

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: August 1, 2024
Inspection Number: 2024-1385-0004
Inspection Type: Proactive Compliance Inspection
Licensee: Belcrest Nursing Homes Limited
Long Term Care Home and City: Belmont Long Term Care Facility, Belleville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 23 - 26, 29 - 31, 2024 and August 1, 2024

The following intake(s) were inspected:

- Intake: #00121752 - Proactive Compliance Inspection

The following Inspection Protocols were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Residents' and Family Councils
- Medication Management
- Housekeeping, Laundry and Maintenance Services
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents' Rights and Choices

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Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Re-training

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

Non-compliance with: FLTCA, 2021, s. 82 (4)

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

The licensee has failed to ensure that staff who provide direct care to residents receive annual training as required in O. Reg. 246/22, s. 260 (1).

Specifically, training in infection prevention and control must include: modes of infection transmission; signs and symptoms of infectious diseases; respiratory etiquette; what to do if experiencing symptoms of infectious disease; cleaning and disinfection practices; and handling and disposing of biological and clinical waste including used personal protective equipment.

The licensee did not provide staff with the above listed IPAC training in 2023.

Sources:

Staff education records, interviews with the DOC and the education lead.

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WRITTEN NOTIFICATION: Air Conditioning Requirements

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

Non-compliance with: O. Reg. 246/22, s. 23 (1)

Cooling requirements

s. 23 (1) Every licensee of a long-term care home shall ensure that a written heat related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices. O. Reg. 246/22, s. 23 (1).

The licensee has failed to ensure that a heat assessment was completed on all residents prior to June 1st as per the LTCH's Prevention of Hot Weather illness Policy.

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that a written heat related illness prevention and management plan is developed and ensure it is complied with.

Specifically, staff did not comply with the licensee's "Hot Weather Illness Policy".

Sources:

Resident assessments, Prevention of Hot Weather Illness Policy- RCSM-E-140, interviews with the DOC and the Administrator.

WRITTEN NOTIFICATION: Air Temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (3)

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Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the temperature was measured and documented at least once every evening or night in two resident bedrooms.

Sources:

Temperature record review, interview with the Administrator.

WRITTEN NOTIFICATION: General Requirements for programs

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

Non-compliance with: O. Reg. 246/22, s. 34 (1)

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.

3. The program must be evaluated and updated at least annually in accordance

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with evidence-based practices and, if there are none, in accordance with prevailing practices.

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that a written description of the Pain management program was developed as listed above.

Sources:

Pain management policy RCSM-C-35, interview with the DOC and the Administrator.

WRITTEN NOTIFICATION: General Requirements for programs

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee failed to ensure that a written record of the skin and wound care

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program evaluation was completed.

Sources:

Review of the Skin Care Program RCSM-C-30, interview with the DOC.

WRITTEN NOTIFICATION: Skin and Wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure that residents who were exhibiting altered skin integrity, were reassessed at least weekly.

Sources:

Resident record review, interview with staff.

WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (3)

Menu planning

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s. 77 (3) The licensee shall ensure that a written record is kept of the evaluation under clause (2) (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that a written record is kept of the most recent menu cycle evaluation that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented.

Sources:

Interview with Dietician.

WRITTEN NOTIFICATION: Dining and snack service

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to comply with their written protocol related to food being served at a temperature that is both safe and palatable to the residents.

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that their written protocol related to taking and recording of food temperatures is

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complied with.

Specifically, staff did not comply with the licensee's "Time/Temperature Control Protocol for safety food" protocol when they failed to take temperatures of food and drinks on multiple dates in July 2024.

Sources:

Food temperature logs, the licensee's "Time/Temperature Control Protocol for safety food", and interviews with staff.