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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: December 4, 2024
Original Report Issue Date: December 2, 2024
Inspection Number: 2024-1529-0003 (A1)
Inspection Type: Critical Incident
Licensee: Board of Management for the District of Nipissing West
Long Term Care Home and City: Au Chateau, Sturgeon Falls

AMENDED INSPECTION SUMMARY

This report has been amended to:
Compliance Order (CO) #001 was amended to correct references to staff. CO #001 is being newly issued in this Amended Inspection Report, with a served date of December 4, 2024. The WN for NC#001, #002 and #003 are reflected in this report for reference; however, were not amended; therefore, the served date remains December 2, 2024.

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Compliance Order (CO) #001 was amended to correct the references to staff. The CO #001 is being newly issued in this Amended Inspection Report, with a served date of December 4, 2024. The WN for NC#001, #002 and #003 are reflected in this report for reference; however, were not amended; therefore, the served date remains December 2, 2024.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 25-28, 2024

The following intakes were inspected:

- Two intakes related to physical abuse of a resident by a resident;
- One intake related to an infectious disease outbreak;
- One intake related to a medication incident involving a resident; and
- One intake related to improper/incompetent care of resident.

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

Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Policies, etc., to be followed, and records

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 11 (1) (b)
Policies, etc., to be followed, and records
s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,
(b) is complied with.

The licensee has failed to ensure that policies in the medication management system were complied with.

On a specific date, a registered staff member did not follow the home's policy for transcription of orders to medication administration records (MAR)s by failing to transcribe a physician's order on the prescriber order form for two doses of a medication.

Sources: A physician's order form and MAR for a resident, and the home's policy titled, "Transcribing Orders to MARs/TARs"; and an interview with the Director of Care (DOC) and a registered staff member.
[704609]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (4) (c)
Infection prevention and control program
s. 102 (4) The licensee shall ensure,
(c) that the interdisciplinary infection prevention and control team meets at least quarterly and on a more frequent basis during an infectious disease outbreak in the home.

The licensee failed to ensure that the interdisciplinary infection prevention and control (IPAC) team met during an infectious disease outbreak.

Sources: Critical Incident Submission (CIS); and an interview with the IPAC Lead and DOC.
[684]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2).

The licensee has failed to ensure that a resident's infection symptoms were monitored on each shift during a specific time period.

Sources: A resident's electronic health record and the home's internal documents for infection monitoring; and an interview with the DOC and other staff members. [704609]

COMPLIANCE ORDER CO #001 Plan of care

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
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:
a) Ensure that specific staff members review a specific resident's care plan/kardex.

b) Ensure that the specified registered staff member completes a review of the medications prescribed for the specific resident, is aware of why the medications were prescribed for that resident, and the risks associated with administering the

medications to the resident when there is a specific change in the resident's health condition.

c) Ensure that the specific staff members understand the steps to be taken when monitoring a resident, including where to document their findings and when to report changes in a resident's condition.

d) Keep a written record of the dates when a), b) and c) were completed.

Grounds
The licensee has failed to ensure that staff members monitored, documented, and reported changes in a resident's condition to the physician, as required by the resident's plan of care.

There was no documentation in a resident's health record indicating that when the staff members first noticed a change in the resident's condition, they monitored or reported the change to the physician. Futhermore, a registered staff member administered specific medications to the resident, even though staff had noticed a change in the resident's condition prior to the administration time.

Failure to ensure that the care outlined in the plan of care was provided to the resident as specified, put the resident at risk of further changes in their condition and delayed the implementation of corrective measures.

Sources: CIS report, a resident's health record, and an interview with the DOC and other staff members.
[704609]

This order must be complied with by January 10, 2025

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

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.