Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

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Original Public Report

Report Issue Date: December 2, 2022

Inspection Number: 2022-1357-0003

Inspection Type:
Follow up
Critical Incident System

Licensee: S & R Nursing Homes Ltd.

Long Term Care Home and City: Afton Park Place Long Term Care Community, Sarnia

Lead Inspector	**Inspector Digital Signature**
Andrea Dickinson (740895)	Andrea N Dickinson Digitally signed by Andrea N Dickinson Date: 2022.12.02 15:05:44 -05'00'

Additional Inspector(s)
Debra Churcher (670)

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
October 18-19, 2022, and October 24-27, 2022.

The following intake(s) were inspected:

- Intake: #00001685 [CI: 2872-000022-22] and intake #00003926 [CI: 2872-000021-22] related to falls prevention
- Intake: #00003929 – Compliance Order (CO) #001 follow-up from inspection 2022_1357_0001 related to FLTCA, 2021 s. 3. (1). (16)., Resident Rights, CDD Sept 21, 2022.
- Intake: #00004147 – High Priority CO (CO(HP)) #002 follow-up from inspection 2022_1357_0002 related to O. Reg 246/22 s. 148. (2) 1., Drug Destruction and Disposal, CDD Aug 17, 2022.
- Intake: #00004148 – CO (HP) #006 follow-up from inspection 2022_1357_0002 related to O. Reg 246/22 s. 148. (6)., Drug Destruction and Disposal, CDD Aug 17, 2022.
- Intake: #00004551 – CO (HP) #001 follow-up from inspection 2022_1357_0002 related to O. Reg 246/22 s. 139. 3., Security of the Drug Supply, CDD Aug 17, 2022.
- Intake: #00004552 – CO (HP) #003 follow-up from inspection 2022_1357_0002 related to O. Reg 246/22 s. 148. (4) 4., Drug Destruction and Disposal, CDD Aug 17, 2022.

- Intake: #00004553 – CO (HP) #004 follow-up from inspection 2022_1357_0002 related to O. Reg 246/22 s. 148. (4) 5., Drug Destruction and Disposal, CDD Aug 17, 2022.
- Intake: #00004988 – CO (HP) #005 follow-up from inspection 2022_1357_0002 related to O. Reg 246/22 s. 148. (3). (b)., Drug Destruction and Disposal, CDD Aug 17, 2022.
- Intake: #00007831 [CI: 2872-000025-22] related to alleged staff-to-resident abuse and late reporting.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
FLTCA, 2021	s. 3. (1) 16.	2022_1357_0001	#001	Debra Churcher (670)
O. Reg. 246/22	s. 139. (3)	2022_1357_0002	#001	Debra Churcher (670)
O. Reg. 246/22	s. 148. (2) 1.	2022_1357_0002	#002	Debra Churcher (670)
O. Reg. 246/22	s. 148. (4) 4.	2022_1357_0002	#003	Debra Churcher (670)
O. Reg. 246/22	s. 148. (4) 5.	2022_1357_0002	#004	Debra Churcher (670)
O. Reg. 246/22	s. 148. (3) (b)	2022_1357_0002	#005	Debra Churcher (670)
O. Reg. 246/22	s. 148. (6)	2022_1357_0002	#006	Debra Churcher (670)

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

Medication Management
Prevention of Abuse and Neglect
Residents' Rights and Choices
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION #001: Required Programs

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

Non-compliance with: O. Reg. 246/22 53. (1) 1

The licensee failed to ensure that when a resident fell, the Head Injury Routine (HIR) and subsequent progress notes summarizing the resident's health condition were completed post fall.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee was required to ensure the home's falls prevention and management program was in place, and ensure it was complied with.

Specifically, staff did not comply with the licensee's Procedure Post Fall which was part of the licensee's policy titled Fall Prevention and Management Program, (Revised May 18, 2022).

Rationale and Summary
On a specific date, a resident had a fall requiring a head injury routine to be completed. The registered staff member on duty did not initiate the Head Injury Routine (HIR) and the resident was subsequently not monitored, as required, through the schedule set out in the HIR protocol.

