

Insight Series – Issue 2

Medication Administration in Licensed Retirement Homes

April 2026

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About the Insight Series

The Insight Series reflects RHRA's ongoing commitment to provide compliance support and guidance to licensees and assist them in meeting the requirements for licensed retirement homes. Each edition features insights on trends affecting residents and offers practical guidance.

The RHRA's mandate is to protect the safety and well-being of seniors living in Ontario's retirement homes. To help fulfill this mandate, the RHRA creates programs and resources to support licensees and operators. To learn more or if you have questions related to the content of the Insight Series, please contact RHRA's Licensee Engagement and Support team at info@rhra.ca.

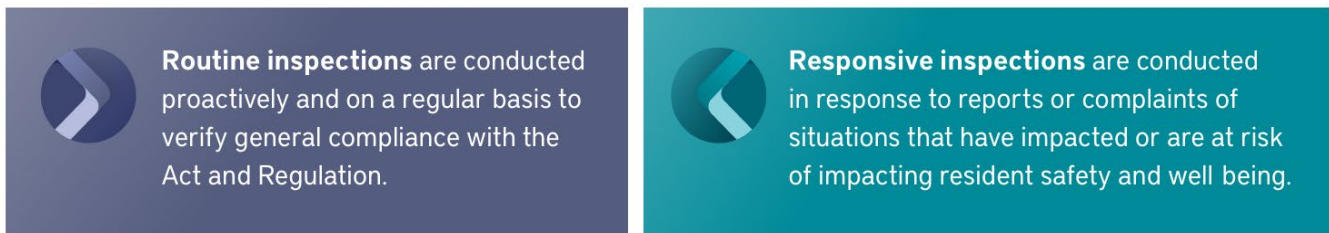
The first issue of the Insight Series focused on protection from abuse and prevention of neglect. To view the report, please [click here](#).

Inspections

RHRA's Process to Determine if Non-Compliance Resulted in Negative Impacts to Resident Well-being

This section provides insight into the two main types of inspections conducted by the RHRA, as well as our process to determine if non-compliance found at an inspection resulted in harm or negatively impacted a resident's safety or well-being. This could be a result of physical, social or psychological harm.

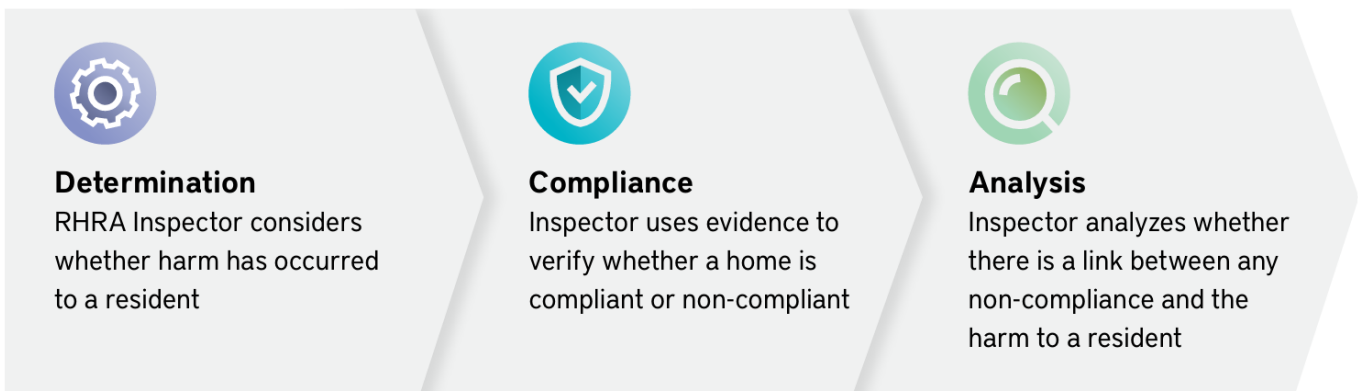
Compliance is primarily verified during inspections.
Below are the two main types of inspections that the RHRA conducts:



During a **Routine Inspection**, compliance is assessed based on several factors. The Inspector may observe the environment, speak with residents, staff, and other involved individuals, and review relevant documentation, including policies and resident care notes.

