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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: October 24, 2024
Inspection Number: 2024-1529-0002
Inspection Type: Complaint Critical Incident
Licensee: Board of Management for the District of Nipissing West
Long Term Care Home and City: Au Chateau, Sturgeon Falls

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 23, 24, 25, 26, 27, 2024 and October 1, 2024

The following intake(s) were inspected:

- One intake related to resident care;
- One intake related to falls.

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

Resident Care and Support Services
Food, Nutrition and Hydration
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that the written plan of care for a resident provided clear direction with regards to a specified intervention.

Rationale and Summary:
Inspector observed a resident receive an intervention that differed from their written care plan. Upon further information gathering, it was identified that multiple aspects of the resident's plan of care indicated differing requirements for the same intervention.

Not providing clear direction with regards to a resident's plan of care requirements, posed moderate risk to the resident.

Sources: Observations; Interviews with staff; A residents plan of care.

WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's plan of care was revised when their care needs changed.

Rationale and Summary:
A request for a change in a resident's plan of care was received, however several months later, the intervention remained in parts of a resident's plan of care.

A staff member confirmed that the specified intervention should have been updated at the time of the request.

Not revising the care plan when a resident's care needs changed posed low risk to the resident.

Sources: Records from the home; A resident's plan of care; Interview with staff.

WRITTEN NOTIFICATION: Falls prevention and management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (2)
Falls prevention and management
s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that when a resident fell, the resident was assessed, as per the home's falls program.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee who was required to have a falls prevention and management program, failed to ensure this program was complied with.

Rationale and Summary:
A policy that was part of the homes Falls Prevention and Management Program referenced specific assessments that were to be documented when completed, upon the fall of a resident.

In review of the specified assessments for the resident, missing documentation was identified.

The DOC confirmed that the expectation was for these assessments to be documented.

Not documenting these assessments posed moderate risk to the resident.

Sources: Interviews with staff; A resident's care records; A policy and program of the home.

WRITTEN NOTIFICATION: Registered dietitian

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 80 (2)
Registered dietitian
s. 80 (2) The licensee shall ensure that a registered dietitian who is a member of the

staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

The licensee has failed to ensure that a registered dietitian was on site at the home for a minimum of 30 minutes per resident per month, to carry out clinical and nutritional care duties.

Rationale and Summary:
A staff member of the home confirmed that the home's Registered Dietitian (RD) was not working on site.

Not having an RD onsite posed a moderate risk to residents.

Sources: Interview with staff.

COMPLIANCE ORDER CO #001 Nutritional care and hydration programs

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

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

The licensee shall:
a. Conduct a documented review of the home's nutrition/hydration program. Ensure that current policies and procedures within the program are relevant for the home and resident population. As well, ensure that the roles and responsibilities of each discipline, in completing required tasks, are outlined. Keep a written record of when the review occurred, who was involved in the review, and what changes were made to the program.

b. Re-train all relevant and specified staff on the nutrition/hydration program, and their roles and responsibilities within the program.

c. Develop an auditing process for ensuring nutrition assessments are being completed, as indicated in the program. Conduct weekly audits, using the process developed, for a minimum of 6 weeks. Keep a written record of the auditing process, who completed the audits, the results of each audit, and what actions were taken (if any) based on the results.

d. Develop an auditing process for ensuring that residents of the home receive the proper specified interventions. Conduct weekly audits, using the process developed, for a minimum of 6 weeks. Keep a written record of the auditing process, who completed the audits, the results of each audit, and what actions were taken (if any) based on the results.

Grounds
The licensee has failed to ensure that the nutritional care and dietary services, and hydration, programs included implementation of the policies and procedures, relating to specific assessments.

Rationale and Summary:

Policies from the home's nutrition and hydration program outlined specific assessments that were to be completed as well as requirements for the completion of these assessments. However, in review of multiple resident's assessments, it was identified that the assessments were not completed as per the requirements of the policy.

A staff of the home confirmed that the assessments were not being completed as per the policy requirements.

Not completing the assessments as per the policy requirements posed high risk to the identified residents.

Sources: Interview with staff; Resident's care records; Home's policies and programs.

This order must be complied with by December 19, 2024

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.