

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

Public Report

Report Issue Date: January 13, 2025

Inspection Number: 2025-1529-0001

Inspection Type:

Critical Incident
Follow up

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): January 6-9, 2025

The following intake(s) were inspected:

- One Intake for Follow-up #: 1- CO#001 related to nutrition and hydration;
- One Intake related to Improper/incompetent care of a resident.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2024-1529-0002 related to O. Reg. 246/22, s. 74 (2) (a)

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

Food, Nutrition and Hydration
Falls Prevention and Management

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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 failed to ensure that there was a written plan of care for a resident that provided clear directions for the specific care of the resident. The care plan did not specify the equipment that was required to provide specific care to the resident.

Sources: Review of care plan and observations of the room, documentation at the head of the bed for a resident, Audits and interviews with staff and the Director of Care (DOC).

WRITTEN NOTIFICATION: Conditions of License

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

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CO #001 from inspection #2024_1529_0002 issued on October 24 2024, with a compliance due date of December 19, 2024, to O. Reg. 246/22 s. 74 (2)(a) was not complied with.

The licensee filed to complete any of the required components of the order including conducting a review of nutrition/hydration policies and procedures, re-training staff regarding roles and responsibilities related to the nutrition/hydration program, development of audits to ensure nutrition assessments were being completed, and residents were receiving proper texture and fluid consistencies.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

Prior NC with O. Reg. s. 74(2)(a), resulting in CO #001 in Inspection # 2024_1529_0002, issued on October 24, 2024.

This is the first AMP that has been issued to the licensee for failing to comply with

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this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

COMPLIANCE ORDER CO #001 Transferring and positioning techniques

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

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

The licensee shall:

- 1) Conduct a review of all residents who require specific care to ensure their plan of care accurately reflects the specific requirements to perform a safe transfer.
- 2) Review and revise all relevant licensee policies to reflect the home's processes to ensure safe transfers for all residents. Records must be kept of who participated in the review, as well as the date/s of the review, and any changes implemented as a result of the review.
- 3) Retrain all staff who are involved in performing resident transfers on the process for transfers. Maintain a record of the education content, including the dates the education was provided, the names of the staff members who attended the

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education, and the name/s of the staff member/s who provided the education.

4) Conduct a documented review of all specific requirements related to resident transfers in the home. Maintain a documented record of the audit.

Grounds

The licensee failed to ensure that staff use safe transferring and positioning devices or techniques when they assisted a resident.

a) A staff member indicated that they did not follow the process for assessing resident requirements prior to a transfer.

The care plan for the resident did not specify requirements for transfers for the resident.

b) Inspector observed some transfer equipment outside of a resident room, the Inspector had a difficult time finding the identification numbers on the equipment. Two staff members viewed the equipment and were unable to locate the numbers to identify the equipment.

This could lead to improper transfers and this represents a potential safety issue.

Sources: Resident's care plan, and interviews with multiple staff and the DOC.

This order must be complied with by March 10, 2025

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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

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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

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Director

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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.