For **Responsive Inspections**, an Inspector will utilize all available information to determine if the licensee was compliant before, during, and after a reported incident. If non-compliance is identified, an analysis is conducted to assess whether the non-compliance contributed to a negative outcome for a resident.

The diagram below outlines the process RHRA's inspectors follow to determine whether non-compliance is linked to negative impacts to a resident's safety and well-being.



Top Areas of Non-Compliance that Impact Resident Safety and Well-being

In the last fiscal year (April 1, 2024 through March 31, 2025), non-compliance in the following five areas of the legislation most impacted resident safety and well-being:

- *Abuse and neglect*
- *Resident record, assessment and plan of care*
- *Behaviour management*
- *Staff training*
- *Medication administration*

The previous [Insight Series](#) focused on abuse and neglect. This issue looks at medication administration, a care service offered in almost every licensed retirement home. According to the Canadian Medical Association, seniors face a higher risk of medication interactions and adverse drug reactions than younger individuals, largely due to increasing age, multiple medical conditions and heightened sensitivity to medications¹. The World Health Organization has further identified unsafe medication practices and medication errors as a leading cause of injury and preventable harm in care settings worldwide². This issue shares trends related to medication administration and guidance to support compliance.

Medication Administration in Licensed Retirement Homes



In licensed retirement homes, medication administration includes acquiring, receiving and storing medications or other substances, as well as activities related to dispensing, administering, destroying or disposing of medications or other substances. It includes putting a medication on or into a resident's body, taking responsibility for directing or supervising a resident while they take a medication, or providing reminders to residents to take medications. It also includes documentation of the activities listed above.

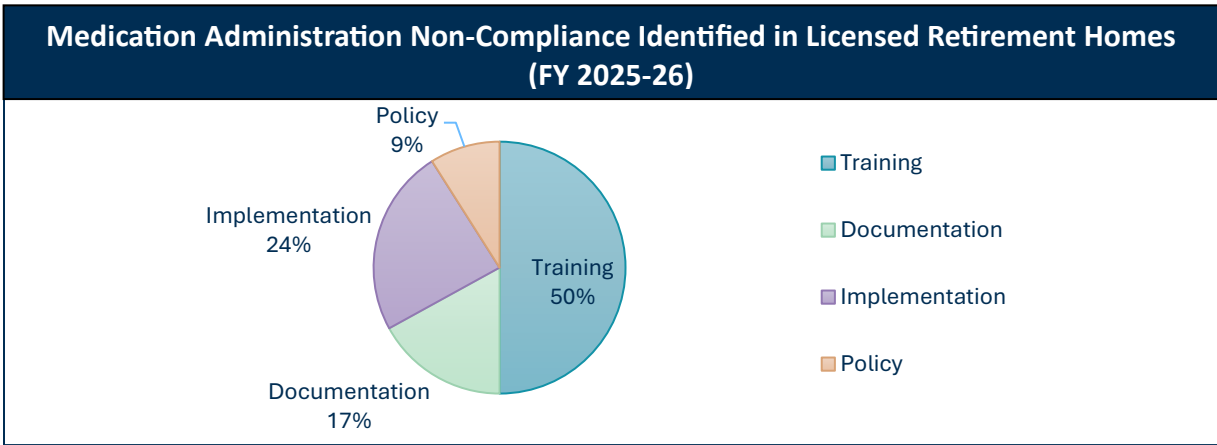


Medication administration must be supervised by a member of a College, as defined in the *Regulated Health Professions Act, 1991*. The regulated health professional who supervises must provide a sufficient level of oversight and monitoring to confirm that the retirement home is complying with the necessary requirements, and that medications are administered accurately and safely to residents.

The requirements outlined in the [Retirement Homes Act, 2010](#) and [Regulation](#) around medication administration relate to four general areas: **staff training, policy, implementation and documentation**. During the last fiscal year (April 1, 2024 to March 31, 2025), the RHRA conducted inspections at 676 retirement homes, of which 73 received citations for non-compliance related to medication administration. In half of the homes, staff training was the most frequently cited area, followed by implementation, documentation, and policy. The breakdown is shown in the chart on the next page:

¹ [Canadian Medical Association – Medication Use and Seniors](#)

² [World Health Organization – Medication Without Harm](#)



Medication Administration-Related Requirements, Examples and Compliance Guidance

This section of the report provides insight into the areas of medication administration (staff training, policy, implementation and documentation) by outlining requirements, examples and tips to support compliance.

