

Original Public Report

Report Issue Date August 10, 2022
Inspection Number 2022_1533_0001
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
Corporation of the County of Bruce

Long-Term Care Home and City
Brucelea Haven Long Term Care Home-Corporation of the County of Bruce, Walkerton

Lead Inspector Choose an item.
Janis Shkilnyk (706119)

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 25-29, 2022

The following intake(s) were inspected:

- Log #: 009427-22 related to allegations of abuse of residents by staff.
- Log #: 010717-22 complaint related to allegations of abuse towards residents.
- Log #: 003954-22 related to an unwitnessed fall from resident resulting in transfer to hospital and injury

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect
- Reporting and Complaints
- Skin and Wound Prevention and Management
- Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION SCREENING MEASURES

NC#01 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021, s. 81 (1)

The licensee has failed to ensure that screening measures were conducted in accordance with regulations before hiring staff and accepting volunteers.

Rationale and Summary

A contract worker's employment had been terminated from the home. This contract worker was found to be working in the home after being terminated and had no screening measures conducted at that time. The Administrator confirmed that the contract worker was working in the home without orientation or screening documentation.

The home's failure to ensure screening measures were conducted prior to hiring staff could have led to potential risk of harm for residents as staff members could lack knowledge related to resident abuse, expose residents to infectious disease and have issues of concern related to police record checks and vulnerable screening.

Sources:

Critical incident summary, investigative notes, contractor time sheet, interviews with Administrator, Director of Nursing (DON)

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WRITTEN NOTIFICATION TRAINING

NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 s. 82 (2) (3)

The licensee has failed to ensure that staff received training before on the long-term care home's policy to promote zero tolerance of abuse and neglect of residents before performing their responsibilities.

Rationale and Summary

An agency personal support worker (PSW) commenced their orientation to the home and then started their responsibilities. Upon review of their employee file, documentation showed that the agency PSW's training on abuse, neglect, zero tolerance policy, and abuse and neglect mandatory sign off was documented several weeks after commencing their responsibilities.

The licensee's failure to ensure staff were trained on the prevention of abuse and neglect of a resident policy was a potential risk for residents. Staff members could lack the knowledge to promote zero tolerance of abuse and neglect for residents or be aware of reporting requirements related to incidents of alleged or witnessed abuse/neglect prior to beginning their position.

Sources:

Agency PSW employee checklist, employee file and SURGE education history report, review of VII-G-10.00 Prevention of Abuse and Neglect of a Resident policy, last revised: 03/2022, III-H-10.00 Team Member Files policy, last revised 07/2022, interview with scheduler #107.

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WRITTEN NOTIFICATION SKIN AND WOUND CARE

NC#03 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

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

The licensee has failed to ensure that a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, was completed for alterations in skin integrity documented for a resident when they returned from a hospital admission.

Rationale and Summary

An assessment was completed for a resident upon return from hospital. The assessment documented areas of altered skin integrity. No skin and wound assessments were completed on the areas identified by the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

The Director of Care (DOC) confirmed that a specific assessment tool was to be used for initial skin and wound assessments at the home. The expectation would have been to complete the initial skin and wound assessment for the areas of altered skin integrity identified.

The home's failure to complete a skin and wound assessment for the resident upon return from hospital could have impacted treatment and thus the healing of the skin condition.

Sources:

Resident's clinical records, VII-G-10.90 Skin Wound Management Protocol, last revised 03/2022, bubble binder, interview with DOC.

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WRITTEN NOTIFICATION SKIN AND WOUND CARE

NC#04 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

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

The licensee has failed to ensure weekly wound assessments were completed for a resident related to alterations in skin integrity.

Rationale and Summary

An assessment was completed for a resident upon return from hospital, following an injury. The assessment identified areas of altered skin integrity. No weekly wound assessments were found in the clinical records of the resident related to the altered skin integrity until two weeks after their return from hospital. The Director of Care (DOC) confirmed that the resident did not have a weekly wound assessment completed for the areas of altered skin integrity identified when they returned from hospital.

The home's failure to complete weekly wound assessments for the resident could have impacted treatment and thus the healing of the skin conditions.

Sources:

Review of the resident clinical records, VII-G-10.90 Skin Wound Management Protocol, last revised 03/2022, bubble binder, interview with DOC, interview with Registered Practical Nurse (RPN) #112.

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WRITTEN NOTIFICATION REPORTING CERTAIN MATTERS TO DIRECTOR

NC#05 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021, s. 28 (1) (2)

The licensee has failed to ensure that an allegation of abuse staff to resident or resident to resident was reported to the Director immediately.

Rationale and Summary

The home received an allegation of abuse. The alleged incident was to have occurred days before the critical incident was submitted to the Director. The allegation of abuse of staff to resident abuse was not immediately reported to the Director. The Administrator confirmed that

the expectation for reporting alleged incidents of abuse/neglect of residents to the Director is immediate.

