

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: August 31, 2023	
Inspection Number: 2023-1217-0003	
Inspection Type: Proactive Compliance Inspection	
Licensee: Clarion Nursing Homes Limited	
Long Term Care Home and City: Clarion Nursing Home, Stoney Creek	
Lead Inspector Jennifer Allen (706480)	Inspector Digital Signature
Additional Inspector(s) Daria Trzos (561) Jonathan Conti (740882)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): **August 15-18, 21-22, 2023.**

The following intake(s) were inspected:

- Intake: #00093702 -Proactive Inspection**

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Residents’ and Family Councils
- Food, Nutrition and Hydration
- Infection Prevention and Control

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- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents' Rights and Choices
- Pain Management
- Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 19

The licensee has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents could not be opened more than 15 centimeters (cm).

There was a window on the second floor, at the end of the hallway that was open. The window was a hopper type window which opened inwards and seemed to be open more than 15 cm. Inspector 561 asked the Maintenance Supervisor (MS) to measure the opening and it was measured to be 19 cm. Furthermore, the MS was able to open the window even further when pushed down. The MS had fixed the opening on the same day.

Sources: Observation; interview with the MS and the DOC.

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Date Remedy Implemented: August 18, 2023

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 20 (f)

The licensee has failed to ensure that the call bell outside on the second-floor balcony when activated clearly indicated where the signal was coming from.

On August 18, 2023, Inspectors #561 and #740882 pulled the call bell on the upper floor balcony. The alarm was sounding by the nursing station; however, the staff were not able to identify where the signal was coming from. The panel by the nursing station showed that the alarm was coming from the lower level of the building. The Maintenance Supervisor and the DOC acknowledged that there was an issue with the call bell which needed to be fixed.

Sources: Observations; interview with registered staff, PSW staff and interview with MS and DOC.
[561]

Date Remedy Implemented: August 22, 2023

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 79 (1) 1

The licensee has failed to ensure that the homes dining, and snack services had the correct communication of the seven-day menu to residents.

Rationale and Summary

During meal observations, the lower-level dining area had the incorrect communication of the seven-day menu. The meal offerings on the posted seven-day menu were for week three of the Fall and Winter 2022-2023 menu and did not match the provided daily lunches.

Dietary service notes confirmed daily menu offering was current. The food service supervisor confirmed that lunch meal was for week one of the Spring and Summer 2023 menu.

On August 17, 2023, it was observed that the corrected seven-day week one Spring and Summer 2023 menu was posted and communicated to residents on the lower level.

Sources: interview with food service supervisor; diet extension list; observations of daily and weekly menu postings.
[740882]

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Date Remedy Implemented: August 17, 2023

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that a resident was offered the nutritional supplement ordered as per their plan of care.

Rationale and Summary

A resident was to receive a nutritional supplement as ordered by the registered dietitian (RD) with the goal to maintain weight and maintain adequate nutrition and hydration. The resident was to be offered the supplement at lunch, and to be provided by dietary, as per the residents' plan of care and the meal service report.

The resident was fed lunch by a staff member, and at no time prior to, during or after the meal, was the resident provided with the intervention.

The staff member acknowledged that the resident required the nutritional supplement, and that it was not offered to the resident at that meal service.

Staff confirmed it was the responsibility of the staff to follow the meal service report for the residents and to provide interventions as ordered.

The RD confirmed the resident was to receive the supplement to support the residents' overall nutritional needs.

By the resident not receiving the intervention as ordered, there was potential risk of not meeting their nutritional needs.

Sources: observations meal service; the resident's clinical record including care plan, progress notes, RD assessments; lower-level dining area meal service report, dated August 11, 2023; interviews with staff. [740882]

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WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes was followed.

The IPAC Standard for Long-Term Care Homes, indicates under section 9.1(b) that the licensee shall ensure the implementation of Routine Practices for hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact).

Rationale and Summary

On August 15, 2023, a staff member was observed to not complete hand hygiene when assisting residents during meal service. Initial hand hygiene prior to entering residents dining area on the lower-level was not completed by the staff member. During the meal service, the staff member assisted with setting up and serving food and drink to residents, as well as feeding multiple residents. For the duration of the meal service, staff member did not complete hand hygiene before or after contact with the different residents.

The staff member acknowledged that they did not perform the required hand hygiene during the meal service. The staff member and IPAC Lead confirmed that staff were trained on moments of hand hygiene, and that the expectation of all staff was to complete hand hygiene before and after resident contact.

There was a potential risk for spread of infection when the staff member did not complete hand hygiene during meal service.

Sources: Observation August 15, 2023; staff member interview; IPAC Lead interview with inspector 706480.

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WRITTEN NOTIFICATION: Medication Management System

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

Non-compliance with: O. Reg. 246/22, s. 123 (2)

The licensee has failed to ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home. In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee was required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system, was complied with.

Specifically, staff did not comply with the home's Shift Change Monitored Drug Count Policy that indicated that two staff must sign in the appropriate spaces on the 'Shift Change Monitored Medication Count' form.

Rationale and Summary

Review of the Shift Change Monitored Medication Count sheets on the lower level, revealed there were missing signatures for the incoming nurse for day shift for all controlled substances.

The registered staff member stated that they usually sign the "starting" column of the count sheet at the end of their shift.

Another senior staff member confirmed that the home's process for counting controlled substances at shift change was that two registered staff were to count together at the end and beginning of each shift, and sign the count sheet at the time of counting.

Failure to sign the Shift Change Monitored Medication Count' at change of shift increases the risk for discrepancies.

Sources: Shift Change Monitored Drug Count Policy (6-6, last revised 11/18), Shift Change Monitored Medication Count sheets; Interviews with registered staff.

[706480]

WRITTEN NOTIFICATION: Safe Storage of Drugs

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

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)

The licensee has failed to ensure drugs are stored in an area or a medication cart that is secure and locked.

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Rationale and Summary

A registered staff member was administering the lunch medication pass, and failed to lock the medication cart when they walked away from the medication cart to administer medication to a resident.

The home's medication pass policy stated that the medication cart must be locked every time they walk away from it. The staff stated that they only lock the medication cart when they are not in sight of the cart or when they are going to be away from the cart for a while. The Director of Care (DOC) confirmed that it is the home's expectation that the medication cart is locked each time the registered staff walk away from it.

Failure to lock the medication cart and secure the drugs in the cart, increases the risk to resident safety.

Sources: medication pass policy (policy 3-6, Last revised 4/21); observation of medication pass; interview with staff and the DOC.

[706480]

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative

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

Non-compliance with: O. Reg. 246/22, s. 168 (1)

The licensee has failed to ensure that a continuous quality improvement initiative (CQI) report for the home for each fiscal year was prepared and, subject to section 271, shall publish a copy of each report on its website.

Rationale and Summary

The home was unable to provide a written report on the 2023-2024 CQI initiative for the home. The DOC stated they have not prepared a CQI report for the 2023-2024 fiscal year as required. There was minimal risk to residents when the home did not prepare the CQI initiative report.

Sources: Interview with the DOC.

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WRITTEN NOTIFICATION: Website

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 271 (1) (f)

The licensee has failed to ensure the home's website that is open to the public includes the minimum requirements as outline in O. Reg 246/22 s. 271 (1).

Rationale and Summary

The licensee had failed to identify on their website the following information:

The current version of the emergency plans for the home as provided for in section 268.

The DOC acknowledged that the website did not include the above identified requirements.

Sources: Review of the Clarion Nursing Home public website, interview with the DOC.

[706480]