Medication Administration – Staff Training

Requirement	Staff who administer medication to residents must complete training in the policies and procedures related to medication administration before administering medications and every year after. They must also be trained to reduce the incidence of infectious disease, including maintaining proper hand hygiene, the safe disposal of syringes and other sharps, and recognizing and appropriately responding to adverse drug reactions.
Examples	During the last fiscal year, half of all non-compliance related to medication administration involved staff training. Staff training records may be reviewed during inspections. Most training-related citations for medication administration were issued because the required training of unregulated care providers was not completed. This includes annual training and training related to medications that require specific instruction. For example, staff may have received training to administer oral medications such as tablets, capsules, and liquids, but have not been trained to administer other forms of medications that residents require, including eye drops and topical medications.
Tips to Support Compliance	Licensees and operators must ensure all staff who administer medications complete the mandatory training before doing so, receive annual retraining, and maintain up-to-date documentation confirming this. Pharmacists and other regulated health professionals with expertise in medication administration often provide support and training to staff. Ensuring that all staff have completed the required training, are trained on the specific medications they administer, and that training records are kept up to date and easily accessible will help demonstrate compliance. Examples of training records include training logs and pharmacy-issued training certificates that are up to date and list the staff member’s name and the date the training was completed.

Medication Administration – Policy and Implementation

Licensed retirement homes that provide medication administration are required to establish a medication management system. This system must include documented policies and procedures to ensure that medications are correctly:

- Acquired
- Received
- Stored
- Dispensed
- Administered
- Destroyed and disposed of

Implementation of the medication management system refers to putting a retirement home’s medication administration policies and procedures into practice and following them consistently.

Requirements, Examples and Tips to Support Compliance

Below are four requirements related to medication administration policies and implementation, along with examples and associated tips:

	Medication Prescriptions
Requirement	All medications administered to residents must be prescribed by someone authorized by the <i>Regulated Health Professions Act, 1991</i> .
Examples	To confirm compliance with this requirement, inspectors review relevant policies and resident records. Some common examples of non-compliance include: <ul style="list-style-type: none"> • No record or evidence of a prescription on file. • Prescription records not authorized by the prescriber.
Tips to Support Compliance	To demonstrate compliance, homes must ensure that there is evidence that drugs, as defined in the <i>Drug and Pharmacies Regulation Act</i> , have been prescribed by an authorized prescriber. Examples include copies of prescriptions, medication reviews, and prescription sheets from hospital transfers <i>that are signed and dated by the prescriber</i> . Keeping this documentation accurate, complete and readily available can assist with compliance in this area. More information on prescriptions is available through resources such as the College of Physicians and Surgeons of Ontario’s Prescribing Drugs resource and the Drug and Pharmacies Regulation Act .

	Medication Policies and Implementation
Requirement	Retirement homes are required to implement their written policies and procedures and ensure they are followed.
Examples	Examples of non-compliance related to this requirement are: <ul style="list-style-type: none"> • The home’s policies for re-ordering medication requiring refills were not followed. • The home’s policies relating to the administration of PRN (as-needed) medications were not followed.

Tips to Support Compliance	To demonstrate compliance, licensees and operators can regularly review their medication administration policies to ensure they include instruction for specific processes such as ordering and refilling medications. For medications with PRN (as-needed) instructions, homes can provide clear instruction on when the medication should be administered. This helps ensure that residents receive the medication when required and staff understand when it should be given. Clear policies and procedures can also assist by outlining any steps for staff to follow for PRN medications. Keeping these policies current, and accessible, and ensuring that staff are trained and follow them, supports compliance and ensures residents receive medications when they need them.
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Medication Administration	
Requirement	Medication must be administered according to the directions specified by the prescriber.
Examples	Some examples of non-compliance include: <ul style="list-style-type: none"> • Prescribed medications not administered to residents. • Medications administered in incorrect dosages. • Medications administered at incorrect times.
Tips to Support Compliance	To demonstrate compliance, retirement homes must implement policies and processes that ensure medications are administered as prescribed. This includes reviewing the documentation for resident prescriptions and confirming that administration directions are accurately documented on the medication administration record and administered accordingly.

