|--------------------------|---|-------------------|
| 39.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has 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? | <b>r. 114 (2)</b> |
| <b>Notes</b> |                          |                          |                          |   |                   |

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.              |
|--------------|--------------------------|--------------------------|--------------------------|---|-----------------------|
| 40.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the written policies and protocols developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices? | <b>r. 114 (3) (a)</b> |
| <b>Notes</b> |                          |                          |                          |   |                       |

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.              |
|--------------|--------------------------|--------------------------|--------------------------|---|-----------------------|
| 41.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the written policies and protocols reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director? | <b>r. 114 (3) (b)</b> |
| <b>Notes</b> |                          |                          |                          |   |                       |

**Policies to be followed**

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.                |
|--------------|--------------------------|--------------------------|--------------------------|---|-------------------------|
| 42.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is:<br><br>(a) in compliance with and is implemented in accordance with all applicable requirements under the Act, and<br><br>(b) complied with? | <b>r. 8 (1) (a) (b)</b> |
| <b>Notes</b> |                          |                          |                          |   |                         |

**Quarterly evaluation**

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.          |
|-------|--------------------------|--------------------------|--------------------------|---|-------------------|
| 43.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least <u>quarterly</u> to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system? | <b>r. 115 (1)</b> |
| Notes |                          |                          |                          |   |                   |

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.          |
|-------|--------------------------|--------------------------|--------------------------|---|-------------------|
| 44.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Where the pharmacy service provider is a corporation, does the licensee ensure that a pharmacist from the pharmacy service provider participates in the quarterly evaluation? | <b>r. 115 (2)</b> |
| Notes |                          |                          |                          |   |                   |

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.                        |
|-------|--------------------------|--------------------------|--------------------------|--|---------------------------------|
| 45.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the quarterly evaluation of the medication management system include at least: <ul style="list-style-type: none"> <li>(a) reviewing drug utilization trends and drug utilization patterns in the home, including the use of any drug or combination of drugs, including psychotropic drugs, that could potentially place residents at risk</li> <li>(b) reviewing reports of any medication incidents and adverse drug reactions referred to in subsections 135 (2) and (3) and all instances of the restraining of residents by the administration of a drug when immediate action is necessary to prevent serious bodily harm to a resident or to others pursuant to the common law duty referred to in section 36 of the Act, and</li> <li>(c) identifying changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices?</li> </ul> | <b>r. 115 (3)<br/>(a)(b)(c)</b> |
| Notes |                          |                          |                          |  |                                 |

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.          |
|-------|--------------------------|--------------------------|--------------------------|---|-------------------|
| 46.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that the changes identified in the quarterly evaluation are implemented? | <b>r. 115 (4)</b> |
| Notes |                          |                          |                          |   |                   |

| No. | Yes                      | No                       | N/A                      | Question  | Act/Reg.          |
|-----|--------------------------|--------------------------|--------------------------|---|-------------------|
| 47. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that a written record is kept of the results of the quarterly evaluation and of any changes that were implemented? | <b>r. 115 (5)</b> |

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|-------|--|
| Notes |  |
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**Annual evaluation**

| No. | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|-----|--------------------------|--------------------------|--------------------------|--|-------------------|
| 48. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meets <u>annually</u> to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system? | <b>r. 116 (1)</b> |

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| Notes |  |
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| No. | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|-----|--------------------------|--------------------------|--------------------------|--|-------------------|
| 49. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Where the pharmacy service provider is a corporation, does the licensee ensure that a pharmacist from the pharmacy service provider participates in the annual evaluation? | <b>r. 116 (2)</b> |

|       |  |
|-------|--|
| Notes |  |
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| No. | Yes                      | No                       | N/A                      | Question   | Act/Reg.                        |
|-----|--------------------------|--------------------------|--------------------------|--|---------------------------------|
| 50. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the annual evaluation of the medication management system: <ul style="list-style-type: none"> <li>(a) include a review of the quarterly evaluations in the previous year as referred to in section 115,</li> <li>(b) use an assessment instrument designed specifically for this purpose, and</li> <li>(c) identify changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices?</li> </ul> | <b>r. 116 (3)<br/>(a)(b)(c)</b> |

|       |  |
|-------|--|
| Notes |  |
|-------|--|

| No. | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|-----|--------------------------|--------------------------|--------------------------|--|-------------------|
| 51. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that the changes identified in the annual evaluation are implemented? | <b>r. 116 (4)</b> |

|       |  |
|-------|--|
| Notes |  |
|-------|--|

| No. | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|-----|--------------------------|--------------------------|--------------------------|--|-------------------|
| 52. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that a written record is kept of the results of the annual evaluation and of any changes that were implemented? | <b>r. 116 (5)</b> |

|       |  |
|-------|--|
| Notes |  |
|-------|--|

**Retaining of pharmacy service provider**

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|-------|--------------------------|--------------------------|--------------------------|--|-------------------|
| 53.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the pharmacy service provider a holder of a certificate of accreditation for the operation of the pharmacy under section 139 of the <i>Drug and Pharmacies Regulation Act</i> ? | <b>r. 119 (2)</b> |
| Notes |                          |                          |                          |  |                   |

