

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

Ottawa District
347 Preston Street, Suite 420
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report	
Report Issue Date: February 21, 2023	
Inspection Number: 2022-1192-0001	
Inspection Type: Complaint Critical Incident System	
Licensee: 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership	
Long Term Care Home and City: Almonte Country Haven, Almonte	
Lead Inspector Lisa Cummings (756)	Inspector Digital Signature
Additional Inspector(s) Cheryl Leach (719340) Manon Nighbor (755)	

INSPECTION SUMMARY
<p>The Inspection occurred on the following date(s): December 12, 13, 15, 19, 20, 21, 22, 23, 2022 and January 3, 4, 5, 6, 9, 10, 2023.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake #00001995, a complaint regarding air temperatures, an allegation of neglect, and nursing and support services. • Intake #00003221 (Critical Incident (CI) #2692-000006-22) An unexpected death of a resident • Intake #00006403, a complaint regarding nursing and personal support services, personal protective equipment, staffing, food and nutrition program, and weight monitoring system. • Intake #00008610, a complaint regarding infection prevention and control (IPAC) practices, bathing, oral care, staffing, food and nutrition program, management of responsive behaviours, the recreation program and laundry services. • Intake #00009283, a complaint regarding laundry services. • Intake #00013979, a complaint regarding staffing, management of responsive behaviours, an allegation of staff to resident abuse, an unexpected death of a resident, the recreation program, lifts and transfers, the IPAC program, falls prevention interventions, and the nutrition care and hydration programs.

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- Intake #00014272, a complaint regarding maintenance services, nursing and personal support services, the IPAC program, responsive behaviors, and laundry services.
- Intake #00014895, a complaint regarding staffing, availability of cooks, oral care, housekeeping services, management of responsive behaviours, and laundry services.
- Intake #00016482, a complaint regarding staffing, maintenance services, and nursing and personal support services.

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

Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Directives by the Minister

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

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to comply with the Minister's Directive, COVID-19 Response Measures for Long-term Care Homes, regarding Infection Prevention and Control (IPAC) audits.

Rationale and Summary:

In accordance with FLTCA s. 184. (3), the licensee shall carry out every operational or policy directive that applies to the long-term care home. The Minister's Directive issued in August 2022, indicated that licensees develop and implement a COVID-19 Outbreak Preparedness Plan that included conducting IPAC audits using the Public Health Ontario self-assessment audit tool for long-term care homes. The

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Minister's Directive indicated the IPAC audits be conducted in accordance with the COVID-19 Guidance Document for Long-term Care Homes, which stipulated that IPAC audits be completed every two weeks unless in outbreak, in which the IPAC audits must be completed weekly.

The audit schedule provided by the IPAC Lead listed the Public Health Inspection audit tool and indicated it was to be completed biweekly. The IPAC Lead indicated the last documented completion of the Public Health Ontario (PHO) COVID-19 audit tool was three months prior, and they indicated they had not completed the Public Health IPAC audit tool within the last month.

The failure to complete IPAC audits using the PHO COVID-19 audit tool created the potential for increased risk of disease transmission.

Sources: Minister's Directive - Covid-19 response measures for long-term care homes; COVID-19 Guidance Document for Long-term Care Homes; Public Health Ontario self-assessment audit tool for long-term care homes; CQI Audit Schedule; interviews with the IPAC Lead.

[756]

WRITTEN NOTIFICATION: Plan of Care**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that a resident's plan of care for advanced directives was provided as specified in the plan.

Summary and Rationale:

The resident's plan of care indicated their advance directive. For quick reference, the home identified residents' physical files with a colored dot identifying the residents' advance directives. The resident had a dot on their physical file which corresponded to the correct advanced directive.

The resident was found by a Registered Nurse (RN) unresponsive with shallow respiration. The staff members transferred the resident back in their bed and upon re-assessment the resident was found to have absent vital signs. At that time, the resident's advance directives were not followed.

The Administrator and a Director of Care shared that the resident's advance directive in their plan of care was not provided.

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Sources: Resident's Advance Directives, Plan of Care, relevant documents, interviews with the Administrator and a Director of Care.

[755]

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

The licensee has failed to ensure that oral care for a resident was documented every morning and every evening as set out in the plan of care.

Rationale and Summary:

In accordance with FLTCA, 2021 s. 6 (9) 1, the licensee shall ensure that the provision of the care set out in the plan of care is documented.

During a five week period, as per Point of Care (POC), oral care for the resident was not documented for 23 days. Interviews with a Personal Support Worker (PSW) and a DOC confirmed that oral care was to be documented in POC. Failure to ensure that oral care is documented impacts continuity of care for residents increasing the risk of oral tissue impaired integrity.

Sources: Resident's POC documentation and careplan, interviews with a PSW and a DOC.

[719340]

WRITTEN NOTIFICATION: Reporting to the Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 79/10, s. 107 (1) 2.

The licensee has failed to ensure that the Director was immediately informed of the death of a resident.

Rationale and Summary:

In accordance with O. Reg. 79/10 s. 107. (1) 2. the licensee must ensure the Director is immediately informed of an unexpected death, including a death resulting from an accident.

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The resident fell, sustained an injury, and later passed away after being provided comfort measures as per the plan of care. On the Medical Certificate of Death, the coroner indicated the death as an accident and the cause of death to be the injury due to the fall.

The Administrator acknowledged that the Director was not informed of the resident's death.