Medication Storage	
Requirement	All medications must be stored in an area or medication cart that is locked, secure, and protects the medications from heat, light, humidity, or other environmental conditions that may affect their efficacy. In addition, these areas must only be used to store medications and substances and supplies relating to medications. Controlled substances must be stored separately from other medications in a stationary, locked compartment within another locked area, such as a medication cart, and audited monthly. Controlled substances, as defined in the <i>Controlled Drugs and Substances Act</i> , include medications such as morphine, hydromorphone, oxycodone and tramadol.
Examples	Some examples of non-compliance include: <ul style="list-style-type: none"> • Medication cart left unlocked. • Controlled substances stored among other medications in a medication cart. • Monthly audit of controlled substances not completed.
Tips to Support Compliance	To demonstrate compliance, retirement homes must have policies and procedures to ensure and demonstrate that medications and controlled substances are properly accounted for, stored correctly, and always kept secure. Staff who administer medications must be trained on these policies and procedures and implement them accordingly.

Medication Administration – Documentation

<p>Requirement</p>	<p>Detailed and accurate records are required to be maintained. This includes:</p> <ul style="list-style-type: none"> • Maintaining records on medications, including the amount, route of administration, and the date and time each medication is given. • Documenting all medication errors, including details of the error, any resident reaction, actions taken in response, reporting the error to the required parties, and any action taken to prevent future harm. • Conducting an annual evaluation of the retirement home’s medication administration practices, focusing on risks such as medication errors and adverse drug reactions, and maintaining a written record of each evaluation.
<p>Examples</p>	<p>Non-compliance often relates to inaccurate or incomplete documentation on the medication administration record. In some cases, essential details, such as the date, time, or the signature of the staff member who administered the medication, were missing.</p> <p>The legislation describes a medication error as any action or inaction relating to prescribing, transcribing, ordering, storing, labelling, dispensing, administering, or distributing of a drug or other substance that <i>results in harm to a resident</i>. When these medication errors occur, the actions taken to assess and respond to the resident are documented, but reporting the error to the required parties is not completed as required. The Regulation requires reporting to the resident, their substitute decision maker or, if applicable and to the extent they are known to the licensee, the power of attorney, the prescriber, pharmacy, and attending physician or nurse practitioner.</p> <p>In some cases, the annual evaluations of medication administration practices and medication errors do not occur within the required timeframe, or documentation of the evaluation process is not completed.</p>
<p>Tips to Support Compliance</p>	<p>Medication administration records and annual evaluations are among the documents that may be reviewed during an inspection. If <i>harm</i> from a medication error occurs, ensuring the required steps are documented and the documentation is complete, up to date and easily accessible can assist in demonstrating compliance. Documenting annual evaluations and the action taken after a medication error occurs, including the date of the error, topics discussed, and steps taken to improve processes, will also help to demonstrate compliance. For instances where medication incidents do not result in harm, retirement homes can establish policies outlining the required steps, including reporting requirements, and ensure staff are trained on them.</p>

Common Factors That Can Impact Medication Administration

While there are multiple factors that have been found to impact medication administration in licensed retirement homes, this section of the report highlights two common factors: **transitions of care** and **high-alert medications**.

When Residents Transition into a Retirement Home

Transitions into a licensed retirement home, whether from home or from a healthcare setting such as a hospital, can create conditions which lead to medication errors³. Medications can change during transitions, particularly from a healthcare setting or after a medical appointment.

³ ISMP Canada – [Hospital to Home – Facilitating Medication Safety at Transitions](#)

Being able to show that new medication orders were reviewed helps demonstrate compliance. For example, after a resident returns from the hospital, the Medication Administration Record should be updated to reflect any newly prescribed or changed medications.

High-Alert Medications

Retirement home residents often use multiple medications, which could include some that are considered “high-alert” by the Institute for Safe Medication Practices Canada⁴. High-alert medications are medications that bear a heightened risk of significant harm when used in error⁵. Some examples commonly administered in licensed retirement homes include insulin, Lorazepam, and warfarin.