There was potential risk of harm to the resident as the Director was unable to take action, if required.

Sources:

Critical incident summary, home's investigative notes, interviews with Administrator and Director of Nursing (DON).

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WRITTEN NOTIFICATION REPORTS RE CRITICAL INCIDENTS

NC#06 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, s. 115 (2) (ii)

The licensee has failed to ensure that the names of staff members present or that discovered the alleged abuse of residents were documented on the critical incident.

Rationale and Summary

A critical incident submitted to the Director and documented under staff who discovered incident, two first names only and one of the first names was not the correct name of the individual who discovered the incident. The Director of Nursing (DON) confirmed that the name submitted was incorrect and the other name was unknown.

The home's failure to include the names of staff and individuals who discovered the incident, could result in potential risk to residents if those involved were not identified and properly investigated.

Sources:

critical incident summary, investigative notes, critical incident, interview with Director of Nursing (DON).

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WRITTEN NOTIFICATION DUTY TO PROTECT

NC#07 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021, s. 24 (2) (e)

The licensee has failed to comply with procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents related to allegations of resident abuse towards residents.

In accordance with O. Reg. 246/22 s. 11. (1) (b), the licensee shall check the resident's condition to assess his/her safety and emotional physical wellbeing or objective observations, following the steps outlined in the nursing checklist for investigating actual, alleged or suspected abuse and complete the prevention of abuse and neglect of a resident investigation template, outlining information to be collected during an investigation and to document.

Specifically, staff did not comply with the licensee's policy, VII-G-10.00 Prevention of Abuse and Neglect of a Resident, last revised: 03/2022, which stated the nurse would check the resident's condition to assess his/her safety and emotional and physical wellbeing. The policy stated to follow the steps outlined in the Nursing Checklist for Investigating Actual, Alleged, or Suspected Abuse, VII-G-10.00 (b). The Prevention of Abuse and Neglect of a Resident Investigation Template-was to be completed only after ensuring the resident was safe, has been assessed, and appropriate treatment has been initiated. This template outlined information that was to be collected during the investigation and documented. The checklist was to be used with any issues of suspected, alleged, or actual abuse or neglect of a resident by a family member, team member, visitor, volunteer, or another resident.

Rationale and Summary

The home submitted a critical incident to the Director related to allegations of abuse by a staff member towards residents. The alleged abuse was to have occurred days before being reported to the Director. The home's investigation related to the critical incident submitted to the Director, did not contain the nursing checklist for investigating actual, alleged or suspected abuse or the prevention of abuse and/or neglect of a resident investigation template related to allegations of abuse towards residents.

The Administrator confirmed that the home did not utilize the Prevention of Abuse – Nursing Checklist for Investigating actual, alleged, or suspected abuse or the Investigation Template during the home's investigation of alleged abuse towards the residents. The Administrator confirmed that one of the resident's clinical records did not contain documentation related to their safety and emotional and physical wellbeing or objective observations immediately after becoming aware of the allegations of abuse.

The home's failure to follow their prevention of abuse and neglect of a resident policy, could have led to risk for residents by not investigating all aspects of the alleged allegations of abuse towards the residents.

Sources:

Interview with Administrator, resident clinical records, investigative notes, critical incident summary, VII-G-10.00 Prevention of Abuse, last revised: 03/2022.

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WRITTEN NOTIFICATION SCREENING MEASURES

NC#08 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021, s. 81 (2)

The licensee has failed to ensure an agency Registered Nurse (RN) had a police record check completed prior to hire.

Rationale and Summary

An agency RN commenced working at the home on a specified date. The employee file contained no police record check for the employee. The Administrator confirmed there was no police record check on file for the agency RN.

The home's failure to ensure that the agency RN had a police record check prior to hire, was a potential risk to residents as not verifying a police reference check could have led to the hiring of an individual with documented criminal behavior towards vulnerable individuals.

Sources:

Employee file checklist, employee file and interview with Administrator

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WRITTEN NOTIFICATION HIRING STAFF, ACCEPTING VOLUNTEERS

NC#09 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 252 (2) (b)

The licensee has failed to ensure that an agency Registered Nurse (RN) had a police record check within six months of their date of hire.

Rationale and Summary

An agency RN employee file and employee file checklist when reviewed, documented the employee as being hired by the home on a specified date. The police record check in the employee file was dated six months prior to the hire date for the agency RN. The Administrator confirmed that the agency RN's police check had been completed more than six months prior to their date of hire.

The home's failure to ensure that the agency RN's police record check had been completed within six months of hire was a potential risk to residents as not verifying this could lead to hiring of an individual with documented criminal behavior towards vulnerable individuals.

Sources:

Interview with Administrator, review of employee file and police record check on file for agency RN.

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