Sources: Medical Certificate of Death, progress notes, interviews with the RAI Coordinator and Administrator.

[756]

WRITTEN NOTIFICATION: Bathing

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 37 (1)

The licensee has failed to provide a resident with a bath twice a week.

Rationale and Summary:

In accordance with O. Reg. 246/22 s. 37 (1), the licensee shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

During a one-month period, the resident did not receive a bath on three days that they were scheduled for. Documentation on Point of Care (POC) indicated that baths were not provided to the resident on those dates and a DOC reviewed and confirmed that the baths were not provided. Failure to provide a scheduled bath places the resident at increased risk for impaired skin integrity.

Sources: Resident's Point of Care (POC) documentation, interview with a DOC, care plan and progress notes for resident.

[719340]

WRITTEN NOTIFICATION: Weight Monitoring System

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O.Reg. 246/22, s. 74 (2) (e) (i)

The licensee has failed to ensure that all resident weights were measured and recorded.

Rationale and Summary:

In accordance with O. Reg. s. 74. (2) (e) (i), the licensee shall ensure there is a weight monitoring system to measure and record each resident's weight monthly.

The weight monitoring record indicated that 27 residents did not have their weight measured and recorded during a specified month. The Registered Dietitian (RD) indicated they had received referrals for two of the residents whose weights were not measured and recorded and were unable to complete a full reassessment without the monthly weights.

The Administrator acknowledged that not all residents had their weight monitored during that month.

Without a monthly weight measured and recorded for every resident, there was a risk that staff members could not identify and assess changes in residents weight.

Sources: Weight monitoring record, interviews with the RD and the Administrator.

[756]

WRITTEN NOTIFICATION: Cooks

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 82 (1)

The licensee has failed to ensure that there was a cook who worked at least 35 hours per week.

Rationale and Summary:

In accordance with O. Reg. s. 82 (1), the licensee shall ensure that there is at least one cook who works at least 35 hours per week in that position on-site at the home. In addition, O. Reg. s. 82. (2) indicates that the licensee must ensure that the cook has a chef training or culinary management diploma or certificate or holds a certificate of qualification in the trade of Cook or Institutional Cook.

The Nutrition Care Manager reported that the full-time and part-time cooks had resigned from their positions. The schedule reviewed with the Nutrition Care Manager indicated there was a qualified cook

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for 15 hours during the first two-week period after the full-time cook resigned from their position. The second two-week period showed a qualified cook working for 16 hours, with an additional 30 hours worked by a newly hired cook completing training shifts. The third two-week period occurred after the part-time cook resigned from their position and showed a qualified cook working for 15 hours. The final two-week period did not have a qualified cook scheduled to work.

The Nutrition Care Manager confirmed they did not have a qualified cook working 35 hours per week.

There was an increased risk of negative outcome during mealtime without a cook with the required qualification working onsite for 35 hours per week.

Sources: Cook schedules, interviews with the Nutrition Care Manager, the Nursing Administrative Services Manager, and a PSW.

[756]

COMPLIANCE ORDER CO #01 Housekeeping

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O.Reg. 246/22, s. 93 (2) (b) (iii)

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

The licensee shall:

- A) Develop and implement an organized program of housekeeping for cleaning and disinfecting all high-contact surfaces at least daily, including in resident home area hallways, resident rooms, and resident bathrooms.
- B) Take immediate corrective action if deviations occur from the developed housekeeping program for cleaning and disinfecting high-contact surfaces.
- C) A written record must be kept of everything required under (a) and (b) until the order is complied.

Grounds

The licensee has failed to ensure that high-touch contact surfaces were disinfected at least daily with a low level disinfectant, in accordance with evidence-based practices.

Rationale and Summary:

Ministry of Long-Term Care
Long-Term Care Operations Division
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In accordance with O. Reg. s. 93. (2) (b) (iii), the licensee shall have an organized program of housekeeping with procedures developed and implemented for disinfecting contact surfaces in accordance with evidence-based practices. The Public Health Ontario document 'Best Practices for Environmental Cleaning for Prevention and Control of Infections in Health Care Settings' indicated that high-touch contact surfaces require cleaning and disinfection at least daily.

A Housekeeper and the Manager of Housekeeping, Maintenance and Laundry stated that two of the hallways were cleaned and disinfected on alternate days. They confirmed that high-touch contact surfaces in the hallways and resident rooms and bathrooms in those hallways were not disinfected daily.

The high-touch cleaning sign off sheet on a specified day indicated that the high-touch surfaces in the first hallway were not disinfected, including the high-touch surfaces in resident rooms and bathrooms. The high-touch cleaning sign off sheet for the following day indicated that the high-touch surfaces in the opposite hallway were not disinfected, including the high-touch surfaces in the resident rooms and bathrooms.

The Administrator indicated the housekeeping position that focused on disinfecting high-touch surfaces daily was no longer in place due to funding. The Administrator acknowledged that the current housekeeping program could not disinfect all high-touch surfaces daily.

The failure to disinfect all high-touch surfaces at least daily increases the risk of disease transmission.

Sources: Public Health Ontario – Best Practices for Environmental Cleaning for Prevention and Control of Infections in all Health Care Settings 3rd edition, April 2018; High Touch Cleaning sign off sheet; interviews with the Administrator, the Manager of Housekeeping, Maintenance and Laundry and a Housekeeper.

[756]

This order must be complied with by April 3, 2023

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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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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

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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
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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.