Number eight under the Procedure Post Fall section of the homes' policy titled Fall Prevention and Management Program (Revised May 18, 2022) stated "A head injury protocol will be followed when a resident received an injury to the head, a suspected injury to the head or an unwitnessed fall."

During a review of the resident's paper chart, a HIR for their fall was unable to be located. The Acting Administrator confirmed that the home was unable to locate a HIR for the resident.

Acting Falls Lead/RAI Coordinator/RPN acknowledged that the HIR was required for the resident, and that a PointClickCare (PCC) chart note each shift regarding the resident's status was to be completed.

There was increased risk that if the resident had sustained an injury as a result of their fall, it would not have been identified in a timely manner.

Sources: The resident's progress notes and paper chart; Fall Prevention and Management Program, (Revised May 18, 2022); interviews with Acting Administrator, Acting Falls Lead/RAI Coordinator/RPN,

and others.

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WRITTEN NOTIFICATION #002: Falls Prevention and Management

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

Non-compliance with: O. Reg. 246/22 54. (2)

The licensee failed to ensure that when a resident fell, the resident was assessed and that where the condition or circumstances of the resident require, a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

Rationale and Summary
On a specific date, a resident had a fall where they sustained an injury and had complaints of pain. The registered staff member on duty at the time of the fall did not complete the required post fall assessments.

The Acting Falls Lead/RAI Coordinator/RPN stated that the home's post fall assessments included completion of a Risk Management (RM) specific to falls, a Fall Risk Screening (Scott) v4.0 assessment (FRS-S) and a post fall huddle.

The homes' policy titled Fall Prevention and Management Program, (Revised May 18, 2022), required that the FRS-S assessment be completed post fall and that "A post fall huddle will occur with members of the team on the home area to examine and monitor the circumstances surrounding the fall so that interventions can be initiated to prevent a similar reoccurrence and will be documented."

During a review of the resident's PointClickCare (PCC) chart the required RM, FRS-S assessment and post fall huddle documentation for the resident's fall were unable to be located. The Acting Falls Lead/RAI Coordinator/RPN acknowledged that a fall RM, FRS-S and a post fall huddle were required to be completed for the resident.

On a subsequent date, the resident had an additional fall where the resident required additional medical treatment for their sustained injury.

Sources: The resident's progress notes and assessments; Fall Prevention and Management Program,

(Revised May 18, 2022); interview with Acting Falls Lead/RAI Coordinator/RPN.

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WRITTEN NOTIFICATION #003: Reporting Certain Matters to the Director

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee failed to ensure that a person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director; Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The home submitted a Critical Incident System (CIS) report related to alleged staff to resident abuse ten days after the incident occurred.

Rationale and Summary
Review of the homes internal investigation notes showed that a Registered Practical Nurse (RPN) sent an email to Assistant Manager of Resident Care (AMRC) nine days after the alleged incident, stating that a Personal Support Worker (PSW) had come to them with concerning information two days prior. The AMRC received the email the following day. The RPN was interviewed and confirmed that a PSW had come to them alleging that it had been reported to them that another PSW had abused a resident. The PSW was interviewed and stated they had been informed five days after the alleged incident and subsequently informed the RPN two days later. Another PSW was interviewed and confirmed they had witnessed the alleged abuse.

The homes policy titled Resident Abuse and Neglect, last revised April 11, 2022, stated; Any employee or volunteer who witness an incident of resident abuse, or has knowledge of an incident that constitutes resident abuse or neglect, will immediately inform the Administrator, Manager Resident Care or in their absence, the Charge Nurse/ delegate in the home, of any incident of suspected or witnessed abuse. The Charge Nurse/Delegate will then immediately notify the Administrator or MRC. The Administrator/MRC will provide direction and support and immediately report to the Director.

During an interview with a subsequent AMRC they acknowledged that the PSW who witnessed the incident should have reported it immediately and the RPN and other PSWs who were aware should have

also immediately reported.

Sources: CIS #2872-000025-22, internal investigation notes, the home's Resident Abuse and Neglect policy, interview with AMRC.

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