

Inspection Report under
the Long-Term Care
Homes Act, 2007

Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée

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

Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 16, 2021	2021_922119_0004	016329-21	Critical Incident System

Licensee/Titulaire de permis

Bay Haven Nursing Home Incorporated
499 Hume Street Collingwood ON L9Y 4H8

Long-Term Care Home/Foyer de soins de longue durée

Bay Haven Nursing Home
499 Hume Street Collingwood ON L9Y 4H8

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JANIS SHKILNYK (706119)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): December 6-10, 2021.

The following intake was completed within the critical incident inspection:

Log #016329-21 related to an incident that caused an injury to a resident for which the resident was taken to hospital and which resulted in a significant change in the resident's health status.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Clinical Services Manager, Registered Nurse (RN), Personal Support Workers (PSW), Housekeeping.

During this inspection, inspector(s) toured the home, observed residents and the care provided to them, reviewed relevant clinical records, relevant policies and infection prevention and control practices.

Inspector Sharon Perry #155 was present during this inspection.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan

Specifically failed to comply with the following:

s. 24. (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

1. Any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks. O. Reg. 79/10, s. 24 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the 24-hr admission care plan identified interventions to mitigate the risk for falls for residents.

A) A resident sustained an unwitnessed fall that resulted in a significant change in health status. The resident's plan of care including their 24-hour admission care plan did not identify individualized interventions to mitigate the risk for falls.

Staff were unable to confirm what interventions to mitigate falls the resident had in place at the time of the incident.

Staff confirmed that there were no interventions for falls mitigation for the resident in their plan of care including their 24-hr admission care plan at the time of the incident.

Lack of interventions to mitigate falls risk for the resident may have contributed to harm caused by their fall.

Sources: resident progress notes, assessments, risk management, PCC 24-hr care plan, care plan, standard fall risk intervention form, falls prevention and management program, updated: 06/21, documentation survey report, interview's with DON and registered staff.

B) The plan of care, including the 24-hour admission care plan did not identify individualized interventions to mitigate the risk for falls for another resident.

Interview with the clinical nurse manager confirmed that the resident did not have identified interventions to mitigate the risk for falls despite being at risk of falls at the time of admission.

There was a potential risk of harm to the resident when their interventions to mitigate risk of falls was not identified within 24 hours of admission in their plan of care despite their identified risk for falls.

Sources: resident progress notes, assessments, PCC 24-hr care plan, care plan, standard fall risk intervention form, falls prevention and management program, updated: 06/21, documentation survey report, interview with clinical nurse manager. [s. 24. (2) 1.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home. The care plan must identify the resident and must include, at a minimum, the following with respect to the resident any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure staff participated in the implementation of the homes prevention and infection control program when they failed to perform hand hygiene for residents before and after meal service and prior to providing them their nourishment and snacks.

The home's hand hygiene policy, section seven - infection prevention and control, last updated 3/21, stated that for residents who require assistance, staff were to help perform hand hygiene before and after meals.

Staff were observed taking a drink to a resident in a resident room and did not encourage the resident to hand sanitize.

In the dining room, staff were observed to help a resident leave, taking the resident to the activity room without offering hand sanitizer to the resident. A resident was observed ambulating on their own out of the dining room, the resident talked to several staff and were not encouraged to hand sanitize on their exit. Staff did not offer or provide hand sanitizer to a resident prior to serving a snack in the activity area. Staff were observed assisting a resident out of the dining room and to the resident's room and did not assist the resident with hand sanitizing.

The Director of Nursing stated, that the expectation is that staff assist and encourage residents with hand hygiene before and after meals and when nourishments are served.

Sources: observations of residents, DON interview, review of hand hygiene policy, section seven - infection prevention and control, last updated 3/21, last reviewed 3/21. [s. 229. (4)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance that every licensee of a long-term care home shall ensure that the infection prevention and control program required under subsection 86 (1) of the Act complies with the requirements of this section, specifically related to all staff participate in the implementation of the program, to be implemented voluntarily.

Issued on this 20th day of December, 2021

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.