Staff responsible for administering high-alert medications must be trained on how to administer them safely and follow the directions from the prescriber. Some medication may include required monitoring or special instructions such as checking a blood glucose level or to administer ‘as needed’. Retirement homes should work with the regulated health professional supervising medication administration to review any process related to administering a medication that requires monitoring or a clinical assessment.

Potential Neglect

Medication-related incidents can lead to other areas of non-compliance such as neglect. Neglect is defined as *the failure to provide a resident with the care and assistance required for their health, safety or well-being and includes inaction or a pattern of inaction that jeopardizes the health or safety of one or more residents*

For example, when medications are not administered as prescribed or needed, in certain circumstances it may place a resident’s health and safety at risk. If the outcome is severe or level of risk to the resident is high, this could impact the ability to provide the care necessary to support the resident’s health and safety and may meet the definition of neglect under the Act. Ultimately, this highlights the retirement home’s responsibility to maintain safe, accurate, and appropriate medication practices to protect residents from harm.



The legislation requires the reporting of harm, or risk of harm, to a resident from improper or incompetent care, abuse, neglect by the licensee or staff, unlawful conduct, or misuse or misappropriation of a resident’s money. Visit RHRA’s website for more information on [Mandatory Reporting](#).

Case Scenario

The following section outlines a case scenario that brings together the key trends and insights from this report.

Scenario

In this scenario, a resident recently moved into a retirement home and required daily blood glucose monitoring and insulin administration for diabetes. After a physician assessed the resident, the insulin dose was increased to improve blood glucose control. However, this was not documented on the medication administration record and the previous insulin dose continued to be administered. The resident experienced weakness, confusion and rapid breathing and was sent to hospital. The resident was diagnosed with diabetic ketoacidosis.

⁴ ISMP Canada – [Making Decisions about Polypharmacy with Patients](#)

⁵ ISMP Canada – [High-Alert Medication List](#)

Identify Root Causes

In this scenario, reviewing the incident can help identify what led to the incorrect dose and prevent similar situations in the future. For example, a review may indicate that staff were not trained or that the policy outlining how changes should be recorded on the medication administration record was not clear. Requirements for documenting and reviewing medication errors help to ensure a review is completed when an error occurs and provide an opportunity for corrective action to be taken.

Document the Medication Error

When medication errors that result in harm occur, such as the one in this scenario, the following steps are required:

- Document details of the error and the actions taken to assess and respond to the resident's health.
- Inform the required individuals about the error, including the resident, their SDM/POA, the prescriber, attending physician or nurse practitioner.
- Document who was notified, including the date and time.
- Document any corrective actions taken to prevent similar incidents.
- Completing the annual review and evaluation of the risks of medication errors and keeping a record, helps demonstrate compliance and prevents similar errors from reoccurring.

Some Important Questions for Licensees and Operators to Consider

- How do you ensure medications that require monitoring, such as blood glucose monitoring for residents who receive insulin, are completed and documented by staff?
- Does your retirement home have a process to ensure that changes in prescriptions are communicated to staff and updated on the medication administration record?
- Does your retirement home have a policy to ensure that medication errors are documented and reported as required? What protocols are in place to prevent and address medication errors?
- Does your retirement home's staff training on medication administration include how to recognize and respond to adverse drug reactions?
- How does your retirement home monitor and evaluate staff compliance with medication administration requirements?

Conclusion

Medication administration is among the most provided care services in licensed retirement homes. Compliance in this area helps to support resident safety and well-being as medications errors are a leading cause of preventable harm. This report provides insights and suggestions on how to comply with requirements related to medication administration. It highlights areas that commonly impact medication administration, such as during care transitions and includes proactive strategies to support resident care and when it may lead to neglect. Staff training, clear documentation and consistent implementation of each retirement home's medication policies and procedures are key to reducing risk and promoting positive outcomes for residents. By reflecting on the information and trends presented in this report, licensees and operators can identify opportunities for continuous improvement in their medication administration practices. Continued focus in this area reinforces a shared commitment to the safety, dignity and well-being of residents.

Additional Support

If you require additional support, please contact RHRA's Licensee Engagement and Support team by emailing info@rhra.ca.

***We value your insights—share
your feedback.***

Scan or click the QR code to answer a few short questions.



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