

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report

Report Issue Date: February 23, 2023	
Inspection Number: 2023-1079-0004	
Inspection Type: Critical Incident	
Licensee: CVH (No. 1) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)	
Long Term Care Home and City: Craiglee Nursing Home, Scarborough	
Lead Inspector Goldie Acai (741521)	Inspector Digital Signature
Additional Inspector(s) Manish Patel (740841)	

INSPECTION SUMMARY

<p>The inspection occurred on the following date(s): February 14-17, 2023</p> <p>The following intake(s) were inspected in this Critical Incident (CI) Inspection:</p> <ul style="list-style-type: none"> • Intake: #00008725/CI#2503-000019-22 was related to unlawful conduct that resulted in harm/risk of harm to a resident. • Intake: #00012174/CI#2503-000024-22 was related to physical abuse to resident by resident.
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The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Pain 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)

The licensee has failed to ensure that there was a written plan of care for a resident that set out clear direction to staff and others who provided direct care to this resident.

Rationale and summary:

A resident was found in their room using medical equipment for an unintended purpose that could have resulted in serious self-harm. The care plan was updated on the same day with an intervention to ‘appropriately’ modify medical and other equipment within the resident’s room. This intervention was implemented to prevent the reoccurrence of self-harm for the resident. However, staff were unable to define what ‘appropriate’ was when asked how the interventions in the care plan were implemented. Days later, the resident was found with the same medical equipment. Staff #112 confirmed the directions regarding what ‘appropriate’ modifications were with regard to medical and other equipment as per the care plan were unclear.

The direction was unclear from the care plan, thus leaving the resident at continued risk for self-harm.

Sources:

Interviews with staff members #100, #101, #112 and #114; review of CI#2503-000019-22, care plan, plan of care, assessments, and progress notes.
[741521]

WRITTEN NOTIFICATION: Duty to Protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

The licensee has failed to ensure that resident #002 was protected from abuse by resident #003.

Section 2 of the Ontario Regulation 246/22 defines physical abuse as “the use of physical force by a resident that causes physical injury to another resident; (“mauvais traitements d’ordre physique”).”

Rationale and Summary:

From particular date onwards, resident #003 started showing responsive behaviours. On two occasions

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prior to the incident, the resident had hit the staff without any provocation. On the date of incident, the resident was going in and out of a common room. The resident was provided with interventions as per the care plan, but then, the resident came back to the room holding an item, pointing it at the staff and residents in the room. Code White was called for assistance and staff was able to remove the item from the resident. The resident continued to show responsive behaviours. While the staff was assisting resident #002, resident #003 came in the room and physically abused resident #002 without any provocation. This was witnessed by Staff #105 and #102.

Resident #002 sustained injuries as a result of failure to protect resident #002 from physical abuse by resident #003.

Sources:

Interview with Staff #102, #105 and #109; review of CIS #2503-000024-22; resident #002 and #003's progress notes, and Zero Tolerance to Abuse and Neglect Program Policy # RC-02-01-01. [740841]

WRITTEN NOTIFICATION: Pain Management**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4

The licensee has failed to ensure that the pain management program to identify and manage pain was implemented in the home.

In accordance with O. Reg 246/22, 11 (1) (b), the licensee is required to ensure a pain management program to identify and manage pain is complied with.

Specifically, the home did not comply with policy RC-19-01-01 "Pain Identification and Management" dated January 2022, which included reference to use "Pain Assessment, Appendix 1" with behaviour when pain is suspected, and making referrals as deemed appropriate for the situation.

Rationale and Summary:

A resident was found in their room reporting uncontrolled pain and exhibiting behaviours in response to that pain. According to the home's pain management policy, the home is required to:

- Complete a pain assessment (use Pain Assessment, Appendix 1) for change in behaviour when pain is suspected (including insomnolence).
- Utilize an interdisciplinary approach to pain management where referrals are made as appropriate.

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Staff #101 and #112 confirmed a comprehensive pain assessment should have been conducted either immediately or within 24 hours of this incident, as the pain caused a change in resident's behaviours. However, a comprehensive pain assessment was not conducted. Furthermore staff #111 and #112 confirmed that a referral to a pain specialist was appropriate at this time, yet, the home failed to provide a referral for resident to the required resource.

Failure to perform the required assessments or provide referrals to appropriate resources in timely fashion increased the risk of poor quality of life to the resident and continued pain.

Sources:

Interviews with staff members #101, #111 and #112; review of CI#2503-000019-22, progress notes, assessments, care plan, eMAR, and Pain Identification and Management Policy #RC-19-01-01, last reviewed January 2022.

[741521]