**Transition**

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.          |
|-------|--------------------------|--------------------------|--------------------------|---|-------------------|
| 54.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is there a written contract between the licensee and the pharmacy service provider setting out the responsibilities of the pharmacy service provider? | <b>r. 119 (3)</b> |
| Notes |                          |                          |                          |   |                   |

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.                      |
|-------|--------------------------|--------------------------|--------------------------|--|-------------------------------|
| 55.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the written contract provide that the pharmacy service provider shall:<br>(a) provide drugs to the home on a 24-hour basis, seven days a week, or arrange for their provision by another holder of a certificate of accreditation for the operation of a pharmacy under section 139 of the <i>Drug and Pharmacies Regulation Act</i> , and<br>(b) perform all the other responsibilities of the pharmacy service provider under the Regulation? | <b>r. 119 (4) (a)<br/>(b)</b> |
| Notes |                          |                          |                          |  |                               |

**Emergency drug supply**

| No.   | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|-------|--------------------------|--------------------------|--------------------------|--|-------------------|
| 56.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee who maintains an emergency drug supply for the home ensure that only drugs approved for this purpose by the Medical Director in collaboration with the pharmacy service provider, the Director of Nursing and the Administrator, are kept? | <b>r. 123 (a)</b> |
| Notes |                          |                          |                          |  |                   |

| No. | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|-----|--------------------------|--------------------------|--------------------------|--|-------------------|
| 57. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee who maintains an emergency drug supply for the home ensure that a written policy is in place to address: <ul style="list-style-type: none"> <li>• the location of the supply,</li> <li>• procedures and timing for reordering drugs,</li> <li>• access to the supply,</li> </ul> | <b>r. 123 (b)</b> |

|              |  |  |  |   |  |
|--------------|--|--|--|---|--|
|              |  |  |  | <ul style="list-style-type: none"> <li>• use of drugs in the supply, and</li> <li>• tracking and documentation with respect to the drugs maintained in the supply?</li> </ul> |  |
| <b>Notes</b> |  |  |  |   |  |

| No.          | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|--------------|--------------------------|--------------------------|--------------------------|--|-------------------|
| 58.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee who maintains an emergency drug supply for the home ensure that, at least annually, there is an evaluation done by the Medical Director, pharmacy service provider, DONPC and Administrator, of the utilization of drugs kept in the emergency drug supply in order to determine the need for the drugs? | <b>r. 123 (c)</b> |
| <b>Notes</b> |                          |                          |                          |  |                   |

| No.          | Yes                      | No                       | N/A                      | Question   | Act/Reg.          |
|--------------|--------------------------|--------------------------|--------------------------|--|-------------------|
| 59.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee who maintains an emergency drug supply for the home ensure that any recommended changes resulting from the evaluation are implemented? | <b>r. 123 (d)</b> |
| <b>Notes</b> |                          |                          |                          |  |                   |

**Changes in directions for administration**

| No.          | Yes                      | No                       | N/A                      | Question   | Act/Reg.      |
|--------------|--------------------------|--------------------------|--------------------------|--|---------------|
| 60.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that a policy is developed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director, to govern <u>changes in the administration of a drug</u> due to modifications of directions for use made by a prescriber, including temporary discontinuation? | <b>r. 127</b> |
| <b>Notes</b> |                          |                          |                          |  |               |

**Sending of drugs with a resident**

| No.          | Yes                      | No                       | N/A                      | Question   | Act/Reg.      |
|--------------|--------------------------|--------------------------|--------------------------|--|---------------|
| 61.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that a policy is developed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director, to govern <u>the sending of a drug</u> that has been prescribed for a resident with him or her when he or she leaves the home on a temporary basis or is discharged? | <b>r. 128</b> |
| <b>Notes</b> |                          |                          |                          |  |               |

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.          |
|-------|--------------------------|--------------------------|--------------------------|---|-------------------|
| 62.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that where a resident wishes to use a drug that is a natural health product and that has not been prescribed, there are written policies and procedures to govern the use, administration and storage of the natural health product? | <b>r. 132 (1)</b> |
| Notes |                          |                          |                          |   |                   |

**Monitored dosage system**

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.         |
|-------|--------------------------|--------------------------|--------------------------|---|------------------|
| 63.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that a monthly audit is undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies, and that immediate action is taken if any discrepancies are discovered? | <b>r. 130. 3</b> |
| Notes |                          |                          |                          |   |                  |

