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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: December 4, 2023

Inspection Number: 2023-1357-0007

Inspection Type:
Proactive Compliance Inspection

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**
Kristen Murray (731)	Digitally signed by Kristen Murray Date: 2023.12.13 12:32:46 -05'00'

Additional Inspector(s)
Cheryl McFadden (745)
Tatiana Pyper (733564)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 7, 8, 9, 10, 14, 15, 16, 17, 2023

The following intake(s) were inspected:

- Intake: #00100816 - Proactive Compliance Inspection 2023

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Family Council

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 65 (7) (b)
Family Council
Licensee obligations if no Family Council
s. 65 (7) If there is no Family Council, the licensee shall,
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The licensee failed to ensure that if there was no Family Council, they convened semi-annual meetings to advise residents' families and persons of importance to residents the right to establish a Family Council.

Rationale and Summary
During a Proactive Compliance Inspection, the home indicated they did not currently have a Family Council. There was no documented information to identify that semi-annual meetings were held related to establishing a family council.

The Administrator acknowledged that semi-annual meetings were not held over the past year to advise such persons of the right to establish a family council.

There was minimal risk to the residents related to semi-annual meetings not being convened to advise residents' families and persons of importance to residents the right to establish a Family Council.

Sources: The home's family council documentation; and an interview with the Administrator. [731]

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that they implemented, any standard or protocol issued by the Director with respect to infection prevention and control.

Specifically, the licensee has failed to ensure that Routine Practices and Additional Precautions included the proper use of Personal Protective Equipment (PPE), including the appropriate selection, application, removal, and disposal as required by Additional Requirement 9.1 (f) under the IPAC Standard.

Summary and Rationale
Multiple staff members were observed not wearing their PPE properly. Review of the home's policy titled "Personal Protective Equipment", last revised April 28, 2022, stated "masks should cover the nose and the mouth". During an interview with the Director of Care (DOC), they stated staff were expected to wear a medical mask at all times.

The impact was low and the risk was moderate as the home was not in outbreak, there was risk to the residents of infection transmission from the staff members not wearing PPE properly.

Sources: Record review; Observations; and Interview with DOC. [745]

COMPLIANCE ORDER CO #001 Plan of Care

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
Duty of licensee to comply with plan
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1) Perform weekly audits on a specific resident to ensure the falls prevention interventions identified in their plan of care are implemented,

2) Keep a documented record of the audits, including the date, the name of the individual completing the audit, if each falls intervention was in place, and any actions taken, and

3) Continue the weekly audits until a follow up inspection has been conducted.

Grounds

A) The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in their plan. Specifically, the resident's fall prevention strategies were not provided as set out in their plan of care.

Summary and Rationale

Observations completed during a Proactive Compliance Inspection noted a resident's falls prevention interventions were not in place. Record review of the resident indicated that they were required to have falls prevention interventions in place. In an interview with a Registered Nurse (RN), they acknowledged that the resident should have had their falls prevention interventions in place.

There was risk of falls to the resident when their falls prevention interventions were not in place.

Sources: Record review of a resident's clinical records, observations of the resident's room, and interview with an RN. [733564]

B) The licensee failed to ensure that the care set out in the plan of care for a resident, was provided to the resident as specified in the plan.

Summary and Rationale
A resident required an adaptive aid at meals. During an observation at lunch, the resident was not provided the adaptive aid. The Registered Dietitian (RD), and Manager of Food Service stated that the resident should have received their adaptive aid at lunch, as it was listed in their care plan.

There was minimal risk to the resident related to not being provided the adaptive aid specified in their plan of care at meals.

Sources: Clinical records for a resident, including care plan and assessments; observations of the resident; and interviews with the RD and Manager of Food Service. [731]

C) The licensee failed to ensure that the care set out in the plan of care for a resident, was provided to the resident as specified in the plan.

Summary and Rationale
A resident had a nutrition intervention in their care plan, and their care plan also identified that they disliked a specific beverage. During an observation at lunch, the resident was provided the beverage that was listed as their dislike, and did not receive their nutrition intervention. The Registered Dietitian (RD) and Manager of Food Service stated that the resident should have received their nutrition intervention, and should not have received the beverage that they disliked.

There was minimal risk to the resident related to not being provided the nutrition intervention and being provided a beverage they disliked as listed in their care plan.

Sources: Clinical records for a resident, including care plan; observations of the resident; and interviews with the RD and Manager of Food Service. [731]

This order must be complied with by December 18, 2023

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.