**Medication incidents and adverse drug reactions**

| No.   | Yes                      | No                       | N/A                      | Question  | Act/Reg.                        |
|-------|--------------------------|--------------------------|--------------------------|---|---------------------------------|
| 64.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that: <ul style="list-style-type: none"> <li>(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions,</li> <li>(b) any changes and improvements identified in the review are implemented, and</li> <li>(c) a written record is kept of everything provided for in clause (a) and (b)?</li> </ul> | <b>r. 135 (3)<br/>(a)(b)(c)</b> |
| Notes |                          |                          |                          |   |                                 |

**Drug destruction and disposal**

| No. | Yes                      | No                       | N/A                      | Question   | Act/Reg.                           |
|-----|--------------------------|--------------------------|--------------------------|--|------------------------------------|
| 65. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure that, as part of the medication management system, a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of: <ul style="list-style-type: none"> <li>(a) all expired drugs</li> <li>(b) all drugs with illegible labels</li> <li>(c) all drugs that are in containers that do not meet the requirements for marking containers specified under section 156 (3) of the <i>Drug and Pharmacies Regulation Act</i>, and</li> <li>(d) a resident's drug where,               <ul style="list-style-type: none"> <li>i. The prescriber attending the resident orders that the use of the drug be discontinued</li> </ul> </li> </ul> | <b>r. 136 (1)<br/>(a)(b)(c)(d)</b> |

|              |  |  |  |   |  |
|--------------|--|--|--|---|--|
|              |  |  |  | ii. The resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the <i>Vital Statistics Act</i> or the resident's attending physician, or<br><br>iii. The resident is discharged and the drugs prescribed for the resident are not sent with the resident? |  |
| <b>Notes</b> |  |  |  |   |  |

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.            |
|--------------|--------------------------|--------------------------|--------------------------|---|---------------------|
| 66.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the home's drug destruction and disposal policy include that drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs? | <b>r. 136 (2) 1</b> |
| <b>Notes</b> |                          |                          |                          |   |                     |

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.            |
|--------------|--------------------------|--------------------------|--------------------------|---|---------------------|
| 67.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the home's drug destruction and disposal policy include 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? | <b>r. 136 (2) 2</b> |
| <b>Notes</b> |                          |                          |                          |   |                     |

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.            |
|--------------|--------------------------|--------------------------|--------------------------|---|---------------------|
| 68.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the home's drug destruction and disposal policy include that drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices? | <b>r. 136 (2) 3</b> |
| <b>Notes</b> |                          |                          |                          |   |                     |

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.            |
|--------------|--------------------------|--------------------------|--------------------------|---|---------------------|
| 69.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the home's drug destruction and disposal policy include that drugs that are to be destroyed are destroyed in accordance with r. 136 (3)? | <b>r. 136 (2) 4</b> |
| <b>Notes</b> |                          |                          |                          |   |                     |

| No. | Yes                      | No                       | N/A                      | Question  | Act/Reg.                    |
|-----|--------------------------|--------------------------|--------------------------|---|-----------------------------|
| 70. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has the licensee ensured that where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy provides that the applicable team document the following in the drug record: | <b>r. 136 (4)<br/>(1-8)</b> |

|              |  |  |  |   |  |
|--------------|--|--|--|---|--|
|              |  |  |  | 1. The date of removal of the drug from the drug storage area<br>2. The name of the resident for whom the drug was prescribed, where applicable<br>3. The prescription number of the drug, where applicable<br>4. The drug's name, strength and quantity<br>5. The reason for destruction<br>6. The date when the drug was destroyed<br>7. The names of the persons who destroyed the drug<br>8. The manner of destruction of the drug? |  |
| <b>Notes</b> |  |  |  |   |  |

| No.          | Yes                      | No                       | N/A                      | Question  | Act/Reg.                        |
|--------------|--------------------------|--------------------------|--------------------------|---|---------------------------------|
| 71.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the licensee ensure:<br>(a) that the drug destruction and disposal system is audited at least annually to verify that the licensee's procedures are being followed and are effective?<br>(b) that any changes identified in the audit are implemented; and<br>(c) that a written record is kept of everything provided for in clauses (a) and (b)? | <b>r. 136 (5)<br/>(a)(b)(c)</b> |
| <b>Notes</b> |                          |                          |                          |   |                                 |

Based on information collected during the inspection process, the inspector may determine the need to select and further inspect other related care/services areas. When this occurs, the inspector will document reason(s) for further inspection in Ad Hoc Notes, select and complete other relevant IPs related to Medication, for example:

- Admission Process
- Critical Incident Response
- Dignity, Choice and Privacy
- Falls Prevention
- Pain
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Quality Improvement
- Reporting and Complaints
- Responsive Behaviours
- Safe and Secure Home
- Skin and Wound Care

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

- Sufficient Staffing
- Training and Orientation